The Pharmaceutical Society of Uganda

STRATEGIC

2020-21
2021-22
2022-23
2023-24
2024-25

PLAN II

The Winning Formula

- 1 Mission
- 1 Vision
- 6 Values
- 1 Goal
- 1 Purpose
- 8 Strategic priorities
- 8 Strategic Objectives
- 8 KPIs 8HLDs
- 43 Inter-rventions
- 124 General indicators

Diplomacy

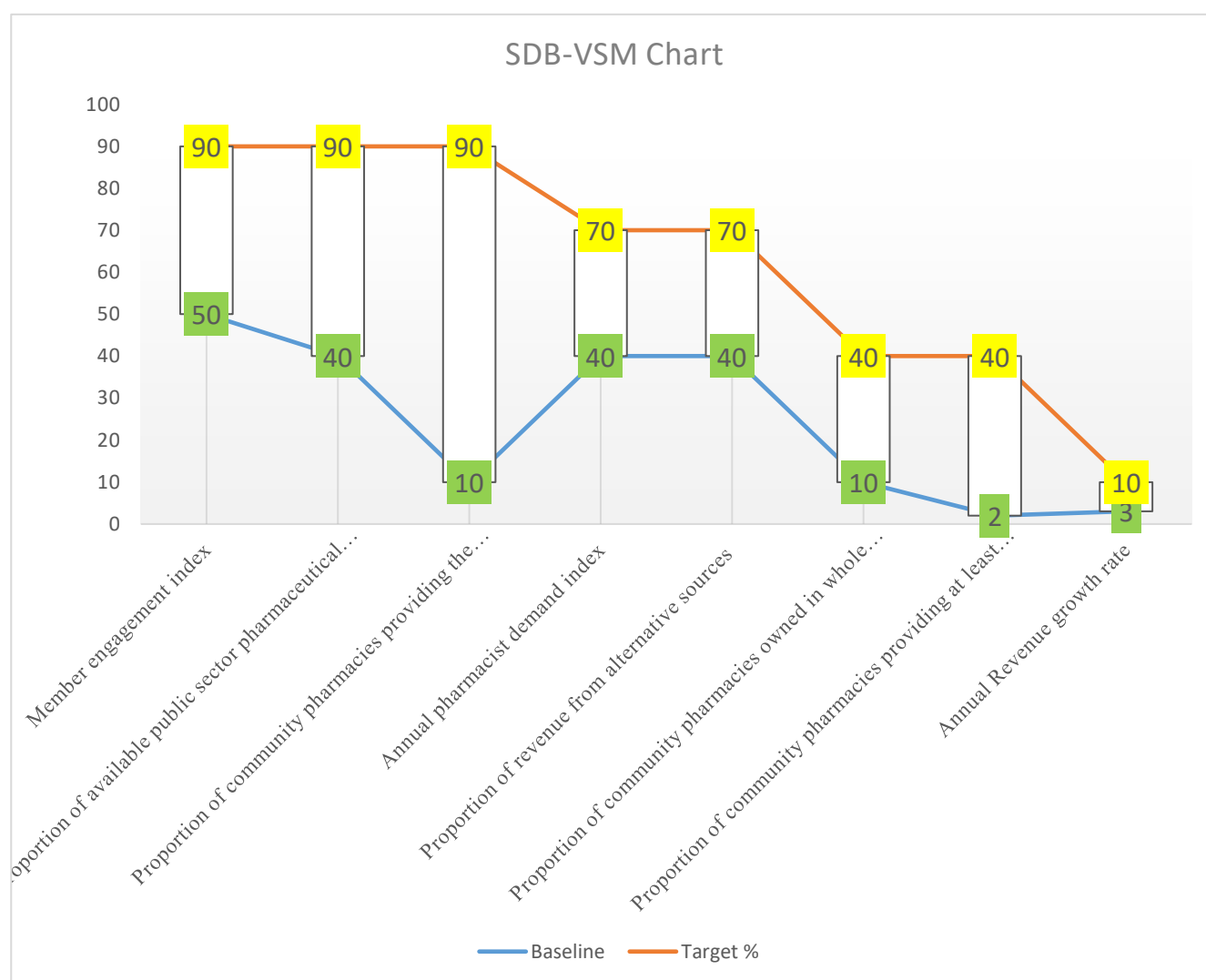Engagement ⟷ Advocacy
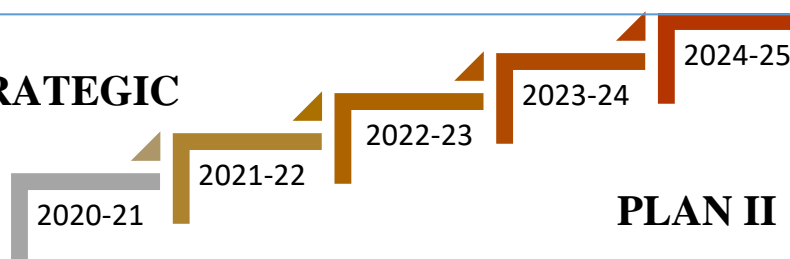
Promoting Health Through Pharmacy Research, Pharmaceutical Technology and Pharmacy Services

Strategic Dash Board-SDB and Vital Signs Monitor-VSM

Sr. No	Indicators/Vital signs	Baseline-est	Target %
1	Member engagement index (quarterly and annual)	50	90
2	Proportion of available public sector pharmaceutical positions occupied members (annual)	40	90
3	Proportion of community pharmacies providing the defined minimum package of pharmaceutical services (quarterly)	10	90
4	Pharmacist demand index (quarterly)	40	70
5	Proportion of revenue from alternative sources-(annual)	40	70
6	Proportion of community pharmacies owned in- whole or in-shares by pharmacists (quarterly)	10	40
7	Proportion of community pharmacies providing at least one type of specialized pharmaceutical services-(quarterly)	02	40
8	Revenue growth rate-(annual)	03	10

Symbols of engagement. Above: Members of the Pharmaceutical Society of Uganda participating in the Sickle Cell run. Below: Members of PSU at the Annual General Meeting

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Abbreviations

ADB	African Development Bank
ADR	Adverse Drug Reaction
CDC	US Centres for Disease Control and Prevention
CPD	Continuous Professional Development
CSOs	Civil Society Organisation
DANIDA	Danish International Development Agency
DFID	Department for International Development
GDP	Good Distribution Practice
DPs	Development Partners
EAC	East African Community
GF	Global Fund
GIZ	Gesellschaft für Internationale Zusammenarbeit
GMP	Good Manufacturing Practice
GOU	Government of Uganda
GPP	Good Pharmacy Practice
HEPs	Coalition for Health Promotion and Social Development.
IPs	Implementing Partners
JMS	Joint Medical Store
KPMG	Klynveld Peat Marwick Goerdeler
MBs	Medical Bureaus
MoH	Ministry of Health
MOU	Memorandum of Understanding
MTM	Medication Therapy Management
NCDs	Non-Communicable Diseases
NHCE	National Council for Higher Education

NMFA	National Food and Drug Authority Bill
NMS	National Medical Store
OPD	Out Patient Department
PDA	Pharmacy and Drugs Act
PDI	Pharmacists Demand Index
PPPPB	Pharmacy Profession and Pharmacy Practice Bill
PSU	Pharmaceutical Society of Uganda
SDG	Sustainable Development Goals
SWOT	Strengths, Weaknesses, Opportunities, Threats
TASO	The Aids Support Organisation
TDM	Therapeutic Drug Monitoring
UCMB	Uganda Catholic Medical Bureau
UHC	Universal Healthcare Coverage
UK	United Kingdom
UMMB	Uganda Muslim Medical Bureau
UNACOH	Uganda National Association of Community Occupational Health
UNHCO	Uganda National Health Consumers' Organisation
UNHCR	United Nations High Commissioner for Refugees
UOMB	Uganda Orthodox Medical Bureau
UPMB	Uganda Protestant Medical Bureau
UPOA	Uganda Pharmacy Owners Association
US	United States
USAID	United Stats Aid for International Development
WHO	World Health Organisation
WHO	World Health Organisation

This PSU 5-year strategic plan II (2020-2024) has been developed with a winning formula of diplomacy, positive engagement and advocacy that will promote health of all Ugandans through pharmacists leading in pharmacy services provision, pharmacy research, pharmaceutical technology development and Industrialization in Uganda.

The strategic plan focuses our effort on objectives that will contribute to the achievement of our vision and goal. It provides council with direction for strategic decision making, resource allocation, tracking progress and evaluation to ensure pharmacists take up their rightful position in the creation and management of pharmaceuticals and related technologies at all levels of the health system and service delivery points.

The PSU council under my leadership embarked on the winning formula of diplomacy, positive engagement and advocacy from the time we assumed leadership in 2016. This winning formula has seen our society achieve trust and harmony among her members, improve working relationships with government through the ministry of Health, National Drug Authority, Schools of pharmacy and other health professional bodies. This improvement in working relationship has enabled PSU council to achieve many successes including; salary harmonization for pharmacists in public service, inclusion of pharmacists for first time as medical personnel in the public service of Uganda and; developing and presenting the first ever pharmacists career path to Ministry of Health and the Ministry of Public Service for adoption as the health sector undergoes restructuring.

This strategic plan II has been designed to continue with the winning formula to enable the society to attain the ultimate goal of having pharmacists not just involved but leading in the creation and management of Pharmaceuticals and related health technologies in Uganda and the region.

On this note I greatly thank the lead consultant pharmacist Dr Emmanuel Higenyi and Associate Consultant Pharmacist Dr Stephen Lutoti for working tirelessly with the council to produce this great strategic plan for our society to implement in the next 5 years.

Many thanks to all the members of PSU for their unwavering trust and financial investment in the society affairs.

I thank my great team, the gallant council members and the great PSU secretariat staff for working tirelessly with the consultants to have these great strategies developed and laid down in this piece of document.

Finally, 'Jesus said unto him, If thou canst believe, all things are possible to him that believeth' Mark 9:23 KJV.

As pharmacists lets us believe in ourselves, in our profession, in our leaders and in our society because all things will be possible for us.

Thank you

For God and My Country.

Dr. Ogwang Patrick Engeu, B. Pharm, PhD.

THE PRESIDENT PHARMACEUTICAL SOCIETY OF UGANDA (2016-2020)

Acknowledgements

1.0 Executive Summary to the Strategic Plan 2020-2024

1.1 Organisational description

The Pharmaceutical Society of Uganda is the professional body for pharmacists in Uganda, established under the Pharmacy and Drugs Act (PDA) 1970, cap 280 of the constitution of Uganda. The Society sets standards to promote good professional practice and enforces ethical conduct of Pharmacists.

The Council by virtue of its mandate, has regulatory, quality assurance, fiduciary, representative and agency roles. The Society is governed by a twelve-member Council with the secretary and treasurer being ex officio members; four members appointed by the Minister of Health and the six elected at society's annual general meeting every four years. The President and Vice President are elected from among its members**.**

The Annual General Meeting (AGM) is the supreme organ with electoral and constitutional amendment powers. The AGM is held annually under ordinary circumstances to discuss the auditor's report, elect treasurer and secretary, appoint auditors, receive and consider the annual report, make by-laws.

The Secretariat is responsible for the day to day affairs of the Society and coordination of activities, and reports to the Council through the Secretary. The secretariat maintains custody of the Society's assets and organises and coordinates the AGM and other meetings of the PSU.

There are six committees; Examination Committee; Education Committee; Research Committee; Editorial Committee; Standards Committee; and the Building Committee. The Committees meet regularly and submit their reports to the Council through the Committee Chair.

The Strategic Philosophy of the society is embodied in the Mission, Vision, and values. The Mission is *To advance the pharmacy profession through strengthening training, promoting professional competence, ethical practices and members' welfare leading to improvement of the quality and use of pharmaceuticals, advancement of patient care and safeguarding of the health of the public. The Vision is To be the Leader in ensuring professional excellence and securing the highest standards of pharmacy practice in the region. The Values are Integrity, Trust, Excellence, Commitment, Leadership, Accountability and Transparency*

1.2 Progress and Key achievements

The Pharmaceutical Society of Uganda has made significant achievements and gains over the past years in areas such as implementation of programmes, infrastructural development, numerical strength, leadership structures, quality and diversity of pharmaceutical services, visibility of the pharmacy profession, legal protection of the practice, and supporting pharmacy training institutions and students

Over the life of the previous strategic plan, The Secretariat successfully organised and conducted the annual programmes that include the Continuing Professional Development; Annual General Meeting (AGMs), Elections of office bearers, Internship training, Administration of qualifying Examinations, and issuance of Certificates of Practice.

The first phase of the pharmacy house was completed and occupied thus saving the Society significant sums of Money in monthly rent and making this money available for investments in other priority projects. The Pharmacy house now provides office space for the Secretariat as well as conference and meeting room facilities.

The house also provides suitable accommodation for the library and resource centre. Plans are now under way to complete phase II of the house. This will provide room for research and development activities and other important operations.

The number of registered pharmacists in Uganda has grown phenomenally by close to 100% from a figure of about 500 in 2014 to about 1,200 in 2019. This growth has been paralleled with an increase in Ugandan population from 34.6 million in 2014 to a UBOS projected figure of 41 million in 2019. This increase translates into an increase from 1.5 pharmacists per 100,000 to 2.5 pharmacists per 100,000 based on 2018 population projection and 2.9 pharmacists per 100,000 based on the 2019 population projection. This increase still leaves the number far below the WHO recommended number of 10 pharmacists per 100,000 population. On the contrary there has been a marginal increase in the occupancy rate for

pharmacist positions in the public sector from 40% in 2015 to 44% in 2018, according to the Annual Pharmaceutical Performance reports.

Over the life of the previous strategic plan, the leadership of the Council has been well established and enjoys support from members. The staffing of the secretariat was enhanced resulting into increased productivity and efficiency. There has been tangible progress in enforcement of standards in community pharmacies particularly with increased presence of pharmacists. The Pharmacists fraternity in Uganda resolved through the Annual General Meeting to take on the Title of Doctor for all registered pharmacists as part of the regional integration process and to harmonise professional representation.

The Society increased its participation in key public health programmes including but not limited to sickle cell response, blood donation, antimicrobial stewardship, and appropriate medicine use. The Society has actively participated in the Sickle Cell Run and the antimicrobial stewardship campaigns and held several media appearances and talks on appropriate medicine use. The increased participation in public health programmes and sustained media engagement have led to enhanced public relations and visibility of the profession.

The Society has also maintained support to the training institutions through support supervision engagements and curriculum development. The Society also initiated career rationalisation plan and has already developed a draft policy document for this purpose.

Against the backdrop of achievements, there are areas that require further attention and those that present opportunities for growth. Theas areas include stakeholder optimisation; shaping the health technology research and development agenda; career rationalisation and institutionalisation; streamlining pharmacy practice and scaling up and diversifying community pharmacy services; absorption and retention of pharmacists into formal employment; enhancing revenue generation through new ventures and diversification of financing streams; and governance and strategic management.

Career opportunities exist in a number of fields including but not limited to the following: production of nutraceuticals; provision of home care services; provision of nutritional services; specialisation in the fields of nutrition, cancer and other NCDs, and environmental toxicology; specialisation in veterinary pharmaceutical technology; specialisation in biotechnology, specialisation in pharmaceutical microbiology, specialisation in pharmacy informatics,

specialisation as pharmacist attorneys; specialisation as Managed Care pharmacists, specialisation in cosmeceutics, specialisation in medical devices, and specialisation in infectious diseases. These opportunities are in addition to the well-established specialties such as clinical pharmacy, supply chain management, pharmaceutical regulation, and industrial pharmacy

1.3 The strategic planning process

This PSU Strategic Plan II has been developed deriving from a comprehensive and participatory evaluation of the PSU Strategic Plan I, a SWOT analysis for the Pharmaceutical Society of Uganda, a review of the changing legislation, and a critical appraisal of the evolving global, regional and national healthcare landscapes. The process involved use of mixed methods, that is, stakeholder mapping, key informant interviews, review of internal PSU administrative and strategic documents, and external global and ministerial policy documents and reports. The core values of the Society coupled with the findings of the evaluation, SWOT and landscape analysis produced the building blocks on the PSU Strategic Plan II.

1.4 Strategy development

The Strategic Plan II has been designed to leverage the achievements and harness the existing and emerging opportunities. The Plan has been shaped by trends and forecasts in demography, epidemiology, medical technology, globalisation, digitalisation and automation, health system maturity, pharmaceutical supply chain maturity, human resources for health, pharmacy education as well as the number of registered pharmacists.

In setting the strategic direction, priorities and strategies, the Council has been motivated, inspired and guided by its internal strategic philosophy; the national, regional, and global policy agenda such as The National Development Agenda as articulated in the Uganda Vision 2040 and the emanating policies and instruments, the EAC integration policies, the Sustainable Development Goals, and the Universal Healthcare Coverage. The SDGs that have informed this strategic plan are SDG 3 on ensuring health lives and promoting well-being at all ages for instance by providing strategies to increase access to pharmacy services and focussing on geriatric pharmacy practice; SDG 5 on achieving gender equality and empowering all women and girls; SDG 8 on promoting inclusive and sustainable economic growth, employment and decent work for all; SDG 9 on building resilient infrastructure and promoting industrialisation and fostering innovation; SDG 17 on revitalising global partnership for sustainable

development. The development of the Plan took cognizance of need to the vulnerable populations, people with disabilities and others with special needs, gender equality, and social justice-equity, access, participation, and rights.

1.5 Strategic direction

To provide proper direction for strategic decision making, resource allocation, tracking progress and evaluation, the Goal and Purpose have been introduced. These cascade from the mission and vision and shape the focus of the Society.

> **The Goal**:In the five-year span of this Plan, the PSU Council will strive to *increase the level of involvement of pharmacists in management of pharmaceuticals and delivery of pharmaceutical services at all levels of the health system and service delivery points*

- The goal of the PSU has been introduced to provide a basis for integration of the PSU activities into the wider healthy sector planning and programming.
- Pursuing this goal will increase access to quality pharmaceuticals and enhanced pharmacy services while protecting the public from the dangers of inappropriate use and handling of pharmaceuticals and medical devices.

