



Pharmaceutical Society of Uganda

STRATEGIC PLAN III

2025/26 – 2029/30



**Advancing Pharmacy
Practice through Research
and Innovation for Better
Patient Outcomes**



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Foreword

Dr. Jonans Tusiimire

President of the Pharmaceutical Society of Uganda



The PSU 5-Year Strategic Plan III (2025/26–2029/30) has been developed with a renewed focus on strengthening leadership and governance, achieving service excellence in an evolving technological environment, and enhancing stakeholder engagement and advocacy. This strategic framework seeks to promote the health and well-being of all Ugandans, with pharmacists playing an integral role in healthcare delivery, and taking the lead in pharmacy service delivery, pharmaceutical research, technology development, and industrialization.

This plan aligns our efforts with clear strategic objectives that support the realization of our new vision and overarching goal. It provides the Council with a roadmap for informed decision-making, effective resource allocation, and robust monitoring and evaluation mechanisms. It underscores the pivotal role of pharmacists in driving pharmaceutical innovation, drug development, and the management of pharmaceuticals and related health technologies across all levels of the healthcare system.

Under my leadership, the PSU Council remains committed to diplomacy, constructive engagement, and advocacy. We will continue fostering trust and collaboration among our members, and strengthening partnerships with government entities such as the Ministry of Health, the National Drug Authority, Schools of Pharmacy, and fellow health professional bodies. These efforts are critical to advancing pharmacist integration into public service, promoting innovation, and enhancing pharmacy services in both public and private sectors, thereby improving health outcomes and professional well-being.

Anchored in Uganda Vision 2040, this strategic plan positions the Society to achieve its ultimate

goal: ensuring pharmacists are not only actively involved but are also leading the creation, regulation, and management of pharmaceuticals and health technologies in Uganda and the region.

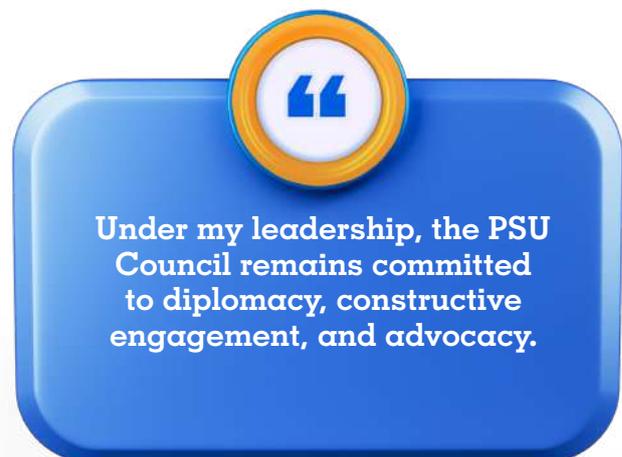
I extend heartfelt appreciation to the Council members who diligently contributed to crafting this visionary plan, and to the many PSU members who provided valuable feedback during its development. Your unwavering trust, commitment, and financial support have been instrumental in shaping a resilient and forward-looking Society.

To our PSU Secretariat and staff, thank you for your tireless efforts and teamwork with the Council to bring these strategic priorities to life.

As we embark on this journey, I call upon all pharmacists to remain steadfast in the pursuit of excellence—believe in yourselves, our profession, our leadership, and our Society. Together, everything is possible.

Per Medicatum Servium!

For God and My Country.



Acknowledgement



The Council extends its heartfelt gratitude to all individuals and institutions who generously contributed data, insights, and perspectives that laid the foundation for the formulation of the PSU Strategic Plan III.

We particularly acknowledge Dr. Rodney Tabaruka, Registrar of the Pharmacy Board at the Ministry of Health, for providing valuable data on the pharmacy workforce. The Council is deeply appreciative of the pharmacists across academia, industry, community practice, pharmaceutical regulation, development agencies, the National Drug Authority, and the Ministry of Health, who dedicated their time and expertise to the development of this plan.