> **The Purpose**:The Council will strive to *preserve, advance and market the profession and practice of pharmacy through mobilisation and engagement of members* and other stakeholders

- The Purpose has been introduced to provide an aspiration for the members of the society, and acts as a rallying point for mobilisation and engagement

> Strategic Priorities. The Plan has eight strategic priority clusters. These strategic priorities will ensure that the implementation of the Plan is focussed on what matters to its stakeholders and other parties

- Professional growth and Development
- Financial Sustainability and revenue generation
- Stakeholder engagement and member welfare
- Regional Positioning and Leadership in service delivery
- Governance and Strategic Management
- Policy, Legislation and Regulation
- Health technology Research and Development and Innovation
- Skilling and professional Productivity of pharmacists

Strategic objectives

Objective 1	Streamline the regulation and practice of pharmacy and pharmaceutical services in Uganda to address current and emerging population needs
Objective 2	Strengthen research, and training and professional development of pharmacists in line with market requirements, contemporary standards and future needs
Objective 3	Enhance the position and role of PSU as a leader in pharmaceutical services delivery in East Africa
Objective 4	Accelerate and promote absorption, retention and advancement of pharmacists across all sectors of pharmacy practice
Objective 5	Diversify and accelerate growth of the Society's revenue and income for sustainability.
Objective 6	Galvanise member engagement, participation and welfare.
Objective 7	Strengthen Institutional Capacity of PSU to enhance leadership, governance and strategic management
Objective 8	Develop, sustain, and optimise strategic and mutually beneficial partnerships

High-Level Deliverables

1. Plans, mechanisms, interventions and activities to streamline pharmacy regulation and practice in Uganda
2. Plans, mechanisms and activities for strengthening research, training and professional development of pharmacists in Uganda
3. Plans and initiatives to enhance the professional and regulatory position and role of PSU in East Africa
4. Plans, interventions and measures to accelerate absorption, retention and advancement of pharmacist in formal employment
5. Plans, mechanisms and activities to accelerate growth of the Society's revenue and income for sustainability.
6. Plans, interventions, mechanisms and activities to galvanise member engagement, participation and welfare
7. Plans, mechanisms and activities for strengthen governance and strategic management to enhance accountability, transparency, growth, and compliance
8. Plans, mechanisms and activities to develop, sustain and optimise strategic and mutually beneficial partnerships

1.6 The Strategic Dash Board and Vital Signs Monitor

Sr. No	Indicators/Vital signs	Baseline	Target %
1	Member engagement index-quarterly	50	90
2	Proportion of available public sector pharmaceutical positions occupied members-annual	40	90
3	Proportion of community pharmacies providing the defined minimum package of pharmaceutical services-quarterly	10	90
4	Pharmacist demand index-quarterly	40	70
5	Proportion of revenue from alternative sources -annual	40	70
6	Proportion of community pharmacies owned in whole or in shares by pharmacists -quarterly	10	40
7	Proportion of community pharmacies providing at least one type of specialized pharmaceutical services-quarterly	02	40
8	Revenue growth rate-annual	03	10

1.7.5 Strategic Plan Implementation

To facilitate implementation, monitoring, reporting and evaluation, the execution plan and implementation mechanism have been elaborated. The strategic dash board or vital signs monitor has been presented to act as an evaluative, prognostic, and corrective, and reporting tool. The budgeting framework and planning tool has been provided to facilitate financial planning, monitoring and accountability.

Planning: annually the Secretariat will coordinate the development of operational plans in line with the goal, purpose, vision, mission, values, priorities, and strategies of the Strategic Plan. The Annual Plan will be approved by Council while short-term execution plans will be approved by the Secretariat and presented to Council for information and action where necessary. Annually the budget will be prepared by the Secretariat and approved by the AGM. The budget management framework has been provided to guide and rationalise revenue generation and expenditure.

Coordination: the Secretariat will coordinate all activities of the Society. Two coordination desks will be introduced under the Secretariat; the grants and projects coordination desk, and the stakeholder coordination desk. These will improve management of grants and projects, and stakeholder management.

Tools: marketing, publicity, communication and dissemination of services, products and innovations are part of the armamentarium of approaches and tools that will be used in the execution of strategic plan. In addition to the above, the Strategic Plan development team will provide additional tools on consultancy basis for implementation of the plan including but not limited to advocacy tools, stakeholder management tools, budgeting tools, and pharmacist demand index assessment tools.

Execution: The Council will implement its activities through the Secretariat, the committees and stakeholders. The terms of reference for the research committee will be enhanced to include responsibilities for grants and projects management. To foster smooth implementation of the Strategic Plan, an implementation framework has been elaborated. This consists of the actions and measurable outputs as well as the monitoring and evaluation plan. To provide further guidance and nurture implementation, hand-holding engagements by the development team have been provided for over the period of the Strategic Plan. To improve regulation a mix of self and government regulation with specific roles and responsibilities of each regulatory arm will be explored.

Monitoring, Evaluation and Reporting: The quarterly report will be prepared by the Secretariat to the Council as a mechanism for improving administrative and projects performance. The Council, The Committees, and The Secretariat will develop and apply dashboards for monitoring and reporting. Individual members will also develop their dashboards for monitoring. The Strategic Plan developers will support the Secretariat in conducting mid-term evaluation of the strategic plan implementation to inform Council on effectiveness of actions and the additional measures that may be needed. An end-term evaluation will be conducted in the second quarter of the last strategic plan year as part of the process for developing the follow-on strategic plan

The Strategic Plan 2020-2024

2.0 Background

2.1 Introduction

The Strategic Plan document presents a conceptual and pragmatic approach to strategic planning and execution. The Plan highlights the strategic planning process, historical perspective of the Society, and mandate and functions of the Council. It provides the findings of the evaluation of the previous plan, the situational analysis, and the SWOT analysis, and subsequently the strategic framework together with the execution mechanisms. The Plan is constructed on the basis of key findings of the evaluation of the previous Plan, the situational analysis, and the SWOT analysis which are presented in summary form. The strategic framework outlines the strategic direction in form of the Mission, Vision, Goal, and Purpose; presents the strategic priority areas; the strategic objectives; and the high-level deliverables and vital sign monitor. Subsequently the interventions and actions are teased out for each objective. To facilitate implementation, monitoring and control the resources matrix, the results matrix, the strategic dash board and monitoring and evaluation matrix have been elaborated.

2.2 Organisational description

2.2.1 Establishment and obligations

The Pharmaceutical Society of Uganda is the professional body for pharmacists in Uganda, established under the Pharmacy and Drugs Act (PDA) 1970, cap 280 of the constitution of Uganda. The Society sets standards to promote good professional practice and enforces ethical conduct of Pharmacists. Broadly the Society has regulatory, quality assurance, fiduciary, representative and agency roles. Through the representative role, the Society empowers, facilitates, supports and defends individual members as well as the practice and profession of pharmacy. Through the agency role the Society advocates for and promotes access to quality pharmacy services in hospitals, community and other healthcare settings.

The Society is governed by a twelve-member Council with the secretary and treasurer being ex officio members, four members appointed by the Minister of Health and the six elected at society's annual general meeting every four years. The President and Vice President are elected from among its members**.**

The Annual General Meeting (AGM) is the supreme organ with electoral and constitutional amendment powers. The AGM is held annually to discuss the auditor's report, elect treasurer and secretary, appoint auditors, receive and consider the annual report, make by-laws.

The Secretariat is responsible for the day to day affairs of the Society and coordination of activities and reports to the Council through the Secretary. The secretariat maintains custody of the Society's assets and organises the AGM.

There are six committees; Examination Committee; Education Committee; Research Committee; Editorial Committee; Standards Committee; and the Building Committee. The Committees meet regularly and submit their reports to the Council through the Committee Chair.

2.2.2 Mandate

The Council engages in the following functions in pursuit of its legal mandate.

(i) To provide for the conduct of the qualifying examinations for membership of the society or for registration as a pharmacist under the Act and to prescribe or approve courses of study for such examinations

(ii) To maintain and publish a register of pharmacists;

(iii) To supervise and regulate the engagement, training and transfer of pharmacy students and to make provision for the registration of students;

(iv) To specify the class of persons who shall have the right to train pharmacy students and specify the circumstances in which any person of that class may be deprived of that right;

(v) To maintain a library of books and periodicals relating to pharmacy and allied subjects and to encourage the publication of such books;

(vi) To encourage research in the subject of pharmacy and chemistry and generally to secure the well-being and advancement of the profession of pharmacy.

The Council may, if deemed necessary for purpose of discharging its functions, make bye-laws regulating the activities of the Society and enact a code of conduct which shall, on approval by the society at a general meeting of the society, be binding upon the members of the society

The Council may operate a scheme for the purpose of aiding distressed pharmacy students, members or former members of the society, their widows or orphans

2.2.3 The Strategic Philosophy

The Strategic Philosophy of the society is embodied in the Mission, Vision, and values.

The Mission is *To advance the pharmacy profession through strengthening training, promoting professional competence, ethical practices and members' welfare leading to improvement of the quality and use of pharmaceuticals, advancement of patient care and safeguarding of the health of the public*

The Vision is *To be the Leader in ensuring professional excellence and securing the highest standards of pharmacy practice in the region.*

The Values are *Integrity, Trust, Excellence, Commitment, Leadership, Accountability and Transparency*

2.3 Strategic Plan Development Process

The Strategic Plan was developed in a series of stages that included evaluation of the PSU Strategic Plan I, a situational analysis, and SWOT analysis. Evaluation of the Strategic Plan I was conducted input-process-output-outcome model to elaborate the relevance of the strategies, effectiveness of the activities, efficiency of the operations, the outcomes from implementing the strategies. Situational analysis was conducted through document review while SWOT analysis was undertaken through in-depth interviews with stakeholders. Stakeholder engagements with different stakeholders through in-depth interviews and questionnaires were conducted to develop priority areas, strategies and actions for Strategic Plan II. These activities provided lessons and insights that were used to pitch ground for Strategic Plan II.

The stakeholder groups engaged included the National Drug Authority, Ministry of Health, Academia, World Health Organisation, PSU Council, and Students. Stakeholders were selected through a process of stakeholder mapping and segmentation using pre-set criteria based on the levels of influence, interest and authority.

2.4 SP 1 Evaluation, Situational Analysis and SWOT Analysis

2.4.1 Findings from the SP 1 Evaluation

The first phase of the pharmacy house was completed and is at full occupancy and utilization. The Pharmacy House has created both monetary and publicity benefits for the Society, portrays strong and visionary leadership, and symbolises professional maturity. The House now saves the Society money in rent and office accommodation. The house also provides suitable accommodation for the library and resource centre Money saved by the Society is invested into other priority projects. Plans are underway to embark on the second phase of the construction to create

commercial space and dedicated space for research and development of drugs and quality control activities

The PSU Council members with some of the Senior members of the Society at one of the AGMs

The strong and visionary leadership of the Council yielded a number of benefits for the Society. Through a transformational process the Council operated at a high level of unity and resolve to defend the profession, strengthen the Secretariat and improve service delivery. The Secretariat was strengthened by provision of additional human resources, working tools, and management systems.

The reinvigorated Secretariat enabled and facilitated realisation of a number of outputs including sustained engagement of training institutions, organisation of AGMs and CPDs, continued training of interns, administration of qualifying examinations issuance of Certificates of Practice (CoPs), participation in advocacy engagements, and supportive interaction with pharmacy owners. Through the CPDs the Council started off its journey of providing additional community pharmacy services The CPDs consisted of a mix of professional and entrepreneurial content such as art and clinical techniques, raising business capital and prudent capital investment.

A section of PSU members in a special CPD on clinical techniques at the Pharmacy House

The Pharmacists fraternity in Uganda resolved through the Annual General Meeting to take on the Title of Doctor for all registered pharmacists as part of the regional integration process and to harmonise professional representation. Over the period of the previous strategic plan there was generally high degree of performance on the strategic objectives with an overall output rate of 70%, and a closely corresponding outcome rate of 68%. The diagram below illustrates the performance against the various objectives as per the monitoring and evaluation system adopted for the plan.

Good performance

On the overall the best performing strategic objectives were:

Strengthening the secretariat systems, structures and functions

Improving advocacy on pharmacy matters by proactively engaging relevant institutions;

Positioning PSU at local, regional and global level; and enhancing the discipline and ethical conduct of members and establish conflict management structure.

Modest performance

Three objectives performed modestly:

Strengthening professional growth and development and supporting and enhancing the training by local and foreign universities of pharmacy

Promoting and creating public awareness on Rational Drug Use, illegal drug outlets, substandard drugs and counterfeits

Streamlining the practice of pharmacy as well as the implement and revise the existing policies, standards and legislation

Below average performance

Three objectives performed poorly:

Managing stakeholders and maximizing the benefits to the society, profession and members

Increasing acceptance and absorption of pharmacists within various work environments

Promoting research in the subjects of Pharmacy

The best outcome was associated with enforcing standards of pharmacy, following closely by regulating and controlling training, and building a repository of knowledge in pharmacy, and then by advocating for and support the profession and practice.

Over the years the Society has seen its numerical strength enhanced. The number of registered pharmacists in Uganda has grown phenomenally by close to 100% from a figure of about 500 in 2014 to about 1,200 in 2019. This growth has been paralleled with an increase in population from 34.6 million in 2014 to a UBOS projected figure of 41 million in 2019. This increase translates into an increase from 1.5 pharmacists per 100,000 to 2.5 pharmacists per 100,000 based on 2018 population projection and 2.9 pharmacists per 100,000 based on the 2019 population projection. This increase still leaves the number far below the WHO recommended number of 10 pharmacists per 100,000 population. On the contrary there has been a marginal in the occupancy rate for pharmacist positions in the public sector from 40% in 2015 to 44% in 2018 according to the Annual Pharmaceutical Performance reports. The leadership of the Council has been well established and enjoys support from members.

Members of the PSU at the finishing point for the Sickle Cell run

The Society increased its participation in key public health programmes including but not limited to sickle cell programme, blood donation, antimicrobial stewardship, and appropriate medicine use. The Society has actively participated in the Sickle Cell Run and the antimicrobial stewardship campaigns, and held several media appearances and talks on appropriate medicine use. The increased participation in public health programmes and sustained media engagement have led to enhanced public relations and visibility of the profession.

On the regulatory front there has been tangible progress in enforcement of standards in community pharmacies particularly with increased presence of pharmacists. This forms the foundation for the next level to scale up and broaden the community pharmacy services.

2.4.2 Situational Analysis

As part of the situational analysis a number of Global, Regional, National and Ministerial policy documents and reports were reviewed to complement the data from in-depth interviews and surveys. These documents included the Sustainable Development Goals, the WHO publications on Universal Healthcare Coverage, WB Policy documents; EAC Facts and Figures 2019; National Health Accounts; the National Health Policy; Uganda Demographic and Health Survey, 2016; the Health Sector Strategic Plan; the National Medicines Policy; the National Drug Authority and Policy Statute; National Pharmaceutical Sector Strategic Plan III; and Annual Health Sector Performance Report 18/19. Individual articles conveyed in authentic repositories were also reviewed.

Other documents reviewed included the WHO Health Workforce Requirements for Universal Health Coverage and The Sustainable Development Goals; Uganda Country Q3 2019 Risk Reports by Fitch Solutions; African Economic Outlook, 2016 with the special theme on Sustainable Cities and Structural Transformation; Healthcare Reimagined by KPMG Trends and Predictions 2018; and A strategic review of the future pharmacist workforce-Informing pharmacist student intakes by Centre for Workforce Intelligence, 2013.

The findings of the situational analysis show important demographic trends, evolving national and global trends in epidemiology and health care delivery; advances in the pharmaceutical industry and developments in technology, evolution of pharmacy services, and changes in pharmaceutical regulation

2.4.2.1 Prevailing policy agenda

At global level, development is being inspired by the 17 Sustainable Development Goals, the drive to Universal Healthcare Coverage and other leading policy agendas. These policy agendas influence developments in the Pharmaceutical Sector and by extension the quantity, quality and nature of pharmacy services provided to consumers. The SDGs are an embodiment of targets to be achieved by 2030. The Plan has focussed onto the following SDGs: health lives and wellbeing for all ages (SDG 3), quality education and life-long learning (SDG 4), gender equality and women empowerment (SDG 5), productive and decent employment (SDG 8), industrialisation and innovation (SDG 9), inequality within and between countries (SDG 10), global partnerships (SDG 17). This strategic plan has been designed to facilitate localisation of the SDGs within the pharmacy profession in Uganda.

The WHO is promoting universal healthcare based on the realisation that large numbers of people miss essential health services, which include pharmaceutical services, while some slide into poverty due expenditure on health. This Plan provides strategies, interventions and actions that promote universal healthcare coverage. The Plan incorporates a health system strengthening perspective and in so doing directly contributes to sustainable development. The health system perspective contributes to actualisation of the Uganda Vision 2040 through enhancing service delivery and harnessing synergies and innovation. The United Nations Development Assistance Framework for Uganda, the Health Sector Development Plan which expire in 2020, and the National Health Policy were reviewed

2.4.2.1 Population growth, aging and urbanisation

The world is experiencing rapid changes in technological, socioeconomic, and geopolitical aspects that are tectonically shaping the global demographics with consequences on demand for pharmaceutical services

The wave of urbanisation is massive thus concentrating wealth and opportunity in cities, municipalities and emerging towns as illustrated in the figure below. Globally more than four billion people live in urban areas and historical data shows that by 2018 about 24% of the Ugandan population was living in urban areas thus potentially exposing themselves to numerous risk factors for diseases, injuries, and accidents.

World Bank at: https://data.worldbank.org/indicator/sp.urb.totl.in.zs
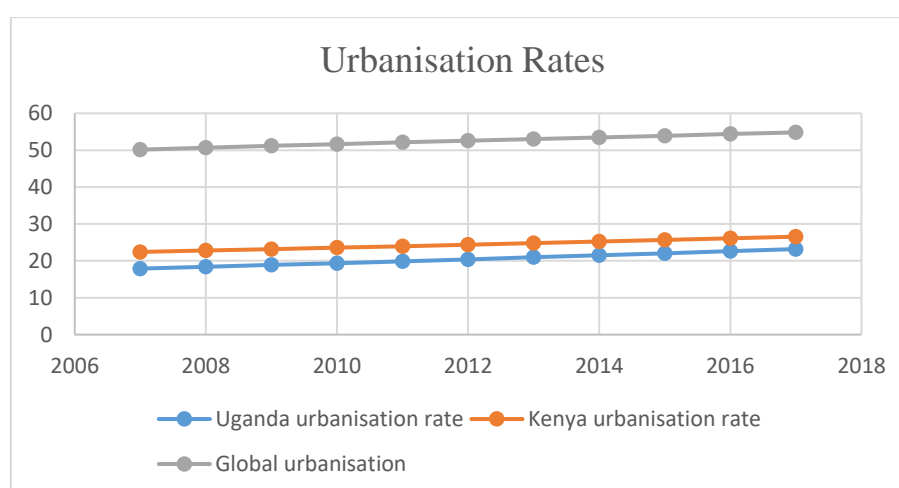
The population in Uganda has been rapidly growing thus creating the need for healthcare services. Historical data shows that in 2018 Uganda had a population over 40 million people. The increase in population or near population explosion pit strain on food sources thus creating

nutritional challenges to linger among the Uganda population. Therefore innovative ways closing the nutritional deficit are needed including the use of nutraceuticals.

Population parameters for Uganda

Parameter	Value
Population	42,862,958 (2017)
Per capita income	$1,820
Life expectancy at birth	F 64/M 62 years
Infant mortality rate	43/1,000 live births

Sources: World Bank 2018, Uganda & Population Reference Bureau 2018, Uganda

The increasing rates of urbanisation will inevitably lead to increased morbidity and thus the need for more pharmacy services and more pharmacists to match the increased demand for services. Similarly, the increasing population creates a challenge of food shortage and thus an opportunity for pharmacists to provide innovative nutritional products and services including production and marketing of nutraceuticals

The increasing number of senior citizens will increase the prevalence of degenerative diseases and non-communicable diseases such as arthritis, hypertension and some cases of cancer. Historical data shows that the world population aged 65 years and above is increasing rapidly as seen in the figure below.
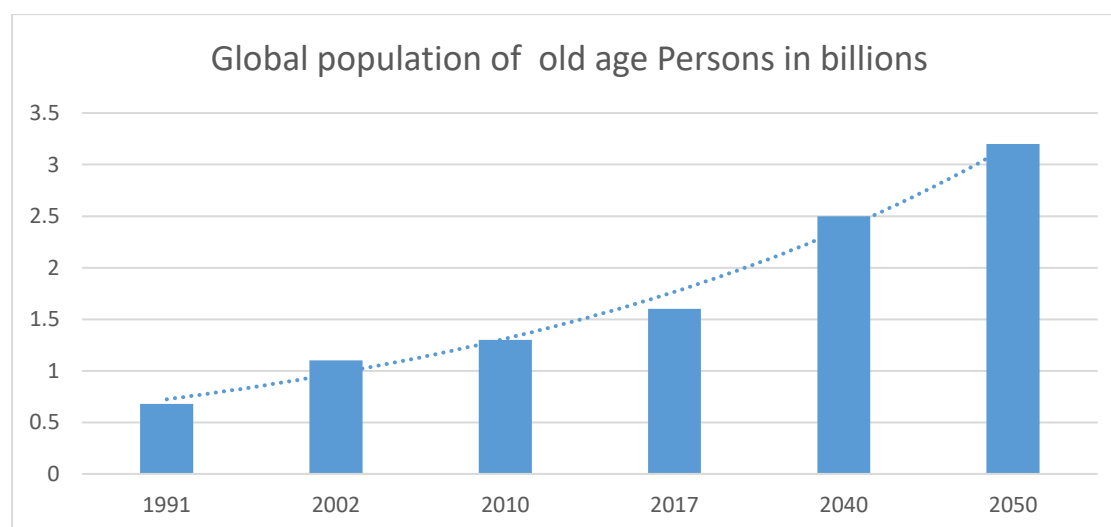
Population census data indicates that in 2014, 4% of the population of Uganda (about 1.5 million) was comprised on older persons. At this rate the population of seniors (65 years and above) will be hitting the 2 million mark as we close the decade. This has implications for the services provided to the general public and to members who may fall into this bracket. The

aging population is providing new opportunities for pharmacy services such as geriatric and home care services.

2.4.2.2 Epidemiological trends and disasters

According to NCD alliance, non-communicable diseases (NCDs) are the leading causes of ill health in the world accounting for 70% of deaths world-wide and the burden is higher in low-income and middle-income countries. The risk spectrum for NCDs is widening as countries strive to cross economic bridges. The Pharmacy profession should therefore prepare to handle pharmaceutical needs related to the escalating non-communicable diseases most especially metabolic, psychiatric, neurologic and cardiovascular disorders.

The growing trend in the use of chemicals in agriculture, poultry, veterinary practice and food processing and for pest control increases the risk of exposure with possibility of acute and chronic toxicity. As a result, the pharmacy profession should build capacity in both clinical and forensic toxicology.

The emerging and re-emerging infectious diseases and the threat of antimicrobial resistance to commonly used antibiotics with established safety profile requires the professional involvement of pharmacists at policy, managerial, and clinical levels. Therefore, opportunities exist for the pharmacy profession to acquire adequate skills and competencies for disaster management and infectious diseases management.

2.4.2.3 Service delivery, Human resources and Financing

The WHO recommends 4.45 skilled health workers per 1000 population which makes the need for Uganda to be 186,900 skilled health workers. By June 2018, Uganda had 101,350 employable skilled health workers (54%) as per the MoH, 2018 Annual Health Sector Performance Report. While the shortage impacts most of the professions the shortage of pharmacists in Uganda is much higher compared to that of other health professionals (WHO,2016).

Currently Uganda has three universities that offer a bachelor's degree in pharmacy which is the basic qualification for pharmacy internship that eventually leads to registration: Makerere University, Mbarara University of Science and Technology, and Kampala International University. These universities are graduating well over 100 pharmacists annually. The number of pharmacists licensed in Uganda in 2017/18 was 1,010 (MoH, Annual Pharmaceutical Sector

Performance Report, 2018)-figure 1. This gives a ratio of 2.6 pharmacist to 100,000 population based a population projection of about 38.5 million in 2017. Based on modelling the number of pharmacists is predicted to increase by 257 per year at the current rate.

Figure 1:Pharmacist population in Uganda over the last 15 years
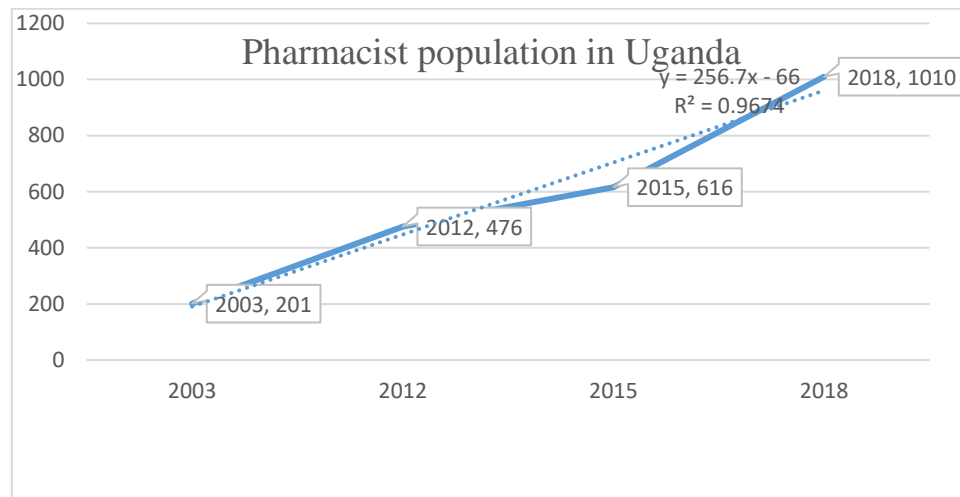
The WHO recommends 1 pharmacist per 10,000 population making the need for Uganda to be 4,200 for both public and private sector. This implies a gap of over 3,000. At the current rate, this require 11 years to realise the recommended ratio. The chart below illustrates the rate of increase the pharmacist to population ratio in Uganda.

Figure 2:Ratio of pharmacist to population in Uganda
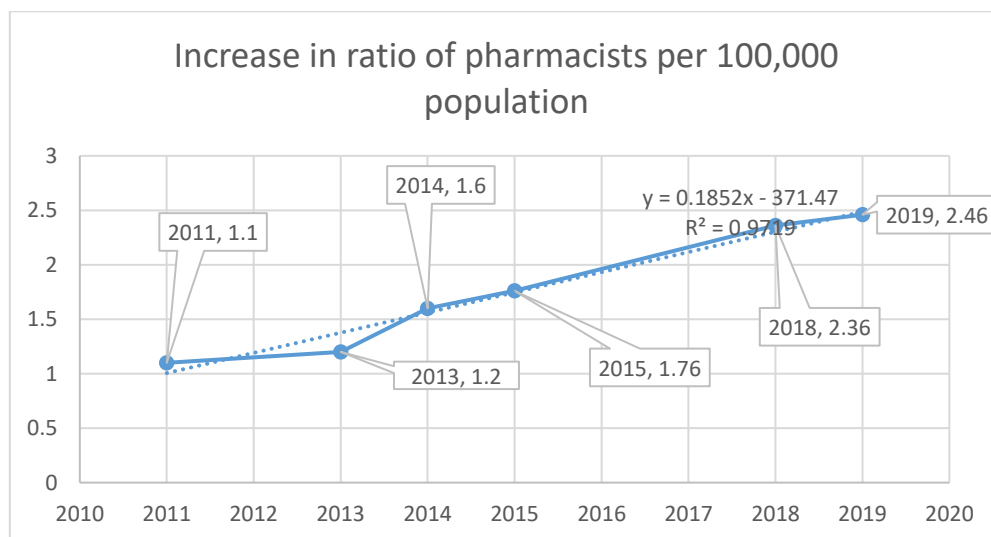
The ratio of pharmacist to population in Uganda is one of the lowest in the world, even among peers Kenya and Tanzania, underscoring the urgency to training more pharmacists (Table 1).

Table 1: Ratio of pharmacist to population

Country	Number per 100,000
WHO Standard	10
Brazil	95.40 (2015)
South Africa	24.20 (2016)
Kenya	10.90 (2019)
Nigeria	6.60 (2018)
Tanzania	2.90 (2017)
Uganda	2.9(2019)
Ethiopia	2.38 (2013)

See annex for sources

The shortage of pharmacists in Uganda is further complicated by the mismatch between normative and relative need on one side, and demand on the other, with the former far higher than the latter. While need is a function of epidemiological and demographic changes, demand for pharmacists in Uganda is a function of a myriad of variables such as pharmacists' numbers, government policy, pharmaceutical regulation, skills presentation of pharmacists, national income, public awareness, and advocacy for the profession. This presents a challenge and opportunity for the Society to engage the different forces and players acting at different touch points. The mismatch is greatest in the public sector where **56% of pharmacist and 43% of the pharmacy technician and dispenser posts are filled.**

Further still, there is a higher density of pharmacists in urban areas than in rural areas and in 2014, the geographical coverage of pharmacist was 45% (only 45% of districts had a community pharmacy). This trend is likely not to have changed significantly although more and more pharmacists are operating in less urbanised areas. In the private sector, pharmacists are most concentrated in the selected districts of Wakiso, Mbarara, Mbale, Jinja, Masaka, Mukono, Gulu, Kabarole, Arua and Hoima (based on the distribution of community pharmacies).

In Uganda Pharmacist demand is expected to continue rising due rising demand and appetite for pharmacy services among the population. The distribution of these services however will need to be guided to achieve equity. To guide monitoring of the overall pharmacist demand, the un-weighted Pharmacist Demand Index (PDI) is required. This index reports perceptions of the demand for pharmacists and a PDI of 5 means there is a critical demand for pharmacists, while a 3 means that supply and demand are balanced. The index can be adjusted for population and provided by region, so as to guide in regulation and policy.

Chronic task shifting occasioned by high demand for pharmacy services in the background of low pharmacist numbers remains a challenge that needs short-term, medium term and long-term solutions. This calls for more innovative mechanisms for pharmacists to discharge their duties while maintaining high standards of pharmacy practice and meeting expectations of consumers, regulators, and the general public. Regulatory interface with the pharmacy technicians needs to be explored as one of the immediate measures.

Financing of healthcare services remains a big challenge for providers and consumers alike. High out of pocket expenditure restricts access to healthcare services, promotes erratic consumption of services, and drives people into acute poverty. These undesirable consequences give to adverse health outcomes. This is a global problem that requires coordinated national, regional and international efforts.

The Uganda Government expenditure on health of US$ 9 per capita per annum falls short of the Health Sector Strategic and Investment Plan target of US$17 and the WHO recommendation of US$ 34 (WHO, 2018, Country Cooperation Strategy, at a Glance). The GOU contributes 15% of the healthcare expenditure while the development partners contribute 45%, Out of Pocket at 37% WHO, 2018, Country Cooperation Strategy, at a Glance) (which is above maximum 20% to minimise catastrophic expenditure).
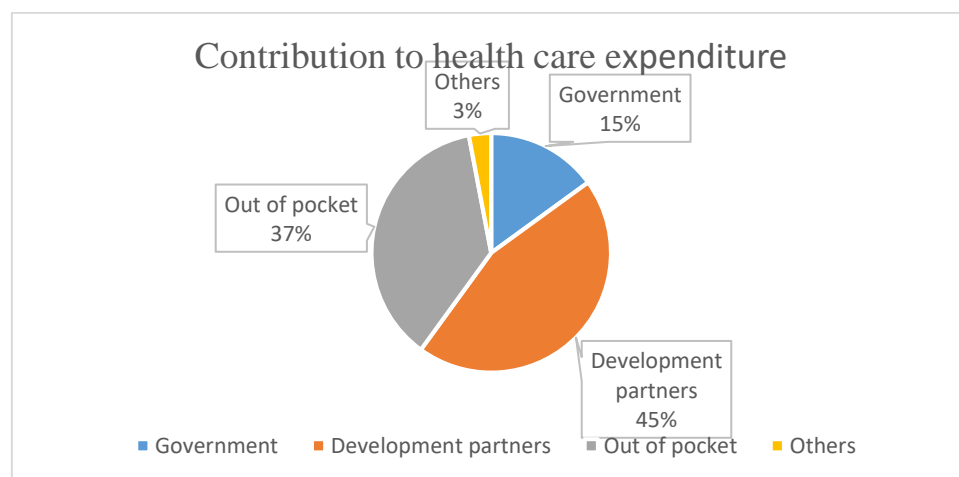
Source: WHO, 2018, Country Cooperation Strategy, at a Glance)

This is a global problem that not only requires coordinated national, regional and international efforts but also active involvement of professionals. The pharmacy professional has a role in minimising the catastrophic expenditure as studies have shown that pharmacists can contribute to reducing the cost of healthcare while at the same time improving patients' use of medications

and health outcomes. The savings have been demonstrated both in the hospital and ambulatory settings.

2.4.2.4 Industry advances, Digitalisation, and Innovation

The healthcare landscape is rapidly evolving globally with digital technologies becoming increasingly part of everyday delivery of healthcare and among consumers. According to KPMG, the key opportunities in the digitalisation race are: patient to professional telehealth, professional to professional telehealth, e-learning tools, patient flow management, sensorial health monitoring or wearable signs monitoring and digital therapeutics monitoring, decision support tools and e-prescribing, online communications, shared EHRs, and patient portals, healthcare tree, smart pharma hubs, 3D technology, genomic medicine and gene therapy.

2.4.2.5 Evolution of Pharmacy services and disciplines

The pharmacy profession is fast evolving creating new opportunities and challenges for pharmacists. In addition to community pharmacy, clinical pharmacy is gaining traction with an increasing number of pharmacists graduating in Master of Clinical Pharmacy. Other specialities such as nuclear pharmacy, oncology pharmacy, ambulatory pharmacy, industrial pharmacy, drug regulation, academia, drug information, critical care pharmacy, homecare pharmacy, hospice pharmacy, industrial pharmacy, infectious diseases pharmacy, nuclear pharmacy, oncology pharmacy, paediatric pharmacy, and supply chain management provide green opportunities. A number of these specialties require additional training and work experience. Some are very unique such as pharmacist attorneys and managed care pharmacy and may appear strange in the Uganda context but may soon become important as the landscape evolves, and globalisation takes root.

In many parts of the World pharmacy has transitioned from traditional to the modern era services involving clinical pharmacy, pharmaceutical care, and public health. Generally, pharmacists now are giving more time to patients and have an active role in designing and modifying drug therapies. This new paradigm has ushered in new set of responsibilities and duties for pharmacists and is transforming pharmacists into important players of the healthcare team. In addition, interaction with other healthcare providers has continued to grow. Pharmacists have therefore become essential in both primary and secondary healthcare settings

Pharmacy roles are changing even in the traditional areas of practice such as hospital pharmacy and community pharmacy. Roles such as health promotion and health education are

increasingly becoming common services provided by pharmacists. With the integration of technology into health, pharmacists have the opportunity to widen their horizon of practice to include disease screening, tele-pharmacy, and specialised prescribing.

Other opportunities exist stemming from the demographic, epidemiological and socio-economic changes. The following opportunities for pharmacist will unfold in the next decade

1. Specialisation in the fields of nutrition
2. Specialisation in NCDs
3. Specialisation in environmental toxicology
4. Specialisation in veterinary pharmaceutical technology
5. Specialisation in pharmaceutical biotechnology
6. Specialisation in pharmacy informatics
7. Specialisation in infectious diseases
8. Specialisation cosmeceutics
9. Specialisation in medical devices
10. Production of nutraceuticals
11. Provision of home care services
12. Provision of nutritional services

The Council needs to foster deliberate and structured measures to enable members partake of these opportunities. Advancing into these new areas will enrich the services provided by the pharmacy profession

2.4.2.5 Policy, Legislation and Regulation

The Pharmaceutical market and the pharmaceutical profession are regulated primarily to ensure that consumers get access to medicines that are safe, efficacious, effective, and of acceptable quality. Regulation aims at promoting public health and protecting the public against harmful and dubious drugs. Medical products have to be well regulated due to the critical role they play in society and the complexities, and sometimes controversies, associated with assessing their safety, quality, efficacy and effectiveness.

Regulation in pharmacy encompasses three dimensions, namely; the health practitioners, practice and services, and health technologies. Regulation of the health technologies is performed by the National Drug Authority in terms of manufacture, importation, exportation, distribution, supply, and sale. The law gives the Council of the PSU to regulate pharmacists by providing pre-internship and eligibility examinations. The law also provides mandate on enforcement of ethical conduct and standards for pharmacy practice. There are grey areas regarding the scope and regulation of services for pharmacists especially in direct patient care. The responsibility of defining and regulating scope of services appears to be shared between

the PSU Council and the Pharmacy Board at the Ministry of Health but it is not clear who is responsible for what.

Different models or regulation exist across the world but experiences in different countries support the hybrid model where self-regulation is blended with government regulation thus harnessing the advantages and ameliorating the weaknesses of each model and creating synergies and efficiencies.

In Uganda a number of existing policies, laws and regulation underscore the need for pharmacy services, and indeed ringfence the authority of the pharmacists. These include the National Medicines Policy, the National Health Policy, the Pharmacy and Drugs Act 1970, the National Drug authority and Authority Act 1993, and the Health Services Act 2001. While these policies, laws and regulations underscore the need for pharmacy services and ringfence the authority of the pharmacist they do provide clear mechanisms of engagement between PSU and the other regulatory bodies. This leaves PSU only two options: pursue institutionalised regulatory changes or constantly engage with collateral bodies through liaison offices or focal persons or collaborative memoranda.

This also affects other related laws such as the Food and Drugs Act, Chapter 278 and Codex Alimentarius; the Universities and other Tertiary Institutions Act, 2001 that established the National Council for Higher Education; and the National Biosafety Act 2017 do not provide formal mechanisms for engagement with the Society. There is however opportunity to engage through innovative leadership systems such as liaison or focal person or collaborative memoranda

Some of the laws such as the Allied Health Professionals Act Cap 268; the Uganda Medical and Dental Practitioners Act 1998 Cap 272; and the Uganda Nurses and Midwives Act of 1996 are siloed in nature and do not take into consideration the integrated nature of pharmacy services and do not explicitly recognise the role of PSU.

Some laws, under different stages of development, such as the National Food and Drug Authority bill and the Health Professions Authority bill provide both opportunity and challenge for the PSU Council. Unlike the former, the Health Professions Authority bill was shelved. The latter is inimical to the legislative mandate of the PSU Council and compromises the authority of the PSU Council. The former ushers in the opportunity for pharmacists to widen the career

horizon into fields such as public health, medical devices, cosmetology, haematology and sports medicine

On the overall there is more opportunity than risk related to policy, legislation and regulation, and the PSU Council has to build capacity to harness the opportunities created by the existing and emerging policies, laws and regulations.