We also wish to recognize the enthusiastic participation of the pharmacy student fraternity, whose engagement and contributions played a vital role in shaping the strategies outlined in this plan.

Our sincere thanks go to the developers of the previous Strategic Plans I and II, including both the

consultants and the former Councils. We make special mention of **Dr. Emmanuel Higenyi** and **Dr. Stephen Lutoti**, who served as consultants for PSU Strategic Plan II—their work provided invaluable historical context and guidance.

Finally, the Council warmly appreciates the unwavering support of the PSU Secretariat staff. Your dedication throughout this process will be remembered and celebrated for years to come.

We particularly acknowledge Dr. Rodney Tabaruka, Registrar of the Pharmacy Board at the Ministry of Health, for providing valuable data on the pharmacy workforce.

Executive Summary

Organizational Description

The Pharmaceutical Society of Uganda (PSU) is the professional body for pharmacists in Uganda, established under the Pharmacy and Drugs Act (PDA) 1970, Cap. 309 of the Constitution of Uganda. The Society sets standards to promote good professional practice and enforces ethical conduct among pharmacists.

By mandate, the Council exercises regulatory, quality assurance, fiduciary, representative, and agency responsibilities. PSU is governed by a twelve-member Council: six members are elected every four years at the Society's Annual General Meeting (AGM), and four are appointed by the Minister of Health. The President and Vice President are elected from among Council members, while the Secretary and Treasurer serve *ex officio*.

The AGM is the Society's supreme organ, convened annually under normal circumstances to discuss the auditor's report, elect the Treasurer and Secretary, appoint auditors, receive and consider the annual report, and enact by-laws.

The Secretariat handles the Society's day-to-day affairs, coordinates activities, safeguards PSU assets, and organizes the AGM and other meetings. Reporting to the Council through the Secretary, the Secretariat ensures smooth operational and administrative support.

PSU operates through ten committees, each meeting regularly and submitting reports to the Council via its respective Chair:

1. Education and Professional Development
2. Internship
3. Standards and Compliance
4. Research, Innovation, and Grants
5. Administration and Finance
6. Welfare
7. Building and Estates
8. Examinations
9. Electoral Commission
10. Ethics

Strategic Direction

PSU's strategic direction is captured in its Mission, Vision, Goal, and Values.



The Mission is:

To advance the pharmacy profession in Uganda by fostering innovation, strengthening professional capacity, advocating for progressive policies, and promoting ethical, patient-centered care through collaboration, education, and research.



The Vision is:

A future where empowered Ugandan pharmacists lead innovation in medicines, transform health systems through technology, and deliver world-class care to every patient.



The Goal is:

To advance pharmacy practice in Uganda by fostering innovation, strengthening health systems, and ensuring safe, quality, and accessible medicines to improve patient outcomes and public health by 2030.

PSU's Values are embodied in its "Seven PILLARS": Professionalism, Integrity, Leadership, Loyalty & Commitment, Accountability, Respect & Equity, and Service Excellence.

Progress and Achievements

Over the life of the previous strategic plan (202021–2024/25), PSU achieved significant gains in program implementation, infrastructure development, membership growth, leadership stability, service quality, and visibility of the pharmacy profession. Key accomplishments include:

Annual Programs and Events

Successful organization and execution of Continuing Professional Development (CPD) programs, AGMs, elections of office bearers, internship training, qualifying examinations, and issuance of Certificates of Practice.

Pharmacy House Infrastructure

Phase 2A: Completion of a roofed, four-level shell structure with rainwater drainage. Pending legal issues are under arbitration. Once finalized, this facility will enable expansion of mentorship, apprenticeship, innovation hackathons, and provide rental income. Dedicated space for research and development will also enhance PSU's capacity for priority investments.

Phase 1: New furnishings for the Secretariat offices, refurbishment of the resource centre and additional teleconferencing facilities.