2.4.2.6 Stakeholders mapping and engagement

The PSU and the Council has a wide network of stakeholders of different and sometimes dynamic levels of interest, authority, influence and relational configuration. The stakeholders were analysed using a cross-tabulation of VEN-IIA tool with respect to mandate, operations, sustainability, and activities of PSU. In addition, a reverse stakeholder analysis was conducted to identify those stakeholders that PSU needed to drive its agenda. These two processes resulted into super stratification of the stakeholders-vital for survival and vital for growth. Some of the vital stakeholders are listed in the appendices. The process also involved determining the dominant orientation of the stakeholders on the interest, influence and authority axis. The classifications are listed in the annexes.

The table below provides the engagement mechanism for the different stakeholder groups based on the interest, influence and authority axis.

Category	Engagement mechanisms/approach
Interest-positive	Ito be nurtured, harnessed and optimised Supportive, Promotive, Consultative, Reliable, Professional, Transparent, Engaging, Reciprocal, Collaborative, Synergistic And Mutualistic
Influence	Strategic and Collaborative engagements
Authority	Advisory, Consultative, Opinion-Inclined, Protocol-Based, Evidence-Based or Well Researched Information, and Policy Oriented.
Neutral	Identify areas and issues of common interest and highlight shared benefit
Unpredictable or difficult	Establish and maintain an atmosphere of trust, maintain access, engage in open and frequent communication, listen to concerns and address issues, Clarify purpose and roles

2.4.2.7 Management and administration of PSU

While the Council has been making progress in strengthening its internal management structures, it is important to note that the operating environment is fluid and calls for agility in decision making and speedy execution. Due to the evolving concepts of management, the Council members need to appreciate the concepts of modern management such as strategic planning, business planning, time accountability, development and application of metrics, mandate accountability and resource preservation and growth.

2.4.3 SWOT Analysis

Key Risks, Threats, Opportunities, Weaknesses and Strengths

Risks and threats	- Growing perception from stakeholders that pharmacists are not providing value for money most especially in community pharmacy practice - Wavering public and peer appreciation of the roles of pharmacist - Limited engagements between PSU and departments in MOH and NDA - Interprofessional acrimony and predatory behaviours - Inadequate regulation regarding possession and sale of classified drugs resulting into stock piling of medicines in clinics and drug shops - Rampant task shifting in health service delivery that allow easy substitution human resource inputs including pharmacists - Emerging inimical pharmaceutical and healthcare legislations - Emergence of e-pharmacy in absence of appropriate legislation - Increased brain-drain among top and experienced pharmacists - Low investment in research, product development in favour of imports and external outsourcing. - Other professions encroaching on the space of pharmacists due to inadequate regulatory enforcement including the weak deterrent effect of the Law
Opportunities	- Evolution of regional cities providing an opportunity with better service delivery opportunities - Imminent wave of legislative change in regulation of products and professions that creates an opportunity for Council take leadership and preserve professional mandate and functions of pharmacists. - Evolving demographic and epidemiological patterns thus creating opportunity for emerging specialties
Weaknesses	Inadequate engagement of and value demonstration to members that risks eroding loyalty to the Society that threatens to disrupt the source financing

	• Incidents of conflict between senior members and no clear mechanisms for arbitration and conflict resolution • No mechanisms for tapping the wisdom and experience of senior members • Limited ambition and agility of members resulting into the comfort zone tendency coupled with the mentality of entitlement inhibiting creativity, productivity and entrepreneurship • Incidents of combative and dismissive approaches of the PSU Leadership affecting dialogue with Ministry of Health Leadership • Lack of bridging courses and continuous training
Strengths	• A critical mass of members profess loyalty to the PSU and are willing to subscribe and participate in PSU activities whenever called upon • The Council has maintained a high level of cohesion and focus on key issues • An increasing number of pharmacists advancing careers in key fields such as clinical pharmacy, public health, pharmaco-economics, pharmacognosy, molecular biology, medicinal chemistry, supply chain, and law • The number of pharmacists in increasing thus enabling the deployment at different levels in the health sector to increase health-oriented visibility to the public • Pharmacists entering other practice disciplines and opening more practice space • An increasing number of pharmacists taking on top managerial or senior positions in key stakeholder institutions and organisations

3.0 Strategic framework

3.1 Overview

The Council of the PSU develops, implements and monitors the strategic plan in line the governance responsibilities and as a way of promoting transparency and accountability and optimising resource management.

3.2 The Strategic Philosophy

The Mission

To advance the pharmacy profession through strengthening training, promoting professional competence, ethical practices and members' welfare leading to improvement of the quality and use of pharmaceuticals, advancement of patient care and safeguarding of the health of the public

The Vision

To be the Leader in ensuring professional excellence and securing the highest standards of pharmacy practice in the region.

The Values

The values of Integrity, Trust, Excellence, Commitment, Leadership, Accountability and Transparency resonate with goal, purpose, vision and mission of PSU and provide a basis for decisions on operational planning, resource mobilisation, resource allocation and member mobilisation and engagement. These values will guide Council in implementation of the new strategic plan and will be operational throughout the life of the strategic plan. The values will inform the prioritisation of actions, decision making, the intensity of engagement, the level of accountability, and zeal of pursuing the objectives. The values are expounded below

Value	Interpretation
Integrity	We employ the highest ethical standards, demonstrating honesty and fairness in every action that we take.
Trust	Trust is one of the foundation stones of PSU. It begins with our employees and depends on the reliance, partnerships, and successes we share with our customers. Trust between us and our customers manifests itself through common goals, respect, and fulfilment of our commitments. Due to the trust we build, both our employees and customers can rest easy knowing we will go the extra step in meeting all of their needs. To maintain this trust relationship, we strive to uphold our values and follow through on our commitments
Excellence	We deliver what has been promised and add value that goes beyond what is expected. We achieve Excellence through Innovation, Learning and Agility.
Commitment	Committing to great product, service, and other initiatives that impact lives within and outside the organization.
Leadership	We lead with courage, personal integrity, and having a vision which inspires and motivates others
Innovativeness	In the current marketplace, innovative ideas, concepts, and processes are essential to the continued success of any company. At PSU, we endeavour to create value, deliver results, and continuously improve all elements of both our business and those of our customers. We aim to be

	creative, effective, and efficient to help create inspired, visionary solutions for our business partners.
Accountability & Transparency	Acknowledging and assuming responsibility for actions, products, decisions, and policies.

3,2 Strategic direction

The strategic direction has been well articulated derived from the strategic philosophy and strategic analysis to create a clear goal, purpose, strategic priorities, high level deliverables, strategies and the vital signs monitor.

In setting the strategic direction, priorities and strategies, the Council and therefore the Society examined the prevailing global, regional, and national policies as part of the situational and landscape analysis. Specific reference has been made to Sustainable Development Goals, the East African Community integration strategies, the National Development Agenda encapsulated in Vision 2040, strategies, motivated and inspired by the National Development Agenda as articulated in the Uganda Vision 2040 and the emanating policies and instruments. Particular attention has been accorded to the following SDGs: SDG 3 on ensuring health lives and promoting well-being at all ages for instance by providing strategies to increase access to pharmacy services and focussing on geriatric pharmacy practice; SDG 5 on achieving gender equality and empowering all women and girls; SDG 8 on promoting inclusive and sustainable economic growth, employment and decent work for all; SDG 9 on building resilient infrastructure and promoting industrialisation and foster innovation; SDG 17 on revitalising global partnership for sustainable development. The Council has also been guided by the drive to drive to universal healthcare coverage of which access to quality services are part of the necessary ingredients.

The Goal

> In the five-year span of this Plan, the PSU Council will strive to *increase the level of involvement of pharmacists in management of pharmaceuticals and delivery of pharmaceutical services at all levels of the health system and service delivery points*

- The goal of the PSU has been introduced to provide a basis for integration of the PSU activities into the wider healthy sector planning and programming.
- Pursuing this goal will increase access to quality pharmaceuticals and enhanced pharmacy services while protecting the public from the dangers of inappropriate use and handling of pharmaceuticals and medical devices.

The Purpose

> The Council will strive to *preserve, advance and market the profession and practice of pharmacy through mobilisation and engagement of members*

- The Purpose has been introduced to provide an aspiration for the members of the society, and acts as a rallying point for mobilisation and engagement

3.3 Strategic Priority Clusters

The evaluation and Strategic Plan building process revealed the need to bolster Professional growth and Development; improve Financial Sustainability and widen revenue generation opportunities; enhance Stakeholder engagement and member welfare; pursue Regional Positioning and Leadership in service delivery; enhance Governance and Strategic Management; address grey areas in Policy, Legislation and Regulation; accelerate Health technology Research and Development and Innovation, and enhance Skilling and professional Productivity of pharmacists.

Cluster 1: professional growth and development; Plan II focuses on strengthening undergraduate and postgraduate education of pharmacists; enhancing professional development through skilling; as well as developing, enriching and growing pharmacy services. In this regard The Plan intends to maintain real time resonance with population growth trends, market dynamics, and disease and disaster trends.

Cluster 2: financial sustainability and revenue generation for the Society; Plan II focuses on growing and widening the revenue mix; and investment-based expenditure through traditional and innovative mechanisms.

Cluster 3: stakeholder engagement and member welfare; Plan II focuses on building strategic, constructive, mutualistic, and sustainable engagements and relationships with stakeholders in the health sector and non-health determining sectors such as agriculture, education, water, wild life, and industry. A framework for identification, engagement, and management of stakeholders has been elaborated. The Plan focuses on enhancing unification of members, increasing member interactions, and stimulating member participation in professional and Society's activities.

Cluster 4: regional positioning in pharmaceutical services and service delivery; the Plan focuses on increasing involvement and engagement with regional Pharmaceutical Societies and the respective Councils and with the relevant organs and departments at the East African Community. The Plan has provided mechanisms for delivering developmental and welfare services to members and stimulating pharmacists' involvement in pharmaceutical service delivery at all levels of the health systems. The plan highlights the need for the Council to spearhead development of new pharmaceutical services or modification and reorganisation of existing services.

Cluster 5: governance and strategic management; the Plan focusses on creating a lock-in mechanism for governance and administrative business of the Council, Council Committees; and the Secretariat. Mechanisms for budgetary discipline and investment prowess have been ingrained in the Plan.

Cluster 6: legislation, policies, and regulation; Plan II focuses on strengthening the policy, legislative and regulatory framework for pharmacy education and training, and pharmacy practice in Uganda and in the East African Region. The Plan focusses on integrating and harmonising regulation across the health system to leverage the capabilities of the different actors and players: Ministry of Health, National Drug Authority; Pharmaceutical Society of Uganda, and other pharmaceutical and food regulating entities.

Cluster 7: health technology research, development and innovation; the Plan focusses on sharpening the research agenda and developing the necessary infrastructure and systems for promoting research in traditional and ethical medicines. The Plan focuses on innovation in health technology and service delivery to enhance quality, efficiency and access to pharmaceutical services and commodities.

Cluster 8: skilling and professional productivity; the Plan focuses on guiding and supporting pharmacists' education and training, through a variety of mechanisms such as supplying undergraduate scholastics, support supervision for training institutions; and continuous professional development

3.4 Strategies and Actions for Strategic Plan II

Objective 1: Streamline the regulation and practice of pharmacy and pharmaceutical services in Uganda to address current and emerging population needs

The practice of pharmacy is rapidly evolving mirroring the global trends. Streamlining the practice of pharmacy is important to ensure the knowledge, skill and experience of pharmacists is well harnessed and optimized. This is also required to nurture interprofessional harmony, improving equity, and ensure that national health and development objectives are realized efficiently. Issues of concern that need to be addressed regarding pharmacy practice are: scope of pharmacy practice; veterinary pharmacy, accreditation for non-traditional pharmacy services; service delivery, interface with pharmacy technicians; quality of services; and regulatory system.

Access to essential health technologies is a fundamental human right and was designated as a social right by the WHO in its constitution. Hence increasing access to quality, consistent and reliable pharmacy services enables patients and members of the public to obtain the needed medicines and treatments in a timely and cost-effective manner.

Additionally, enhancing access to pharmacy services facilitates the goal of universal health care coverage through assuring equitable access; quality of health services; and financial-risk protection. This contributes directly to achievement of SDG 8 on ensuring healthy lives and promote well-being for all at all ages with special attention to the elderly, vulnerable populations and those with disabilities

Intervention 1	Consolidate and expand of the scope community pharmacy services
Intervention 2	Establish and implement a certification and accreditation programme for non-traditional pharmacy services
Intervention 3	Integrate pharmacy technician services into the mainstream pharmacy practice
Intervention 4	Strengthen presence of pharmacists in community pharmacies
Intervention 5	Develop and implement initiatives and mechanisms for improving quality of pharmaceutical services in Uganda
Intervention 6	Develop and implement initiatives and mechanisms for increasing access to pharmacy services giving special attention to vulnerable populations, the elderly and those with disabilities
Intervention 7	Pursue the establishment of joint regulatory mechanisms for training, practice, pharmaceutical production, product distribution, retail services and disposal

Objective 2: Strengthen research, training and professional development of pharmacists in line with market requirements, contemporary standards and future needs

Pharmacists are a vital health workforce, especially in the areas of pharmaceutical management, pharmaceutical policy, patient medication management, pharmaceutical quality assurance, medicine supply, medicine regulation, drug discovery and research, and academia. Pharmacy training comprises pre-service and post-service components and is a vital quality assurance tool. Pharmacists need to be equipped with relevant knowledge and skills to develop the necessary competencies required for the dynamic and demanding job

Intervention 1	Provide technical support to the internship programme and internship centres
Intervention 2	Provide curriculum and tutorial support to training institutions
Intervention 3	Support undergraduate and postgraduate research projects and placements
Intervention 4	Scale up collaboration with training institutions to include institutions such as agricultural, veterinary, biotechnology, and engineering to harness the knowledge and skills in these fields
Intervention 5	Establish and promote standards and competencies for lecturers and tutors of pharmacy students

Objective 3: Enhance the position and role of PSU as a leader in pharmaceutical services delivery in East Africa

East African countries are gradually moving to a point of integration in a number of areas such as the economy, regulation, commerce, and trade. As pharmacy permeates all these areas, it is important that the PSU and its members position in such a way as to exploit the opportunities and manage the challenges arising from the integrations. For this to be realized the Council has to take deliberate measures and investments in standards, innovation, and research, and communication

This objective lays the foundation for bilateral partnerships between PSU and agencies of similar mind and mandate in the Est African community. This is aimed at contributing to the achievement of SDG-17 on revitalizing global partnership for sustainable development

By promoting innovation and research this strategy directly contributes to SDG 9 on building resilient infrastructure and promoting industrialisation and foster innovation

Intervention 1	Lead the process of the establishment of EA professional pharmacy practice standards
Intervention 2	Promote innovation and Research in pharmaceutics, pharmaceutical technology, medicinal chemistry, Pharmacognosy, pharmacy practice, and pharmacotherapeutics.
Intervention 3	Establish and maintain presence in peer-reviewed international journals
Intervention 4	Transition the PSU Secretariat into a center of excellence for pharmacy research, pharmaceutical technology and pharmacy services

Objective 4: **Accelerate and promote absorption, retention and advancement of pharmacists across all sectors of pharmacy practice**

Pharmacists practice and work in diverse fields and areas such as regulation, manufacturing, production, pharmaceutical research, community practice, academia, public health, health administration, health projects, and pharmaceutical distribution. In these fields and areas pharmacists work as technocrats or bureaucrats with different roles and responsibilities such as leadership, management, communication, advocacy, advisory, volunteers, and supervisors, that require a variety of skills, capabilities and competencies. The multiple skills, capabilities and competencies required in these field and areas often pose significant challenges for absorption of new members, as well as retention and advancement of the older

members. The key issues of attention are career advancement, skilling and talent development, and employment support services

Acceleration and furtherance of employment for pharmacists is geared towards achievement of the SDG-8 on promoting inclusive and sustainable economic growth, employment and decent work for all

Intervention 1	Promote career growth and development
Intervention 2	Establish a skilling and talent development programme for members
Intervention 3	Develop and implement a lobbying and advocacy strategy
Intervention 4	Provide employment bureau services to members

Objective 5: Diversify and accelerate growth of the Society's revenue and income for sustainability.

The Society although not created for profit generation requires revenue to run its business and remain sustainable. The PSU has both opportunities and challenges as well as risks. As a professional body, the Society is in an inherent position to develop partnerships with important communities such as academic, research, health advocacy, regulatory, industry, supply chain, policy, development partners and other philanthropists. These partnerships open doors for PSU to tap into the funds available through collaborative value creation. The key issues in this regard are collaborative value creation, investment policy, consultancy services, grant wiring, project management, digital solutions and other fundraising engagements.

Intervention 1	Prepare and operationalise the PSU investment policy
Intervention 2	Develop, market, sell and provide consultancy services for health systems strengthening, pharmaceutical production, global health security, health policy, projects and programmes
Intervention 3	Solicit and execute grants from development partners, government and donors for projects and programmes
Intervention 4	Establish a system for timely and consistent collection of subscription fees and rental income
Intervention 5	Organise and participate in fundraising events
Intervention 6	Develop and implement an expatriate labour export or exchange scheme
Intervention 7	Develop, market and sell pharmaceutical and healthcare digital solutions

Objective 6: Galvanise member engagement, participation and welfare.

Members of the Society are the most important resource available to the Society. The growing numbers coupled with the diversity in culture and ambition pose a challenge in this regard. The PSU can leverage the growing numbers and diversity of ambition for collective advocacy and professional gains. For this to be realized the Council should keep members united, engaged, and motivated. The issues of concern in this regard are members welfare and social protection, engagement, participation, and support to members. This objective is in line with the SGD 5 on achieving gender equality and empowering all women and girls.

Intervention 1	Enhance social protection and welfare of members maintaining gender equality while paying particular attention to those with disabilities.

Intervention 2	Establish and implement mechanisms for resolution of conflicts and disputes among members
Intervention 3	Establish and implement mechanisms for facilitating pharmacist to pharmacist engagement and learning
Intervention 4	Establish and implement advocacy strategies and mechanisms to secure and promote social protection and welfare of members.
Intervention 5	Create and implement initiatives and mechanisms for enhancing active participation of members in PSU activities and plans
Objective 7: Strengthen Institutional Capacity of PSU to enhance leadership, governance, and strategic management The Council and Secretariat form the governance, administrative and managerial pillars of the Society with legislative and delegated authority and responsibility to develop, grow, protect, conserve, and sustain the practice and profession of pharmacy in Uganda. This call requires that the Council and the Secretariat staff understand their responsibilities, are active, and possess skills and capabilities in management, leadership and people management. It is also important that they have the requisite policies, procedures, systems and technology to carry on the business of the Society	
Intervention 1	Develop and implement strategies and mechanisms for monitoring and tracking implementation of the strategic plan
Intervention 2	Develop, establish and implement initiatives for stakeholder engagement
Intervention 3	Promote and foster good financial management and accountability practices in line with international standards
Intervention 4	Create and implement systems for planning, budgeting, reporting and quality improvement in line with the strategic plan and statutory requirements
Intervention 5	Develop and pursue initiatives for strengthening regulation of pharmaceutical products and services
Intervention 6	Transition from paper-based business and corporate transaction to automated and digitalised transactions
Intervention 7	Establish and implement mechanisms for constructive engagement of the MoH and other national policy organs and government agencies
Intervention 8	Develop and deploy legal, policy and risk management competencies
Objective 8: Develop, sustain, and optimise strategic and mutually beneficial partnerships Partnerships are key for the Society to deliver on its mission, pursue it vision, and run for its goal. The structure, quality and endurance of the partnerships are of prime importance and as such the Council need to invest in exploration for partners, due diligence, and partnership management. Therefore, the Council should take and direct deliberate measures and focus towards the creating, building, preserving, growing, and maintaining partnerships	
Intervention 1	Develop, establish and implement strategies, initiatives and mechanisms for stakeholder identification, engagement and management
Intervention 2	Build strong partnerships premised on specific strategic plan deliverables

Intervention 3	Develop and implement mechanisms for monitoring stakeholder relations and partnerships

3,5 Strategic Plan Implementation

3.5.1 Planning, Coordination, Tools, and Execution

Annually the Secretariat will develop operational plans in line with the goal, purpose, vision, mission, values, and priorities of the Strategic Plan. The Annual Plan will be approved by Council. Annually the budget will be prepared by the Secretariat and approved by the AGM. The budget management framework has been provided to guide and rationalise revenue generation and expenditure.

The Secretariat will coordinate all activities of the Society. Two coordination desks will be introduced; the grants coordination desk, and the stakeholder coordination desk. These will improve management of grants and stakeholder management.

A number of tools and frameworks have been recommended or provided for the different stages in the implementation cycle of the strategic plan. Particular focus has been accorded to marketing and publicity of services, products and innovations; communication and dissemination of outputs; and monitoring, review and evaluation of the plan implementation as well as rapid exchange and diffusion of lessons learned, and innovations developed. The tools include management tools, advocacy tools, stakeholder management tools, budgeting tools, and pharmacist demand index assessment tools.

Council will implement its activities through the Secretariat, the committees and stakeholders. The terms of reference for the research committee will be enhanced to include responsibilities for grants and projects management

To foster smooth implementation of the Strategic Plan, an implementation framework has been elaborated. This consists of the actions and measurable outputs as well as the monitoring and evaluation plan. To provide further guidance and nurture implementation hand-holding engagements have been provided for the strategic plan development team to provide support to Council and Secretariat over the lifecycle of the Strategic Plan

3.5.2 Monitoring, Evaluation and Reporting

The strategy-action matrix, the results matrix, and the monitoring and evaluation matrix have been elaborated to guide execution and activity accounting. To facilitate and accelerate uptake

of the Strategic Plan, increase diffusion of interventions, a dissemination plan has been provided. To fast track learning and improvement across the different parties within and outside PSU, a communication plan has been provided

The results matrix, the monitoring and evaluation framework will be used to chart and monitor progress. The quarterly development report will be prepared by the Secretariat to the Council as a mechanism for improving administrative and projects performance. The strategic dash board will provide high level information on the health of the Society. The Strategic Plan development team will conduct mid-term evaluation of the strategic plan implementation to inform Council on effectiveness of actions, generate remedial actions and additional measures that may be needed.

3.5.3 The Strategic Dash Board and Vital Signs Monitor

Indicators	Baseline % -Est	Years					Target %
		1	2	3	4	5	
Member engagement index-quarterly	50						90
Proportion of available public sector pharmaceutical positions occupied members-annually	40						90
Proportion of community pharmacies providing the defined minimum package of pharmaceutical services-quarterly	10						90
Pharmacist demand index-quarterly	40						70
Proportion of revenue from alternative sources - annual	40						70
Proportion of community pharmacies owned in whole or in shares by pharmacists -quarterly	10						40
Proportion of community pharmacies providing at least one type of specialized pharmaceutical services-quarterly	02						40
Revenue growth rate-annual	03						10

NB: Baseline assessment will be undertaken to validate the values for the baseline

5.1 Budget forecast

Implementation of this Strategic Plan II will require skilled human resources, technology, systems, and funding. These will be financed from revenues generated through member subscription, consultancies, grants, trade in intellectual property, securities, and real estate; events and activities. A detailed budget will be prepared annually based on the framework provided below.

	Forecast in millions				
Revenue source	2020	2021	2022	2023	2024
Member Subscriptions	700	800	900	1000	1000
Grants	140	175	210	300	350
Consultancies	60	75	90	120	150
Trade in property/assets	40	50	100	150	200
Events and activities	85	90	95	100	150
Exams	110	120	130	150	160
Miscellaneous	60	80	90	100	100
Total forecast revenue	1195	1390	1615	1920	2110
Total forecast spend	910	1000	1100	1300	1500
Savings	285	390	515	620	610
Forecasted proportions of the revenue sources					
Revenue source	2020	2021	2022	2023	2024
Member Subscriptions	59%	58%	56%	52%	47%
Grants	12%	13%	13%	16%	17%
Consultancies	5%	5%	6%	6%	7%
Trade in property	3%	4%	6%	8%	9%
Events and activities	7%	6%	6%	5%	7%
Exams	9%	9%	8%	8%	8%
Miscellaneous	5%	6%	6%	5%	5%

5.2 Short-term Budgeting template

Activity	Duration	Intervention	Strategic objective	Deliverables or outputs	Units of deliverable	Unit cost	Total units	Total cost	Activity holder
Grand Total									
Names of person preparing the plan									
Signature and date									
Names of person approving the plan									
Signature and date									

5.2 Results Matrix

Objective	Actions	Outputs	Indicators	Baseline	Target	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
Streamline the regulation of practice of pharmacy and pharmaceutical services in Uganda to address current and emerging population needs	Consolidate and expand the scope community pharmacy services with particular attention to vulnerable populations, the elderly and those with disabilities	Develop the minimum package for community services	Minimum package developed	n/a	Done		n/a	n/a	n/a	n/a
			Cumulative number of pharmacies providing the minimum package	n/a	700	10	200	400	600	700
		Scoping for additional community pharmacy services	Assessment report and recommendations	n/a	Done		n/a	n/a	n/a	n/a
		Additional services introduced into community pharmacy practice	Cumulative of number of new services provided	2	7	3	4	5	6	7
	Establish and implement a certification and accreditation programme for non-traditional pharmacy services	Pharmacies accredited to provide the new services	Cumulative number of pharmacies providing additional services	0	70	40	45	60	65	70
		Pharmacists trained to provide new services	Cumulative number of pharmacists trained and certified	n/a	150	70	90	100	140	150
	Integrate pharmacy technician services into the mainstream pharmacy practice	Integration modalities developed	Integration modalities approved by the MoH	n/a	n/a		Done			
		Consultative meetings with the pharmacy technicians	Number of consultative meetings	0	2	2	4	0	0	0
	Strengthen presence of pharmacists in community pharmacies	Scheme to support pharmacists open community pharmacies	Scheme approved by Council			Done				
			Cumulative number of pharmacies owned by pharmacists	60	500	230	260	300	350	500
			Percentage of expected presence	20	100	40	50	70	80	100
	Develop and implement initiatives and mechanisms for improving quality of pharmaceutical services in Uganda	Policy paper on person specifications for different pharmaceutical supply chain and medicines logistics functions	Policy paper developed and presented to the MoH for consideration	n/a	n/a	Done				
		Rating scheme for community pharmacies	Cumulative number of pharmacies enrolled	0	1000	200	400	600	800	1000
		Revised criteria for selection of support supervision teams	Revised criteria approved by the council	n/a	n/a	Done				
		Support supervision visits to pharmacist duty stations	Number of pharmacist duty stations visited	12	80	30	50	60	60	80
		Develop examination standards	Exam standards developed and approved by Council	n/a	n/a	Done				
		Conduct regular examinations	Examination events	4	4	4	4	4	4	4
	Develop and implement initiatives and mechanisms for increasing access to pharmacy services with particular attention vulnerable populations, the elderly, and those with disabilities	Tele-pharmacy models developed	Cumulative number of licensed tele-pharmacy models	0	10	2	3	6	8	10
		Systems for monitoring access to pharmacy services and products	Number of access reports submitted to Council	0	10	3	4	8	9	10
		Policy papers to the MoH and key stakeholders	Number of policy papers or briefs to the MoH and stakeholders	2	10	2	4	6	8	10

	Activity	Output	Indicator							
	Pursue the establishment of joint regulatory mechanisms for training, practice, pharmaceutical production, product distribution, retail services and disposal	Concept note detailing proposed joint regulatory mechanism	Concept note approved by Council	n/a	5					
		Consultative meetings with MoH and NDA on joint regulatory mechanism	Number of consultative meetings	2	10	4	6	7	8	10
Strengthen research,, raining and professional development of pharmacists in line with market requirements, contemporary standards and future needs	Provide technical support to the internship programme and internship centres	Accreditation guidelines for internship sites	Guidelines approved by council	n/a	n/a					
		Technical support visits to internship sites	Annual % internship sites visited	40	100	30	50	60	90	100
		CME delivered by subject matter experts to interns	Number of CMEs conducted	30	36	36	36	36	40	40
		Regional internship seminars	Number of seminars conducted	0	12	2	4	6	8	12
	Provide curriculum and tutorial support to training institutions	SOP and guidelines for curriculum review	SOP and guidelines developed and approved by council	n/a	n/a	Done				
		Engagement meetings with NCHE to discuss pharmacy curriculum and training	Annual number of engagements	2	4	4	4	4	4	4
		Technical supportive and advisory visits to training institutions	Proportion of institutions visited	80	100	100	100	100	100	100
		Accreditation system for lecturers and teaching assistants	Proportion of accredited lecturers and assistants	0	80	20	30	40	60	80
		Reference books provided to the training institutions	Number of reference books delivered to training institutions	40	60	60	60	90	90	120
		Skills survey	Market surveys with reports	0	1	1	1	1	1	1
	Support undergraduate and postgraduate research projects and placements	Criteria for selection of research proposals of award	Criteria developed and approved	n/a	n/a	Done				
		Budget spend on students' proposals	Percentage of budget spent on student proposals	5	10	7	10	10	10	10
	Scale up collaboration with training institutions allied to pharmacy harness the knowledge and skills in these fields	Collaborative engagements with the selected non-pharmacy training institutions of interest	Number of engagements	0	6	2	2	3	5	6
		Institutions engaged on skills sharing and development of pharmacy research and practice	Number of institutions engaged	0	6	2	2	3	5	6
	Establish and promote standards and competencies for lecturers and tutors of pharmacy students	Standards and competencies for lecturers teaching pharmacy students	Standards and competencies developed, approved by Council and submitted to NCHE	n/a	n/a	Done				
		Conference sponsorship scheme for lecturers	Number of lecturers sponsored annually	1	15	3	6	9	12	15
		e-library for members and interested parties	e-library set up and launched	n/a	n/a	Done				

	Activity	Indicator	Baseline	Target	Y1	Y2	Y3	Y4	Y5
Enhance the position and role of PSU as a leader in pharmaceutical services delivery in East Africa — Lead the process of the establishment of EA professional pharmacy practice standards	Presentation of rationale for EA pharmacy standards to the Council	Presentation accepted by the Council	n/a	n/a	Done				
	White Paper for presentation to EAC	White Paper presented	n/a	n/a		Done			
Promote innovation and Research in pharmaceutics, pharmaceutical technology, medicinal chemistry, phytochemistry, pharmacy practice, and pharmacotherapeutics.	Research and innovations policy	Research and innovations policy approved and launched and disseminated by the Council	n/a	n/a	Done				
	Research and innovations hub at the secretariat on digitalisation, automation and systems for pharmacosafety, tele-pharmacy etc	Hub established and functioning	n/a	n/a	Done				
	Rewards and recognition programme for innovations	Annual number of innovations approved and rewarded	0	10	3	5	7	8	19
	Reorganised research committee to incorporate responsibilities for innovations, clinical trials, IRB, and project management	Research committee new terms of reference approved by Council			Done				
	Training and retraining of research committee members on innovation, research and project management	Proportion of committee members trained annually	0	100	20	40	60	80	100
	Plan for embracing 3d technology in pharmaceutical production	Plan presented to Council for action	n/a	n/a	Done				
Establish and maintain presence in peer-reviewed international journals	Publications by PSU in peer reviewed journals	Annual number of publications in peer reviewed journals	0	10	2	4	6	8	10
	Obtaining accreditation for PSU journal	PSU Journal accredited internationally			Done				
	Attract authors to publish in the PSU Journal	Number of articles published per quarter	0	1	1	2	3	3	3
	Publish quarterly PSU Journal	Journal published every quarter	n/a	n/a	Yes	Yes	Yes	Yes	Yes
Transition the PSU Secretariat into a center of excellence for pharmacy research, pharmaceutical technology and pharmacy services	Programme for residences for foreign students in collaboration with international universities	Number of foreign universities participating in residency programme	0	10	2	4	6	8	10
		Annual number of students participating in the programme	0	10	2	4	6	8	10
	Research and innovations talent identification and grooming	Number of individuals identified for grooming	0	50	5	10	30	40	50

Objective	Strategy	Output	Indicator	Baseline	Target	Y1	Y2	Y3	Y4	Y5
Accelerate and promote absorption, retention and advancement of pharmacists in formal employment	Promote career growth and development	Professional career progression framework	Career progression approved by Council and submitted to the relevant government agencies	n/a	n/a	Done				
		Savings scheme for career progression with maturity at 5-years	Saving scheme approved by Council and launched			Done				
		Career progression guide for members	Career progression guide approved by Council and launched	n/a	n/a	Done				
		Career guidance presentations to members and students	Number of career guidance presentations	1	4	2	3	4	4	4
	Establish a skilling and talent development programme for members	Monitoring employability and productivity of pharmacists	Pharmacist Demand Index computed	TBD	70	4	4	4	4	4
		Skill demand surveys	Biannual skill demand surveys	0	2	2	2	2	2	2
		Design In-service curricular for accelerated skilling programme	Curricular approved and launched by Council			Done				
			Number of pharmacists completing the skilling programme	0	100	0	20	50	80	100
		Organise skill sharing events	Number of events organised	0	4	4	4	4	4	4
		Specialised coaching classes for members	Number of members coached	0	100	100	100	120	120	150
	Develop and implement a lobbying and advocacy strategy for career development	Career boosting engagements with MoH, Public service, District local governments, and development partners	Number of career boosting engagement conducted	0	2	1	1	2	2	2
	Provide employment bureau services to members	Database of current and potential employers for pharmacists	Database reviewed annually	0		Yes	Yes	Yes	Yes	yes
		Referrals for employment made by PSU	Number of successful referrals	5	20	10	10	12	15	20

Diversify and Accelerate growth of the Society's revenue and income for sustainability.	Prepare and operationalise the PSU investment policy	Investment policy to guide investment of PSU finances	Investment policy approved and launched by Council	n/a	n/a	Done				
	Develop, market, sell and provide consultancy services for health systems strengthening, pharmaceutical production, global security, health policy, projects and programmes	Consultancy service packages in the various areas of expertise	Consultancy service packages reviewed and approved by council	n/a	n/a	Done				
		Consultancies solicited from the MoH, DPs, etc	Number of consultancies solicited	2	15	10	12	12	13	15
		Concept paper on marketing services	Concept paper developed and accepted by Council	n/a	n/a	Done				
		Marketing materials for consultancy services	Marketing materials developed and approved by the Council	n/a	n/a	Done				
		Consultancy services provided to clients	Annual number of consultancy services provided	n/a	2	4	5	6	7	8
			Revenue from consultancy services	n/a	n/a					
		Monitoring system for consultancy activities and services	Quarterly reports provided and accepted by Council	n/a	n/a	Yes	Yes	Yes	Yes	Yes
	Solicit and execute grants from development, government and donors for projects and programmes	Expanded terms of reference for the research committee to include grants solicitation, grants proposal writing and follow up	Terms of reference expanded and adopted by Council	n/a	n/a	Done				
		Catalog of project focus areas for PSU	Annual Catalog of project focus areas accepted by Council	n/a	n/a	Done				
		List of potential grant sources and their focus areas	List presented to Council annually	n/a	n/a	Yes	Yes	Yes	Yes	Yes
		Grant proposals written and submitted	Annual number of grant proposals submitted within the required time	n/a	15	10	12	12	13	15
			Annual revenue from grants and projects	Budget	Budget					
		Monitoring system for grants activities and projects	Quarterly reports provided and accepted by Council	n/a	n/a	Yes	Yes	Yes	Yes	Yes
		Training of research committee on grant writing and project management	Proportion of research committee members trained	0%	100%	100%	100%	100%	100%	100%
		Create a grants management desk	Concept accepted by Council	n/a	n/a	Done				
	Develop and implement an expatriate labour export scheme	Concept on expatriate labour export or exchange	Concept accepted and launched by Council	n/a	n/a	Done				
		Revenue from expatriate labour	Annual revenue from expatriate labour	n/a	Rolling target					
	Establish a system for timely and consistent collection of subscription fees and rental income	Alternative payment platforms such as mobile money	Modalities approved by Council and	n/a	n/a	Done				
		Revenue collection from member subscriptions	Annual revenues from member subscription	n/a	Budget					

				Baseline	Target	Y1	Y2	Y3	Y4	Y5
		Completion of phase 2 of the pharmacy house	Architectural approvals and BOQs	n/a	n/a		Done			
			Contracting and kick off	n/a	n/a		Done			
			Completion and commissioning	n/a	n/a				Done	
		Market space for offices and workstations	Concept accepted and approved by Council	n/a	n/a				Done	
		Revenue collection from rentals	Annual revenue from rentals	n/a	n/a	n/a	n/a	n/a	n/a	24m
	Organise and participate in fundraising events	Fundraising event calendar	Annual fundraising event calendar			Yes	Yes	Yes	Yes	Yes
		Revenue collection from fundraising events	Annual revenue collection from fundraising events	n/a	Rolling target					
	Develop, market and sell pharmaceutical and healthcare digital solutions	Digital solutions for marketing	Annual number of digital solutions developed	0	5	1	2	3	4	5
			Annual number of digital solutions sold	0	1	1	2	3	4	5
Galvanise member engagement, participation and welfare	Enhance social protection and welfare of members	Develop and operationalise the PSU social protection and professional indemnity policy	Policy approved by the Council	n/a	n/a	Done				
		Dissemination and popularisation of the existing social protection mechanisms	Cumulative number of active enrolees	n/a	500	100	200	300	500	500
	Establish and implement mechanisms for resolution of conflicts and disputes among members	Adjudicative procedures to guide conflict resolution	Procedures accepted and adopted by Council	n/a	n/a	Done				
		Training of council members on conflicts management and resolution	Annual percentage of Council members trained	n/a	n/a	100	100	100	100	100
	Establish and implement mechanisms for facilitating pharmacist to pharmacist engagement and learning	Industry sponsored pharmacy open days at the Secretariat	Number of pharmacists attending the pharmacy open days	n/a	100	100	150	200	200	300
			Number of pharmacists participating in open days	n/a	100	100	150	200	200	300
	Establish and implement advocacy strategies and mechanisms to secure and promote social protection and welfare of members.	Advocacy meetings with partners and stakeholders	Number of advocacy meetings	1	10	3	4	6	8	10