Membership Growth and Workforce Trends

The number of registered pharmacists nearly doubled from approximately 500 in 2014 to 1,200 in 2019, and reached 1,908 by 2024. Concurrently, Uganda's population increased from 34.6 million in 2014 to 45.9 million in 2024 (National Housing and Population Census 2024). Consequently, the pharmacist-to-population ratio rose from 1.5 per 100,000 in 2014 to 2.9 per 100,000 in 2019 and 3.6 per 100,000 in 2024—still well below the WHO recommendation of 10 pharmacists per 100,000.

Public sector pharmacist positions saw a modest rise in occupancy from 40% in 2015 to 63% in 2024, according to Annual Pharmaceutical Performance Reports.

Leadership and Secretariat Capacity

PSU Council leadership has been firmly established and enjoys member support. However, Secretariat staffing remains low, with pending recruitment for administrative and accounts positions creating high workloads and reduced efficiency. Enforcement of community pharmacy standards has been slow, and pharmacist presence in some settings remains inadequate.

Public Health Programs and Visibility

Increased participation in national antimicrobial stewardship and rational medicine use initiatives through health worker trainings, public media campaigns, community sensitization, and student engagements. These efforts culminate annually in World Antimicrobial Awareness Week (WAAW) celebrations. Enhanced public relations have elevated the profession's visibility.

Pharmacy Education and Accreditation

Accreditation of new Pharmacy Schools, in partnership with the National Council for Higher Education (NCHE), expanded the number of schools from three in 2019 to seven in 2024. PSU supported facility verification, supervisory engagements, and curriculum development.



Public sector pharmacist positions saw a modest rise in occupancy from 40% in 2015 to 63% in 2024, according to Annual Pharmaceutical Performance Reports.

Jointly developed Minimum Standards for Pharmacy training were approved and implemented in 2019. The undergraduate degree duration increased from four to five years to bolster hands-on clinical and industrial training and incorporate emerging fields such as antimicrobial resistance (AMR), pharmacovigilance, biotechnology, and artificial intelligence (AI). All accredited schools are transitioning to the five-year curriculum over the next three years.

Specialty postgraduate programs grew from four accredited master's programs in 2019 to seven in 2024 and are expected to double during the current strategic period, as eight new programs are in development.

Despite these achievements, PSU recognizes challenges and growth opportunities related to stakeholder engagement, health technology R&D, career rationalization, community pharmacy expansion, pharmacist employment retention, revenue generation, and governance. Emerging career paths include nutraceutical production, home care services, nutritional services, specialization in cancer/NCDs, environmental toxicology, veterinary pharmaceutical technology, biotechnology, pharmaceutical microbiology, pharmacy informatics, legal pharmacy practice, managed care pharmacy, cosmeceutics, medical devices, infectious diseases, AI, and bioinformatics—beyond established specialties such as clinical pharmacy, supply chain management, pharmaceutical regulation, and industrial pharmacy.

The Strategic Planning Process

PSU's Strategic Plan III (2025/26–2029/30) was crafted through a participatory, consultative process led by the Council with input from expert members. Key steps included:

Review of the Prior Strategic Plan (2020–2025): Assess achievements, gaps, and lessons learned.

External Trends Analysis: Evaluate evolving dynamics in pharmacy practice, demography, epidemiology, medical technology, global integration, digitalization, health system maturity, pharmaceutical supply chain development,

human resources for health, pharmacy education, and workforce trends.

SWOT Analysis & Stakeholder Mapping: Identify internal strengths and weaknesses, external opportunities and threats, and map key stakeholders to ensure inclusive engagement.

Redefinition of Strategic Philosophy: Update PSU's vision, mission, core values, and strategic priorities to align with national, regional, and global agendas.

Drafting and Expert Review: Develop the first draft of the plan, circulate to a select expert team for feedback, integrate revisions, and conduct in-depth discussions to refine strategies.