	Create and implement initiatives and mechanisms for enhancing active participation of members in PSU activities and plans	Industry-sponsored regional seminars and CPDs organised in collaboration with hospitals	Annual number of regions covered	0	6	6	6	6	6	6
		Organise industry sponsored consultative meetings	Number of pharmacy consultative meetings	0	2	2	2	2	2	2
Strengthen Institutional capacity of PSU to enhance leadership, governance and strategic management	Develop and implement strategies and mechanisms for monitoring and tracking implementation of the strategic plan	Strategy implementation support from the strategy development team	Strategy development team engagement times	0	1	1	1	1	1	1
	Develop, establish and implement initiatives for stakeholder engagement	Stakeholder desk to handle stakeholder issues	Stakeholder desk established	n/a	n/a					
		Policy briefs provided to MoH on quarterly basis	Policy papers submitted to MoH	0	5	1	2`	3	3	3
		Policy briefs to health committee of parliament on quarterly basis	Policy papers submitted to parliament	0	2	1	1	2	2	2
		Consultative meetings with health regulatory councils to discuss quality of pharmaceutical care	Number of consultative meetings	0	3	3	3	3	3	3
		MOU with NDA for collaboration in areas of pharmacovigilance, product safety, good distribution practice, good pharmacy practice, medical device regulation, public health chemicals	MOU in place and operational	n/a	n/a	Done				
			Number of collaborative projects with NDA	2	4	2	2	3	3	4
		MOU with MOH on support supervision and quality assurance and grants	MOU in place and operational	n/a	n/a	Yes	Yes	Yes	Yes	Yes
			Number of collaborative projects with MOH	0	2	1	1	2	2	2
		MOU with UPOA on pharmaceutical services	MOU in place and operational	n/a	n/a		Done			
		MOU with Ministry of Agriculture, Animal Industry and Fisheries for research in pharmaceutical discovery and development	MOU in place and operational	n/a	n/a		Done			
			Number of collaborative projects with MAIF	n/a	n/a		Done			

	MOU with Medical Bureaus for short-term sub-grant implementation	MOU in place and operational	n/a	n/a		Done			
	MOU with industry to sponsor PSU events	Annual number of manufacturers and distributors participating in sponsoring events	5	10	5	7	8	9	10
Promote and foster good financial management and accountability practices in line with international standards	Budget planning tools to guide budgeting	Budgeting tools in place	n/a	n/a					
	Adopt international financial reporting procedures to guide reporting and accountability	Financial procedures adopted with Council	n/a	n/a					
Create and implement systems for planning, budgeting, reporting and quality improvement in line with the strategic plan and statutory requirements	Secretariat quarterly plans for implementation	Quarterly plans accepted by Council	n/a	n/a	Yes	Yes	Yes	Yes	Yes
	Annual work plans and budget to guide operations	Annual work plans accepted by Council	n/a	n/a	Yes	Yes	Yes	Yes	Yes
	Quality improvement plans	Quality improvement reports	n/a	n/a	Yes	Yes	Yes	Yes	Yes
	Annual internal audits for accountability	Annual audit reports	n/a	n/a	Yes	Yes	Yes	Yes	Yes
Develop and pursue initiatives for strengthening regulation of pharmaceutical products and services	Policy proposal on improved regulation of pharmaceutical products and services	Proposal accepted by Council and submitted MoH	n/a	n/a	Done				
	Policy briefs to Parliament	Number of policy briefs	0	6	2	3	4	5	6
	Research on strengthening regulation of products and services	Research report and recommendations	n/a	n/a	Done				
Transition from paper-based business and corporate transaction to automated and digitalised transactions	Digital migration plan	Digital migration plan endorsed by Council and implemented	n/a						
Establish and implement mechanisms for constructive engagement of the MoH and other national policy organs and government agencies	Quarterly reports to MoH on pharmaceutical regulation and recommendations for improvements	Quarterly reports with specific recommendations	n/a	n/a	Yes	Yes	Yes	Yes	Yes
	Biennial consultative meeting with MoH departments on policies, programmes and service delivery	Annual number of consultative meetings	0	2	2	2	2	2	2
Develop and deploy legal, policy and risk management competencies	Engage the services of a lawyer on visiting basis	Annual number legal support visits	0	2	2	2	2	2	2

		Risk assessment and mitigation measures	Annual risk assessment report and mitigation measures adopted by Council	n/a	n/a	Yes	Yes	Yes	Yes	Yes
		Sensitisation of Council and committees on legal requirements and implications	Percentage of members sensitised	0	100	100	100	100	100	100
Develop, sustain, and optimise strategic and mutually beneficial partnerships	Develop, establish and implement strategies, initiatives and mechanisms for stakeholder identification, engagement and management	Identification and analysis of stakeholders	Stakeholders matrix with engagement strategies adopted by council	n/a	n/a	Done				
		Consultative outreaches to stakeholders	Number of consultative outreaches to stakeholders	4	10	4	5	8	10	10
	Build strong partnerships premised on specific strategic plan deliverables	Stakeholder mapping by output such as regulation, financing, career development, member social welfare, employment for members, advocacy	Annual stakeholder mapping by output adopted by Council	n/a	n/a	Done				
		Stakeholders engaged according to output	Percentage of stakeholders engaged by output	30	100	100	100	100	100	100
	Develop and implement mechanisms for monitoring stakeholder relations and partnerships	Stakeholder engagement monitoring tool	Biennial assessment reports	n/a	n/a	Yes	Yes	Yes	Yes	Yes

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5.3 Responsibility Matrix and Monitoring and Evaluation Plan

The M&E plan incorporates some elements of the results matrix such as indicators, targets, baselines and sources of information. In addition, your M&E plan will elaborate on the methods to be used, frequency and responsibility.

Objective	Streamline the regulation and practice of pharmacy and pharmaceutical services in Uganda to address current and emerging population needs							
Action	Outputs	Indicators	Baseline	Target	Data Source	Method of data collection	Frequency	Responsibility
Consolidate and expand the scope community pharmacy services	Define and gazette the minimum community pharmacy services	Minimum package gazetted	n/a	n/a	Annual report	Desk review	One-off	Secretariat
		Cumulative number of pharmacies providing the package	n/a	700	Quarterly report			
	Scoping for new community pharmacy services	Assessment report and recommendations	n/a	n/a	Assessment report	Desk review	One off	Secretariat
	New services introduced into community pharmacy practice	Cumulative of number of new services provided	2	7	Annual report	Desk review	Annually	Secretariat
Establish and implement a certification and accreditation programme for non-traditional pharmacy services	Integration modalities developed	Integration modalities approved by the MoH	n/a	n/a	MoH approval	Desk review	One off	Secretariat
	Pharmacies accredited to provide the new services	Cumulative number of pharmacies providing new services	0	70	Annual report	Desk review	Annually	Secretariat
	Pharmacists trained to provide new services	Cumulative number of pharmacists trained and certified	TBD	150	Annual report	Desk review	Annually	Secretariat
Integrate pharmacy technician services into the mainstream pharmacy practice	Consultative meetings with the pharmacy technicians	Number of consultative meetings	0	2	Council minutes	Desk review	Quarterly	Secretariat
	Scheme to support pharmacists open	Scheme approved by Council	n/a	n/a	Council minutes	Desk review		Standards committee

Strengthen presence of pharmacists in community pharmacies	community pharmacies	Cumulative number of pharmacies owned by pharmacists	60	500	NDA licensing records	Desk review	Annually	Standards committee
		Percentage of expected presence	20	100	Annual report	Survey	Annually	Standards committee
Develop and implement initiatives and mechanisms for improving quality of pharmaceutical services in Uganda	Policy paper on person specifications for different pharmaceutical supply chain and medicines logistics functions	Policy paper developed and present to the MoH for consideration	n/a	n/a	Council minutes	Desk review		Standards committee
	Rating scheme for community pharmacies	Cumulative number of pharmacies enrolled	0	1000	Annual report	Desk review	Annually	Research Committee
	Revised criteria for selection of support supervision teams	Revised criteria approved by the council	n/a	n/a	Council minutes	Desk review		Standards Committee
	Support supervision visits to pharmacist duty stations	Number of pharmacist duty stations visited	12	80	Secretariat monthly reports	Desk review	Monthly	Standards committee
	Develop examination standards	Standard developed and approved by Council	n/a	n/a	Council minutes	Desk review	Annually	Examination committee
	Conduct regular examinations	Exam events conducted on regular basis	4	4	Council minutes	Desk review	Annually	Examination committee
Develop and implement initiatives and mechanisms for increasing access to pharmacy services	Tele-pharmacy models developed	Cumulative number of licensed tele-pharmacy models	0	10	Annual report	Desk review	Annually	Standards committee
	Systems for monitoring access to pharmacy services and products	Number of access reports submitted to Council	0	10	Council minutes	Desk review	Annually	Secretariat
	Policy papers to the MoH and key stakeholders	Number of policy papers or briefs to the MoH and stakeholders	2	10	Council minutes	Desk review	Quarterly	Secretariat
Pursue the establishment of joint regulatory	Concept note detailing proposed	Concept note approved by Council	0	5	Council minutes	Desk review		Secretariat

mechanisms for training, practice, pharmaceutical production, product distribution, retail services and disposal	joint regulatory mechanism							
	Consultative meetings with MoH and NDA on joint regulatory mechanism	Number of consultative meetings	2	10	Secretariat monthly reports	Desk review	Monthly	Secretariat
Objective	**Strengthen research, and training and professional development of pharmacists in line with market requirements, contemporary standards and future needs**							
Provide technical support to the internship programme and internship centres	Accreditation guidelines for internship sites	Guidelines approved by council	n/a	n/a	Council minutes	Desk review		Standards committee
	Technical support visits to internship sites	Annual % internship sites visited	40	100	Annual report	Desk review	Quarterly	Educ com & Exam Com
	CME delivered by subject matter experts to interns	Number of CMEs conducted	30	36	Monthly report	Desk review	Monthly	Education committee
	Regional internship seminars	Number of seminars conducted	0	12	Annually	Desk review	Annually	Educ com & Exam Com
Provide curriculum and tutorial support to training institutions	SOP and guidelines for curriculum review	SOP and guidelines developed and approved by council	n/a	n/a	Council minutes	Desk review		Secretariat
	Engagement meetings with NCHE to discuss pharmacy curriculum and training	Annual number of engagements	2	4	Meeting reports	Desk review	Quarterly	Education committee
	Technical supportive and advisory visits to training institutions	Proportion of institutions visited	80	100	Council outreach reports	Desk review	Annually	Council
	Accreditation system for lecturers and teaching assistants	Proportion of accredited lecturers	0	80	Council minters	Desk review	Annually	Standards committee
	Reference books provided to the training institutions	Number of reference books delivered to training institutions	40	60	Delivery notes	Desk review	Annually	Education committee

	Skills survey	Market surveys with reports	0	1	Survey reports	Desk review	Annually	Research committee
Support undergraduate and postgraduate research projects and placements	Criteria for selection of proposals of award	Criteria developed and approved	n/a	n/a	Council minutes			
	Budget spend on students' proposals	Percentage of budget spent on student proposals	5	10	Audited accounts	Desk review	Annually	Secretariat
Scale up collaboration with training institutions allied to pharmacy harness the knowledge and skills in these fields	Collaborative engagements with the non-pharmacy training institutions of interest	Number of engagements	0	6	Stakeholder engagement reports	Desk review	Quarterly	Secretariat
	Institutions engaged on skills sharing and development of pharmacy research and practice	Number of allied training institutions	0	6	Stakeholder engagement reports	Desk review	Quarterly	Secretariat
Establish and promote standards and competencies for lecturers and tutors of pharmacy students	Standards and competencies for lecturers teaching pharmacy students	Standards and competencies developed, approved by Council and submitted to NCHE	n/a	n/a	Council minutes	Desk review	Annually	Standards Committee
	Conference sponsorship scheme for lecturers	Number of lecturers sponsored annually	1	15	Council minutes	Desk review	Annually	Secretariat
	e-library for members and interested parties	e-library set up and launched	n/a	n/a	Council minutes	Desk review		Education committee
Objective	Enhance the position and role of PSU as a leader in pharmaceutical services delivery in East Africa							
Lead the process of the establishment of EA professional pharmacy practice standards	Presentation of rationale to the Council	Presentation accepted by the Council	n/a	n/a	Council minutes	Desk review		Secretariat
	White Paper for presentation to EAC	White Paper presented	n/a	n/a	Meeting report	Desk review		Secretariat
Promote innovation and Research in	Research and innovations policy	Research and innovations policy approved and	n/a	n/a	Council minutes	Desk review		Secretariat

pharmaceutics, pharmaceutical technology, medicinal chemistry, phytochemistry, pharmacy practice, and pharmacotherapeutics.		launched and disseminated by the Council						
	Research and innovations hub at the secretariat on digitalization, automation and systems for pharmacosafety, tele-pharmacy etc	Hub established and functioning	n/a	n/a	Council minutes	Desk review		Secretariat
	Rewards and recognition programme for innovations	Annual number of innovations approved and rewarded	0	10	Council minutes	Desk review		Secretariat
	Reorganised research committee to incorporate responsibilities for innovations, clinical trials, IRB, and project management	Research committee new terms of reference approved by Council	n/a	n/a	Council minutes	Desk review		Secretariat
	Training and retraining of committee members on innovation, research and project management	Proportion of committee members trained annually	0	100	Training reports	Desk review	Quarterly	Secretariat
	Plan for embracing 3d technology in pharmaceutical production	Plan presented to Council for action	n/a	n/a	Council minutes	Desk review	Annually	Secretariat
Establish and maintain presence in peer-reviewed international journals	Publications by PSU in peer reviewed journals	Annual number of publications in peer reviewed journals	0	10	Publications	Desk review	Annually	Editorial committee
	Obtaining accreditation for PSU journal	PSU Journal accredited internationally	n/a	n/a	Accreditation certificate	Desk review		Editorial committee
	Attract authors to publish in the PSU Journal	Number of articles published per quarter	0	1	Articles published in the Journal	Desk review	Quarterly	Editorial committee
	Publish quarterly PSU Journal	Journal published every quarter			Published Journal	Desk review	Quarterly	Editorial committee

Transition the PSU Secretariat into a center of excellence for pharmacy research, pharmaceutical technology and pharmacy services	Programme for residences for foreign students in collaboration with international universities	Number of foreign universities participating in residency programme	0	10	Annual report	Desk review	Annually	secretariat
		Annual number of students participating in the programme	0	10	Annual report	Desk review	Annually	Secretariat
	Research and innovations talent identification and grooming	Number of individuals identified for grooming	0	50	Annual report	Desk review	Annually	Secretariat
Objective	Accelerate and promote absorption, retention and advancement of pharmacists across all sectors of pharmacy practice							
Promote career growth and development	Professional career progression framework	Career progression approved by Council and submitted to the relevant government agencies	n/a	n/a	Council minutes	Desk review	Annually	Secretariat
	Savings scheme for career progression with maturity at 5-years	Saving scheme approved by Council and launched	n/a	n/a	Council minutes	Desk review		Secretariat
	Career progression guide for members	Career progression guide approved by Council and launched	n/a	n/a	Council minutes	Desk review		Secretariat
	Career guidance presentations to members and students	Number of career guidance presentations per year	1	4	Stakeholder engagement reports	Desk review	Quarterly	Secretariat
Establish a skilling and talent development programme for members	Monitoring employability and productivity of pharmacists	Pharmacist Demand Index computed	TBD	70	Secretariat report	Desk review	Quarterly	Secretariat
	Skill demand surveys	Biannual skill demand surveys	0	2	Secretariat report	Desk review	Biannually	Secretariat
	Design In-service curricular for	Curricular approved and launched by Council	n/a	n/a	Council minutes	Desk review		Education committee

	accelerated skilling programme	Number of pharmacists completing the skilling programme	n/a	100	Annual report	Desk review	Annually	Secretariat
	Organize skill sharing events	Number of events organized	0	4	Annual report	Desk review	Annually	Secretariat
	Specialized coaching classes for members	Number of members coached	0	100	Annual report	Desk review	Annually	Secretariat
Develop and implement a lobbying and advocacy strategy for career development	Career boosting engagements with MoH, Public service, District local governments, and development partners	Number of career boosting engagement conducted	0	2	Annual report	Desk review	Annually	Secretariat
Provide employment bureau services to members	Database of current and potential employers for pharmacists	Database reviewed annually	n/a	n/a	Annual report	Desk review	Annually	Secretariat
	Referrals for employment made by PSU	Number of successful referrals	5	20	Annual report	Desk review	Annually	Secretariat
<mark>Objective</mark>	<mark>Diversify and accelerate growth of the Society's revenue and income for sustainability.</mark>							
Prepare and operationalize the PSU investment policy	Investment policy to guide investment of PSU finances	Investment policy approved and launched by Council	n/a	n/a	Council minutes	Desk review		Council
Develop, market, sell and provide consultancy services for health systems strengthening, pharmaceutical production, global security, health policy, projects and programmes	Consultancy service packages in the various areas of expertise	Consultancy service packages reviewed and approved by council	n/a	n/a	Council minutes	Desk review		Research committee
	Consultancies solicited from the MoH, DPs, etc	Number of consultancies solicited	2	15	Annual report	Desk review	Annually	All committees
	Concept paper on marketing services	Concept paper developed and accepted by Council	n/a	n/a	Annual report	Desk review		Research committee
	Marketing materials for consultancy services	Marketing materials developed and approved by the Council	n/a	n/a	Council minutes	Desk review		Research committee
	Consultancy services provided to clients	Annual number of consultancy services provided	n/a	2	Annual report	Desk review	Annually	All committees

		Revenue from consultancy services	n/a	As in budget framework	Annual report	Desk review	Annually	Secretariat
	Monitoring system for consultancy activities and services	Quarterly reports provided and accepted by Council	n/a	n/a	Quarterly development report	Desk review	Quarterly	Research committee
	\Measure and monitor revenue growth rate	Annual revenue growth rate	0	10	Annual report	Desk review	Annually	Secretariat
Solicit and execute grants from development, government and donors for projects and programmes	Expanded terms of reference for the research committee to include grants solicitation, grants proposal writing and follow up	Terms of reference of the RC expanded and adopted by Council	n/a	n/a	Council	Desk review		Secretariat
	Catalog of project focus areas for PSU	Annual Catalog of project focus areas accepted by Council	n/a	n/a	Council minutes	Desk review	Annually	Research committee
	List of potential grant sources and their focus areas	List of potential grant sources presented to Council annually	n/a	n/a	Council minutes	Desk review	Annually	Research committee
	Grant proposals written and submitted	Annual number of grant proposals submitted within the required time	n/a	15	Quarterly development report	Desk review	Annually	Secretariat
		Annual revenue from grants and projects	n/a	Per budget	Annual report	Desk review	Annually	Secretariat
	Monitoring system for grants activities and projects	Quarterly reports provided and accepted by Council	n/a	n/a	Quarterly development report	Desk review	Quarterly	Secretariat
	Training of research committee on grant writing and project management	Proportion of research committee members trained	n/a	100%	Annual reports	Desk review	Annually	Secretariat
	Create a grants management desk	Concept accepted by Council	n/a	n/a	Council minutes	Desk review	One off	Secretariat
	Concept on expatriate labour export	Concept accepted and launched by Council	n/a	n/a	Approved concept	Desk review	One off	Secretariat