Standards and Compliance Review: The revised draft was reviewed by the Standards and Compliance Committee, incorporating their recommendations.

Council Approval: Final plan presented to and endorsed by the Council.

An implementation, monitoring, and evaluation framework was established to track progress, ensure accountability, and enable adaptive management.

Strategy Development

Strategic Plan III is designed to build on past achievements and leverage emerging opportunities. It is informed by:

Demographic and Epidemiological Trends: Rapid population growth, shifting disease burdens, and evolving public health needs.

Medical Technology & Globalization: Advances in digital health, automation, global pharmaceutical markets, and cross-border collaborations.

Health System & Supply Chain Maturity: Strengthening health infrastructure, optimizing supply chain logistics, and improving access to essential medicines.

Human Resources for Health: Expanding and training the pharmacy workforce to meet market demands and align with evolving professional competencies.

Pharmacy Education: Transitioning to a five-year undergraduate curriculum, expanding postgraduate programs, and integrating emerging fields such as AI, biotechnology, and pharmacovigilance.

Policy Alignment: Ensuring coherence with Uganda’s national development agenda (Vision 2040), EAC integration policies, Sustainable Development Goals (SDGs), and Universal Health Coverage objectives.

In defining strategic direction, priorities, and strategies, PSU considered:

SDG 3 (Health and Well-Being): Strategies to expand access to pharmacy services, emphasize geriatric pharmacy practice, and improve maternal and child health outcomes.

SDG 5 (Gender Equality): Promoting gender balance in leadership, professional development, and career opportunities.

SDG 8 (Decent Work and Economic Growth): Fostering inclusive economic growth through pharmacist employment, entrepreneurship, and professional advancement.

SDG9(Industry, Innovation, and Infrastructure): Building resilient health infrastructure, promoting local pharmaceutical manufacturing, and driving innovation.

SDG 17 (Partnerships for the Goals): Strengthening strategic partnerships at local, regional, and global levels to mobilize resources and expertise.



Priority was also given to ensuring that vulnerable populations, persons with disabilities, and those with special needs are considered in all strategies, promoting equity, access, participation, and rights.

Focus Areas

PSU’s new strategic direction provides a cohesive framework for translating statutory functions into measurable, outcome-oriented strategies. Six core focus areas guide the Society’s efforts, as illustrated in Figure 1 below:

Figure 1. Focus Areas of the PSU Strategic Plan III



1. Leadership, Governance & Accountability
2. Innovation & Professional Practice Excellence
3. Education & Professional Development
4. Research & Pharmaceutical Innovation
5. Strategic Partnerships & Advocacy
6. Member Engagement & Welfare

Strategic Objectives

1. To strengthen leadership, governance and accountability systems of PSU for effective management and administration.
2. To enhance the practice of pharmacy in Uganda by adopting cutting-edge innovations and advancements while maintaining the

highest standards of professionalism and ethical conduct.

3. To strengthen the training and professional development of pharmacists to align with market demands, contemporary standards, and future needs. Strategic
4. To advance research and innovation in pharmacy to support evidence-based care and promote import substitution through enhanced local medicine production.
5. To cultivate, maintain, and enhance strategic, mutually beneficial partnerships for sustained impact at local, regional and global levels.
6. To enhance member engagement, participation, and welfare for a thriving pharmacy community.

High-Level Deliverables

1. Comprehensive leadership and governance frameworks, including updated by-laws, performance indicators, and accountability mechanisms.
2. Innovation adoption plans and professional practice guidelines that integrate emerging technologies while maintaining ethical standards.
3. Education roadmaps and CPD structures aligned with evolving market needs, including expanded postgraduate and specialty programs.
4. Research and innovation strategies to support local medicine manufacturing, import substitution, and scientific advancement.
5. Partnership development plans with clear roles, deliverables, and resource mobilization targets at local, regional, and global levels.
6. Member engagement initiatives, welfare programs, and communication strategies to foster a unified, motivated, and professionally active membership base.