Develop and implement an expatriate labour export scheme	Revenue from expatriate labour	Annual revenue from expatriate labour	n/a	Rolling target	Annual report	Desk review	Annually	Secretariat
Establish a system for timely and consistent collection of subscription fees and rental income	Alternative payment platforms such as mobile money	Modalities approved by Council and	n/a	n/a	Council minutes	Desk review	Annually	Secretariat
	Revenue collection from member subscriptions	Annual revenues from member subscription	n/a	Rolling target	Annual report	Desk review	Annually	Secretariat
	Completion of phase of the pharmacy house	Architectural approvals and BOQs	n/a	n/a	Council minutes	Desk review	Annually	Building committee
		Contracting and kick off	n/a	n/a	Council minutes	Desk review		Building committee
		Completion and commissioning	n/a	n/a	Council minutes	Desk review		Building committee
	Market space for offices and workstations	Concept accepted and approved by Council	n/a	n/a	Council minutes	Desk review		Secretariat
	Revenue collection from rentals	Annual revenue from rentals	n/a	24m in fifth year	Annual report	Desk review	Annually	Secretariat
Organise and participate in fundraising events	Fundraising event calendar	Annual fundraising event calendar	n/a	n/a	Council minutes	Desk review	Annually	Secretariat
	Revenue collection from fundraising events	Annual revenue collection from fundraising events	n/a	Rolling target	Council minutes	Desk review	Annually	Secretariat
Develop, market and sell pharmaceutical and healthcare digital solutions	Digital solutions for marketing	Annual number of digital solutions developed	n/a	Rolling target	Annual report	Desk review	Annually	Secretariat
		Annual number of digital solutions sold	n/a	Rolling target	Annual report	Desk review	Annually	Secretariat
Objective	Galvanise member engagement, participation and welfare.							
Enhance social protection and welfare of members	Develop and operationalize the PSU social protection and professional indemnity policy	Policy approved by the Council	n/a	n/a	Council minutes	Desk review	Annually	Secretariat
	Dissemination and popularization of the existing social protection mechanisms	Cumulative number of active enrollees	n/a	500	Annual report	Desk review	Annually	Secretariat

Establish and implement mechanisms for resolution of conflicts and disputes among members	Adjudicative procedures to guide conflict resolution	Procedures accepted and adopted by Council	n/a	n/a	Council minutes	Desk review	Annually	Secretariat
	Training of council members on conflicts management and resolution	Annual percentage of Council members trained	n/a	100	Training reports	Desk review	Annually	Secretariat
Establish and implement mechanisms for facilitating pharmacist to pharmacist engagement and learning	Industry sponsored pharmacy open days at the Secretariat	Number of pharmacists attending the pharmacy open days	n/a	100	Annual report	Desk review	Annually	Secretariat
Establish and implement advocacy strategies and mechanisms to secure and promote social protection and welfare of members.	Advocacy meetings with partners and stakeholders	Number of advocacy meetings	1	10	Annual report	Desk review	Annually	Secretariat
Create and implement initiatives and mechanisms for enhancing active participation of members in PSU activities and plans	Industry regional seminars and CPDs organized in collaboration with hospitals	Annual number of regions covered	0	6	Annual report	Desk review	Annually	Secretariat
	Organize industry sponsored consultative meetings	Number of pharmacy consultative meetings	0	2	Annual report	Desk review	Annually	Secretariat
	Measure and monitor member engagement	Quarterly measurements	0	4	Quarterly reports	Survey	Quarterly	Secretariat
Objective	**Strengthen Institutional Capacity of PSU to enhance leadership, governance and strategic management**							
Develop and implement strategies and mechanisms for monitoring and tracking implementation of the strategic plan	Strategy implementation support from the strategy development team	Strategy development team engaged	n/a	n/a	Council minutes	Desk review	Annually	Secretariat

Develop, establish and implement initiatives for stakeholder engagement	Stakeholder desk to handle stakeholder issues	Stakeholder desk established	n/a	n/a	Council minutes	Desk review	Annually	Secretariat
	Policy briefs provided to MoH on quarterly basis	Policy papers submitted to MoH	0	5	Quarterly development report	Desk review	Quarterly	Secretariat
	Policy briefs to health committee of parliament on quarterly basis	Policy papers submitted to parliament	0	2	Quarterly development report	Desk review	Quarterly	Secretariat
	Consultative meetings with health regulatory councils to discuss quality of pharmaceutical care	Number of consultative meetings	0	3	Quarterly development report	Desk review	Quarterly	Secretariat
	MOU with NDA for collaboration in areas of pharmacovigilance, product safety, good distribution practice, good pharmacy practice, medical device regulation, public health chemicals	MOU in place and operational	n/a	n/a	Council minutes	Desk review		Secretariat
		Number of collaborative projects with NDA	2	4	Quarterly development report	Desk review	Quarterly	Secretariat
	MOU with MOH on support supervision and quality assurance and grants	MOU in place and operational	n/a	n/a	Council minutes	Desk review	Quarterly	Secretariat
		Number of collaborative projects with MOH	0	2	Quarterly development report	Desk review	Quarterly	Secretariat
	MOU with UPOA on pharmaceutical services	MOU in place and operational	n/a	n/a	Council minutes	Desk review	Annually	Secretariat
	MOU with Ministry of Agriculture, Animal Industry and Fisheries for research in pharmaceutical discovery and development	MOU in place and operational	n/a	n/a	Council minutes	Desk review	Annually	Secretariat
		Number of collaborative projects with MAIF	n/a	n/a	Quarterly development reports	Desk review	Quarterly	Secretariat
	MOU with Medical Bureaus for short-	MOU in place and operational	n/a	n/a	Council minutes	Desk review		Secretariat

	term sub-grant implementation							
	MOU with industry to sponsor PSU events	Annual number of manufacturers and distributors participating	5	10	Quarterly development report	Desk review	Quarterly	Secretariat
Promote and foster good financial management and accountability practices in line with international standards	Budget planning tools to guide budgeting	Budgeting tools in place	n/a	n/a	Council minutes	Desk review		Secretariat
	Adopt international financial reporting procedures to guide reporting and accountability	Financial procedures adopted with Council	n/a	n/a	Council minutes	Desk review		Secretariat
Create and implement systems for planning, budgeting, reporting and quality improvement in line with the strategic plan and statutory requirements	Secretariat quarterly plans for implementation	Quarterly plans accepted by Council	n/a	n/a	Quarterly development report	Desk review		Secretariat
	Annual work plans and budget to guide operations	Annual work plans accepted by Council	n/a	n/a	Council minutes	Desk review	Annually	Secretariat
	Quality improvement plans	Quality improvement reports	n/a	n/a	Quarterly development report	Desk review	Quarterly	Secretariat
	Annual internal audits for accountability	Annual audit reports	n/a	n/a	Annual report	Desk review	Quarterly	Secretariat
Develop and pursue initiatives for strengthening regulation of pharmaceutical products and services	Policy proposal on improved regulation of pharmaceutical products and services	Proposal accepted by Council and submitted to MoH	n/a	n/a	Council minutes	Desk review		Secretariat
	Policy briefs to Parliament	Number of policy briefs	0	6	Quarterly development reports	Desk review	Quarterly	Secretariat
	Research on strengthening regulation of products and services	Research report and recommendations	n/a	n/a	Council minutes	Desk review		Secretariat
Transition from paper-based business and corporate transaction to automated and digitalized transactions	Digital migration plan	Digital migration plan endorsed by Council and implemented	n/a	n/a	Council minutes	Desk review		Secretariat

Establish and implement mechanisms for constructive engagement of the MoH and other national policy organs and government agencies	Quarterly reports to MoH on pharmaceutical regulation and recommendations for improvements	Quarterly reports with specific recommendations	n/a	n/a	Quarterly development report	Desk review	Quarterly	Secretariat
	Biannual consultative meeting with MoH departments on policies, programmes and service delivery	Annual number of consultative meetings	0	2	Quarterly development reports	Desk review	Quarterly	Secretariat
Develop and deploy legal, policy and risk management competencies	Engage the services of a lawyer on visiting basis	Annual number legal support visits	n/a	n/a	Annual report	Desk review	Annually	Secretariat
	Risk assessment and mitigation measures	Annual risk assessment report and mitigation measures adopted by Council	n/a	n/a	Annual report	Desk review	Annually	Secretariat
	Sensitization of Council and committees on legal requirements and implications	Percentage of members sensitized	0	100	Annual report	Desk review	Annually	Secretariat
Objective	Develop, sustain, and optimise strategic and mutually beneficial partnerships							
Develop, establish and implement strategies, initiatives and mechanisms for stakeholder identification, engagement and management	Identification and analysis of stakeholders	Stakeholders matrix with engagement strategies adopted by council	n/a	n/a	Council minutes	Desk review		Secretariat
	Consultative outreaches to stakeholders	Number of consultative outreaches to stakeholders	4	10	Quarterly development report	Desk review	Quarterly	Secretariat
Build strong partnerships premised on specific strategic plan deliverables	Stakeholder mapping by output such as regulation, financing, career development, member social welfare, employment	Annual stakeholder mapping by output adopted by Council	n/a	n/a	Council minutes	Desk report		Secretariat

	for members, advocacy							
	Stakeholders engaged according to output	Percentage of stakeholders engaged by output	30	100	Quarterly development report	Desk review	Quarterly	Secretariat
Develop and implement mechanisms for monitoring stakeholder relations and partnerships	Stakeholder engagement monitoring tool	Bannual assessment reports	n/a	n/a	Quarterly development report	Desk review	Quarterly	Secretariat

5.4 Definition of terms

1. **Legislation:** refers specifically to the creation of laws that are usually written in general terms to meet present and possible future needs. They have language that enables the government to issue regulations based on the law. Passing new laws requires a lengthy process and involves a country's legislative body.

2. **Legislative competence:** The skill, knowledge, qualification, capacity or authority to make, give or enact rules with binding force upon a population or jurisdiction.

3. **Regulations:** are the rules established by an agency that interprets the laws to facilitate their practical implementation. They can be passed more quickly and simply than laws

4. **Pharmacy practice:** is a term that was introduced long time ago but just adopted to explain the evolution of pharmacy profession by Hepler and Strand in 1989. The evolution is characterized by three stages includes:

   Stage 1: Traditional pharmacy practice (or product-oriented practice). At this stage, pharmacists were predominantly involved in technical or product-related practice, such as dispensing, inventory control, sterile and non-sterile drug manufacturing, etc.

   Stage 2: Clinical pharmacy practice (or service-oriented practice). Pharmacists at this stage try to get close to patients on the ward or OPD by providing clinical pharmacy services, e.g. ADR monitoring, TDM, iv drug admixture, etc.

   Stage 3: Pharmaceutical care practice (or patient-focused practice). It is called medication therapy management (MTM) in the US, or medicines management/optimisation in the UK. Pharmacists need to optimize the use of medicines in terms of benefits and risks by working closely with other healthcare professionals and patients.

5. **Pharmacist Demand Index (PDI**): reports perceptions of the demand for pharmacists among a panel of individuals that participate in the hiring of pharmacists on a direct and regular basis. PDI is based on panellists' views about supply and demand for pharmacists; it is an indicator, not an objective measure of the pharmacist workforce situation.

6. **Clinical pharmacy:** A health science discipline in which pharmacists provide patient care that optimizes medication therapy and promotes health, and disease prevention. The practice of clinical pharmacy embraces the philosophy of pharmaceutical care, blending a caring orientation with specialized therapeutic knowledge, experience, and judgment to ensure optimal patient outcomes. As a discipline, clinical pharmacy also has an obligation to contribute to the generation of new knowledge that advances health and quality of life.

7. **Pharmaceutical care**: Pharmaceutical Care is a patient-centered, outcomes-oriented pharmacy practice that requires the pharmacist to work in concert with the patient and the patient's other healthcare providers to promote health, to prevent disease, and to assess, monitor, initiate, and modify medication use to assure that drug therapy regimens are safe and effective. The goal of Pharmaceutical Care is to optimize the patient's health-related quality of life, and achieve positive clinical outcomes, within realistic economic expenditures. Pharmaceutical care describes the original purpose of clinical pharmacy

describes a way that clinical pharmacy, especially specialists and subspecialists, coordinate their services work more effectively

8. **Dispensing:** includes all the activities that occur between the time the prescription is presented and the time the medicine or other prescribed items are issued to the patient.

9. **Good dispensing practices:** ensure that an effective form of the correct medicine is delivered to the right patient, in the correct dosage and quantity, with clear instructions, and in a package that maintains the potency of the medicine.

10. **Good Pharmacy Practice (GPP)**: The practice of pharmacy that responds to the needs of the people who use the pharmacists' services to provide optimal, evidence-based care.

11. **Good Manufacturing Practice (GMP)**: is a system for ensuring that products are consistently produced and controlled according to quality standards and in line with the requirements of marketing authorisation and manufacturers license. It is designed to minimize the risks involved in any pharmaceutical production that cannot be eliminated through testing the final product.

12. **Good distribution practice (GDP)** describes the minimum standards that a wholesale distributor must meet to ensure that the quality and integrity of medicines is maintained throughout the supply chain including purchase, receiving, storage, handling, order filling, dispatch, delivery, post market surveillance.

13. **Drug compounding** is a service provided by some pharmacies and is a process in which medications are prepared in unique formulations for a specific patient. These formulations are important in meeting a patient's needs, such as when a person is allergic to an inactive ingredient found in commercially available forms of the medication

14. **Manufacturing and Production** are terms related to processes of conversion of inputs into outputs. **Manufacturing** is the process of transforming raw materials into finished goods, using machinery. P**roduction** refers to the processes or methods, that converts inputs like raw material or semi-finished goods, to make finished product or services, which may or may not use machinery

15. **Formal employment;** refers to work in which a company hires an employee under an established working agreement that includes, salary or wages, health benefits, and defined work hours and workdays. It may involve working under contract under the agreement reached when the employer offered the job to the employee, the former remaining in force until the employer makes a change and informs an employee about those changes. Employees in a formal work agreement are often given an annual performance evaluation and are eligible for salary increases and promotions based on their performance

16. **Stakeholder:** a person in real or representative form, or an entity with a stake or interest in the establishment, existence, functioning, operations, or activities of PSU, or in the way PSU is perceived by government, the public, or PSU members; OR a person in real of representative form, or an entity which PSU believes to be an opportunity for its own survival, and development or growth or both.

17. **Cosmeceutics:** the science and technology of demagogically active compounds including design, formulation and quality control.

5.5 Management tools

Task force or project team: this mechanism will be used when a small group of four to twelve people with a specific set of skills is needed to accomplish a short-term task up to maximum of one year. The group will be provided with terms of reference highlighting expected deliverables, timelines and outputs among other things. This will be useful for internal projects or shared projects.

Focal persons: this mechanism will be used when the PSU collaborates with an external party but where the external party requires a punt of communication within PSU. Focal persons will be members familiar with the workings or the PSU and with the subject matter of engagement with the external party.

Technical working groups or Pool of specialised individuals; This mechanism will be used when the PSU is handling a technical matter or a matter that requires specialisation where experts in a given field will be engaged. This may take longer than one year.

Mediation for conflict resolution: mediation and arbitration will be used to achieve a fair resolution between conflicting members. Mediation will be used for situations where the conflict potentially has several resolution options and the parties need to continue working together post conflict for betterment of society and their own future, for instance work related conflicts. Mediators will be selected on the basis of objectivity and personal relationship with the conflicting parties

Arbitration for conflict resolution: arbitration will be used where there is disproportionate power gradient between conflicting members for instance between a senior member and new member in the Society. Arbitration will also be used on matters critical to strategic direction of PSU or prolonged conflicts, usually lasting beyond one year. Arbiters will be selected on the basis their experience with the conflicting parties' points of view and impartiality.

Adjudication for conflict resolution: adjudication will be used in cases of accusations and allegations where the Council or its delegate will provide decision on who is right or innocent. Familiarity with standards, ethics, regulation and national law are essential for this role.

Negotiation and bridging: negotiation will be used to settle differences between PSU and other actors in interpretation or enforcement of policy, legislation, and regulation, or in approach to matters of common interest. Negotiators will be selected on the basis of familiarity

with the matter generating the difference and understanding of the operations of the PSU and the other party.

Bridging: will be used where conflicts between PSU and external parties are potentially catastrophic and relationship must continue. This will be undertaken using either internal resources or an external party.

Lobbying and advocacy: lobbying will be used for specific and targeted issues at short notice where the Society has to cause change in decision or influence actions on a particular subject of interest to the Society and its members or special groups or populations. This will be initiated and carried out by the Society. Advocacy will be used for panoramic issues that require teaming up with other stakeholders on issues of common interest at the local, state, and national level, and will include supporting policy makers with data and information or solutions to persistent problems

Surveys of member opinion and views: the Council and the Secretariat will use surveys and opinion poll too increase participation of members in the affairs of the Society and to develop options to issues of general concern to members of the Society.

Dialogue: will be used to gain richer understanding of issues of interest to the Society by exploring rationale and challenges for change, improving engagement, problem definition, and preparing for interventions

Team building: will be used to foster and nurture collaboration among unlike-minded individuals such as industrialists, academicians, technocrats, bureaucrats, so as to increase exchange of ideas and sharing of information. Members from the different sectors and departments will be provided with opportunities to engage in team building activities.

Benchmarking with other societies: benchmarking will be used as a tool for gaining real insight in upgrading or transforming infrastructure, systems, processes and methods of work.

Investment clubs: The Council will promote the culture of investment clubs among inclined members of the Society most especially along regional lines, career lines, and points of influence

5.6 Stakeholder analysis tool

Stakeholder name and mandate	Type of interaction with PSU	Level of influence	Level of interest	Level of authority	VEN status for survival	VEN status for growth	Total score	Rank

Influence, interest, authority: very high 4, high 3, moderate 1, low 1

Vital for survival=3; Essential for survival=2, non-essential for survival=1

Vital for growth=3, Essential for growth=2, non-essential for growth=1

The total score across all parameters is 18, so the stakeholders are scored out of 30 to determine the raking of the stakeholder. The raking determines the criticality of engagement while the dominant category on the interest, influence, authority axis determines the enragement mechanisms.

14-18=Critical stakeholder; 10-13=Vital stakeholder; 6-9=Essential Stakeholder; below 6= Non-essential stakeholder

5.7 Stakeholders by predominant category.

Category	Interest	Influence	Authority	Leading class
Training institutions	Very high	Moderate	Very low	Interest
Students and interns	Very high	Low	Low	Interest
Research agencies	Low	Low	Low	Neutral
Development partners	High	Moderate	Moderate	Influence
Implementing partners and NGOs	High	Low	Low	Interest
Medical Bureaus	Low	High	Low	Influence
Non-heath Government ministries and departments	Moderate	Moderate	High	Authority
Ministry of Health	High	Very high	High	Influence
Regulatory and civil authorities, councils and boards	High	Moderate	High	Authority
Standards agencies	Moderate	Low	Low	Interest
Subscribed members	Very high	High	High	Interest
UN agencies	Moderate	High	Moderate	Influence
Consumer advocates and civil society	High	Moderate	Moderate	Interest
Collateral professional Councils	Low	High	Medium	Influence
Political Executive	Moderate	High	High	Authority
Legislature	Moderate	Moderate	Moderate	Authority
Judiciary	Low	High	Low	Influence
Manufacturers	High	Low	Low	Interest
Distributors and wholesalers	High	Low	Low	Interest
Retailers	High	Moderate	Low	Interest

5.8 Critical and Vital Stakeholders

Critical stakeholders

a) **Ministry of Health**

The Ministry is the Lead policy actor in the health sector and as such sets the pace and tempo for all other actors. The Ministry also appoints members to the PSU Council. The Council should make regular contacts with the Ministry primarily through the Pharmacy Department nut also through other departments such as quality assurance, planning, and human resources.

b) **National Drug Authority**

The Authority provides complementary regulatory services for the products which form a significant part of the pharmaceutical services. The Council should make regular contacts with the Authority to strengthen to complementarity in regulation.

c) The Pharmacy Board

The Board provides complimentary and extended regulatory services for registration of pharmacists and as an internal MoH unit directly interfaces with various ministry departments.

d) **Training Institutions:**

The relationship between PSU and the training institutions should be reciprocal, collaborative, synergistic and mutualistic focussing mainly on pharmacy curriculum, tutorship of pharmacy students, pre-formulation studies and formulation research, phytochemical research, pharmacokinetics, basic and operational research in pharmacy and health in general, and career development.

e) **National Council for Higher Education**

The relationship with the NCHE should be supportive, promotive, consultative and reliable. The PSU Council should ring-fence the opportunity as the leader or prime partner for reliable, consistent and accurate guidance of all curriculum and standards issues related to the accreditation and standards of pharmacy teaching programmes

f) **Subscribed and Prospective members**

The relationship with this group should be professional, transparent, engaging, supportive and consultative. Members of this stakeholder group significantly contribute to the revenue of the PSU and as practitioners in different capacities and offices represent the strength, values and aspirations of the Society. They are also a rich source of administrative and industrial ideas; intellectual services as well as form a pool of potential expatriate labour

g) Non-pharmacy professional councils

These provide the relevant standards and guidelines for membership and practice in sister professions. There are cross-cutting regulatory and professional issues, risks and challenges such as occupational safety and compensation that can be incentives for collaboration. there has been no formal engagement mechanisms with the other professional councils.

h) The world health organisation

The UN agency sets the global pace and benchmarks in the health sector including pharmaceuticals and provides medicines regulatory support through the development of internationally recognized norms, standards and guidelines and provision of guidance, technical assistance and training to enable countries to implement global guidelines to meet their specific medicines regulatory environment and needs. The WHO is a rich source of information on pharmaceutical product and systems globally and is therefore a good avenue for expatriate labour engagement. WHO advocates for pharmacists and proposes standards of pharmacy practice in hospitals and clinical practice. There has, however, not been formal engagement mechanisms between PSU and the WHO

Vital stakeholders

These include development partners such as DFID, GF, PEPFAR, USAID, CDC, DANIDA, implementing partners such as MSH, IDI, IntraHealth, TASO, UNHCR, URC; Accreditation bodies such as the Medical Bureaus (MBs)-UPMB, UCMB, UOMB, UMMB; Pharmaceutical Manufacturers such as Cipla QCl, KPI, Rene, Abacus; pharmaceutical distributors such as NMS, JMS, MAUL, TATA, Surgipharm; Research entities such as UVRI, National Chemotherapeutics Laboratories; Consumer advocates such as UNHCO, HEPS.

5.9 Pool of interventions and actions

1. The Council to develop and propose an appropriate tele-pharmacy model to enhance access to pharmacy services to all Ugandans in all settings
2. The Council to develop and propose standards and specifications for persons handling or managing the different pharmaceutical management activities including qualification and training in medicinal chemistry, formulation, quality assurance in production, quality assurance in wholesale, storage, supply, administration, dispensing, and pharmaceutical care
3. The Council to run CPDs for enhancing pharmacists pathophysiological, pharmacokinetic and pharmacodynamic knowledge of the common non-communicable diseases, geriatrics and psychiatry.
4. The Council to develop tools for measuring the pharmacists demand index to guide training institutions on the admission
5. The Council to train pharmacists in standard operating procedures for clinical and patient care settings
6. The Council to develop an innovations policy and set up a research and innovations hub at the secretariat focussing on digitalisation of healthcare, pharmaceutical services, pharmaco-safety, supply chain and logistics management
7. The Council to initiate a reward and recognition programme to stimulate digital innovation and smart systems in healthcare, therapeutics, tele-pharmacy, diagnostics and pharmaceutical services with focus n non-communicable diseases and mental health
8. The Council to investigate the use of 3D technology in the manufacture of drugs most especially the hard to source and orphaned ones
9. The Council to develop an information management system that enables prescribers to access price information to guide on selection of regimen for different kinds of patients and prescription schemes such as social health insurance schemes
10. The Council to set up systems for monitoring inequities in access to pharmacy services and product. This will guide the formulation and reformulation of treatment guidelines and distribution of pharmaceutical services.
11. Reengineer the traditional pharmacy services by for example repackaging or changing delivery mechanisms
12. Regularly bench mark with other Societies and Countries for latest trends in practice and services
13. Define the minimum package of pharmacy services at service delivery points such as hospitals, community pharmacies, and domiciliary care

14. The Council should take the lead in establishing engagement mechanisms through avenues such as liaison offices or focal persons or collaborative memoranda.

15. The Council should expand the scope of the standards committee to include liaison with respective legislative and regulatory agencies

16. The council should build internal legal capacity through training and periodic sensitisation from legal experts on policy, legislation, professions, and governance

17. The Council should leverage the flexibilities with the Act to engage in property business such as real estate and invest in high-tech analytical equipment for provide analytical services to industry, distributors, hospitals and other customers

18. The Council to propose to Government the hybrid regulatory model that addresses the all the tent pillars of pharmaceutical industry and services, that is, training, qualification, admission into the profession, research, pharmaceutical production, service delivery, product distribution and disposal.

19. Council to advocate for shared regulatory model between PSU ad MoH. Pharmacists provide leadership in quality assurance and control of pharmaceutical products at various stages of development and distribution, provide pharmaceutical care to patients, and provide pharmaceutical services to members of the public. This makes pharmacists to be among the most popular health professions globally. The broad scope of responsibilities, however, creates unique challenges of regulation that covers the fundamental aspects of training, professional ethics, pharmacy practice standards, and pharmaceutical service delivery. This calls for a collaborative regulatory system involving a mix of self-regulation and government regulation. The collaborative regulatory framework that can form a basis redesigning the regulatory mechanisms for the pharmacy profession and practice is elaborated.

20. The Council should expand the list of institutions to include veterinary teaching sites, agricultural teaching institutions, and biotechnology research centres.

21. The Council to develop and implement a technical assistance and mentorship programme for lecturers and teaching assistants of pharmacy training institutions in partnership with local and international tertiary institutions including tutor placements and exchange programmes

22. The Council to assess the pharmacy training courses and curricular with respect to course-curriculum fit and sensitivity to market requirements

23. The Council to build operational capacity in curriculum review and development by undertaking specific training and establishing focal person or office or curriculum review and development unit under the Education committee.

24. The Council to develop a programme for curriculum review and development

25. The Council to develop standard operating procedure for curriculum review

26. The Council to ringfence relationship with NHCE through a memorandum of understanding.

27. The Council to conduct regular consultations with the NHCE

28. The Council to scale up and intensify effort to explore, engage and utilise development and implementing partners and civil society to pursue its mission and vision and further the professional interests of the members.

29. The Council to establish a stakeholder Management office under the Secretariat to monitor progress, track incidents and report on achievement

30. The Council should build capacity to scout and appraise health systems and educational grants and prepare winning proposals. This could be through expansion of the scope for the research committee and training of the member.

31. The Council should sign framework contracts with the DPs and IPs for training and career development including special attachments of pharmacists and pharmacy students

32. The Council develop and propose to parliament and operationalise channels of engagement between the PSU Council and the parliament including secondment of a pharmaceutical expert to parliament on honorary basis

33. The Council should appoint and recommend a consultant on pharmaceutical matters to the Parliament with clear terms of reference including provision of second opinion on matters under legislation. The person should be well versed with issues of Pharmacoeconomics, Pharmacoeconomics, medication safety, global pharmacy supply chain and pharmaceutical technology

34. The Council should hold consultative meetings with the health committee on parliament on topical matters in health and pharmaceutical care on regular basis

35. The Council should internalise the parliamentary procedures and the national legislative methods and proto

36. The Council should nurture and formalise a working relationship with UPOA through an MOU or similar instrument to facilitate communication

37. The Council should design a software for pharmacy owners to buy and install at a subsidised price to aid in inventory management, cash management, sales management, and batch traceability

38. The Council should hold consultative meetings with the Councils on crosscutting regulatory and professional issues

39. The Council to establish consultative relationship and engagements with the MBs

40. The Council should develop products of interest and benefit to the manufacturers and distributors as a way of cementing the relationship with them. Such products include mobile applications and marketing strategies.

41. The PSU should engage the WHO for an MOU for services and labour supply to different parts of the world

42. The Council should establish coordination mechanism, at the Secretariat, charged with the responsibility communicating and collaborating with the stakeholders in this category

43. The Council should also provide quarterly reports highlighting key issues regulatory matters, professional experiences, interventions, plans and recommendations to the Ministry of Health and the NDA based on scope.

44. The Council should regularly interrogate the health system and identify problematic policy and operational issues and prepare policy briefs for the ministry of health. This responsibility could be assigned to the research committee which should have as one of its agenda items covering the health system situation

45. The Council should sign MOU with the NDA in the areas of pharmaco-safety and rational medicine use.

46. The Council should sign MOU with MoH for free pharmacy services during health campaigns and medical camps

47. The Council should expedite the career progression protocol for the public sector and widen the same to include the private sector and quasi-public sector

48. The Council to develop a position paper for discussion with the training institutions on the standards and competences for lecturers and tutors of pharmacy students
49. The Council to develop a e-library to facilitate access to vital resources
50. The Council to get the Pharmaceutical journal listed as an international journal
51. The Council to develop a research and formulation development programme
52. The Council to set up and promote multivalent scheme tagged on subscription and voluntary saving to build a resource base for members to use for career advancement, healthcare, bereavement and provident fund
53. The Council to review the internship supervision mechanisms and develop an improved internship supervision framework
54. The Council to bring on board the pharmacy technicians to enable the Council effectively to oversee and harmonise training of pharmacists
55. The Council to review the electoral laws and programme for the PSU to allow identification and election of time and career tested individuals to tap into the wealth of experience and expertise
56. The Council to conduct market research to inform curriculum and pedagogical methodology review to ensure that the pharmacy graduate resonate with the market needs
57. The Council to review the regulation of veterinary drugs and professionals and the role of the pharmacist
58. The Council Develop well documented criteria to guide the selection of peer mentors, including integrity of members in addition to willingness to volunteer
59. The Council to diversify career progression beyond public service
60. The Council to provide support to training institutions to increase of students to clinical pharmacy, pharmaceutical care and drug utilisation reviews
61. The Council should provide training to the council members on corporate governance and management to minimise the effects of personality on strategy management
62. The Council should institute a performance management programme for the secretariat and committee chairpersons with monthly, quarterly and annual reviews

63. The Council to finalise phase 2 of the pharmacy house and use it for income generating activities
64. The Council should develop and communicate clear guidelines on members welfare including access, ceiling and other terms and conditions

65. The Council should set up technical working groups (pool of specialised individuals) to harvest and refine different ideas to share within the profession and grow their speciality
66. The Council should identify and benchmark with other countries such as Ghana, Nigeria, south Africa Ethiopia, Zimbabwe
67. The Council make communication to key stakeholders a strategic issue
68. The Council should develop internal policy and legislative capacity
69. The Council should introduce a members' open day every month to allow interaction of members with Council members, Secretariat and specialists
70. The Council should set up an adjudication or arbitration office to promote peaceful resolution of conflicts and disputes
71. The Council should develop and implement the use of annual business plans
72. The Council should continuously engage the Ministry of Health the District Local Governments to recruit pharmacists to take charge of their professional roles

5.10 Proposed minimum package of services in community pharmacy
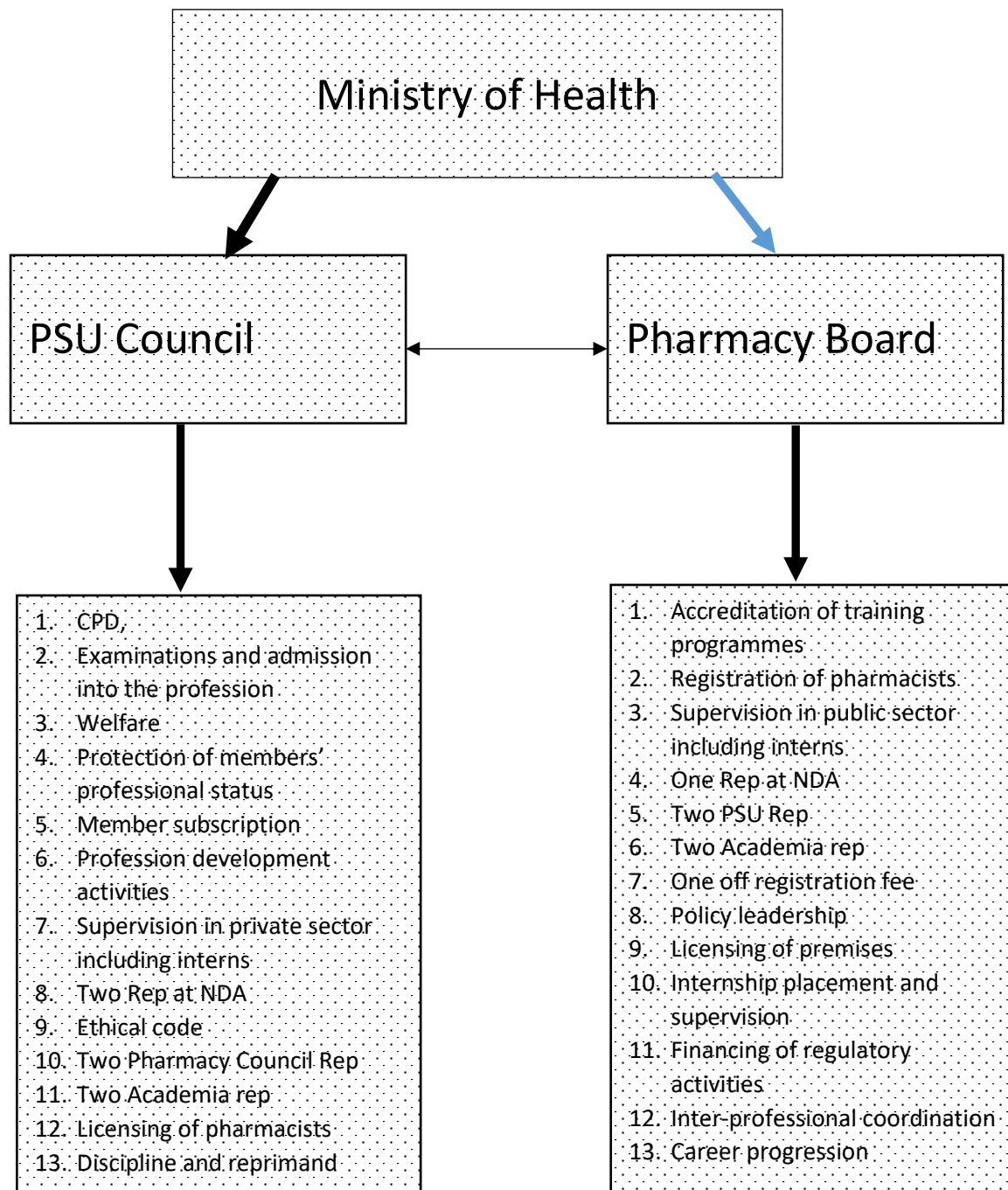
1. Dispensing
2. Medication counselling
3. Medication therapy review
4. Pharmacist initiated therapy
5. Referral

Proposed list of specialised and enhanced services in community pharmacy

1. Medication therapy management
2. Drug information
3. Substance abuse services
4. Disease screening
5. Specialised prescribing
6. Health education
7. Therapeutic Drug Monitoring

5.11 The Hybrid Regulatory Model

Ministry of Health

PSU Council

Pharmacy Board

PSU Council
1. CPD,
2. Examinations and admission into the profession
3. Welfare
4. Protection of members' professional status
5. Member subscription
6. Profession development activities
7. Supervision in private sector including interns
8. Two Rep at NDA
9. Ethical code
10. Two Pharmacy Council Rep
11. Two Academia rep
12. Licensing of pharmacists
13. Discipline and reprimand

Pharmacy Board
1. Accreditation of training programmes
2. Registration of pharmacists
3. Supervision in public sector including interns
4. One Rep at NDA
5. Two PSU Rep
6. Two Academia rep
7. One off registration fee
8. Policy leadership
9. Licensing of premises
10. Internship placement and supervision
11. Financing of regulatory activities
12. Inter-professional coordination
13. Career progression

5.12 Pharmacist demand index tool

There are two scales: weighted and unweighted. The former takes into consideration the size of the population

On a scale of 1-to-5 scale a score of 5 means there is a critical demand for pharmacists, while a 3 means that supply and demand are balanced.

Demand Categories

1. Demand is much less than the pharmacist supply
2. Demand is less than the pharmacist supply
3. Demand in balance with supply
4. Moderate demand; some difficulty filling open positions
5. High demand; difficult to fill open positions

5.14 Other Sources of data

Angelita Cristine Melo, Dayani Galato, Hellen Karoline Maniero, Josélia Cintya Quintão Pena Frade, Tarcisio José Palhano, Wellington Barros da Silva, Walter da Silva Jorge João. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5659250/

Andy Gray. Jane Riddin, Janine Jugathpal. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4777579/

Angela Oketch. https://www.nation.co.ke/news/Regulator-seeks-to-cap-number-of-pharmacies/1056-5091986-7actk7/index.html

Aniekan Ekpenyong, Arit Udoh, Eneyi Kpokiri & Ian Bates. https://joppp.biomedcentral.com/articles/10.1186/s40545-018-0147-9

Pharmaceutical Society of Tanzania (PST) president Issa Hango. https://www.thecitizen.co.tz/news/PST-president-speaks-out-on-why-Tanzania-needs-more-pharmacists/1840340-4222534-hnbr9y/index.html

Gebremedhin Beedemariam Gebretekle.
 https://www.researchgate.net/profile/Gebremedhin_Gebretekle?

5.13 Communication and Dissemination plan

After approval, the document will be formatted and print set into the entire document complete with all sections and annexures, and the lean document comprised of the preliminary pages, executive summary, and the strategic framework. The print set copies will be printed into hard copy for signature and archived into the document repository as soft copies. The lean document will be published onto the PSU website thereby potentially releasing it for wider global internet while the full document will be available on special access.

A presentation will be prepared to facilitated dissemination to members at the AGM. The presentation will summarise the key issues in the Plan. The presentation will be used stakeholder engagement. During implementation, the Secretariat will provide quarterly updates to members on status of implementation via online platforms. The critical stakeholders will receive hard copies of the lean document along with the presentation.