Strategic Plan Implementation

To facilitate implementation, monitoring, reporting, and evaluation, an execution plan and implementation mechanism have been developed. A strategic dashboard—referred

to as the Vital Signs Monitor—will serve as an evaluative, prognostic, corrective, and reporting tool. Additionally, a budgeting framework and planning tool will support financial planning, ongoing monitoring, and accountability.

Planning: Annually, the Secretariat will coordinate the development of an operational plan that aligns with the Strategic Plan’s goal, purpose, vision, mission, values, priorities, and strategies. The Council will approve the Annual Plan, while short-term execution plans will be approved by the Secretariat and shared with the Council for information and any required action. Each year, the Secretariat will also prepare a budget for approval by the AGM. A budget management framework will guide and rationalize all revenue generation and expenditure decisions.

Coordination: The Secretariat will oversee and coordinate all Society activities. To enhance efficiency, two new coordination desks will be established under the Secretariat:

Grants and Projects Coordination Desk: Responsible for managing incoming grants and overseeing project implementation.

Stakeholder Coordination Desk: Responsible for managing relationships and communications with key stakeholders.

These desks will improve both grants/projects management and stakeholder engagement.

Tools: Marketing, publicity, communication, and dissemination of services, products, and innovations form the core “armamentarium” for executing the Strategic Plan. In addition, on a consultancy basis, the Strategic Plan development team will provide the following tools to support implementation:

- Advocacy tools
- Stakeholder management tools
- Budgeting tools
- Pharmacist demand-index assessment tools

Execution: The Council will execute its activities through the Secretariat, committees, and relevant stakeholders. The Research Committee’s terms of reference will be expanded to include grants and project management responsibilities. To guide implementation, a detailed framework has

been developed—outlining required actions, measurable outputs, and a monitoring and evaluation plan. Throughout the Strategic Plan period, the development team will offer “hand-holding” support to ensure smooth execution. Regulatory improvements will be pursued through a combination of self-regulation and government regulation, with clearly defined roles for each regulatory arm.

Monitoring, Evaluation, and Reporting: Quarterly reports will be prepared by the Secretariat for the Council, serving as a mechanism to improve both administrative and project performance. The Council, its committees, and the Secretariat will develop and use dashboards to track progress and report on key metrics. Individual members will also be encouraged to create their own dashboards for monitoring their contributions.

A mid-term evaluation of Strategic Plan implementation will be conducted—supported by the Strategic Plan developers—to assess the effectiveness of current actions and recommend any necessary adjustments. Finally, an end-term evaluation will take place in the second quarter of the last strategic year, informing the process for the next Strategic Plan.

The Strategic Dash Board and Vital Signs Monitor

SN	Indicators	Baseline %-Est	Years					Target %
			1	2	3	4	5	
1	Mean proportion of members engaged in PSU-organized activities (CPDs, AGMs, Symposia)	40						60
2	Proportion of available public sector pharmaceutical positions occupied members annually	40						90
3	Proportion of community pharmacies providing the defined minimum package of pharmaceutical services-quarterly	10						60
4	Proportion of community pharmacies with a pharmacist employed on full-time	10						50
5	Proportion of revenue from alternative sources annual	20						50
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
9	Membership growth rate-annual	25						25
10	Proportion of annual income from competitive and non-competitive research grants-annual	20						40

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List of Abbreviations & Acronyms

ADR	Adverse Drug Reaction	NMS	National Medical Store
AFC	Administration and Finance Committee	OPD	Out Patient Department
BEC	Building and Estates Committee	PDA	Pharmacy and Drugs Act
CDC	US Centres for Disease Control and Prevention	PDI	Pharmacists Demand Index
CPD	Continuous Professional Development	PPPPB	Pharmacy Profession and Pharmacy Practice Bill
CSOs	Civil Society Organisation	PSU	Pharmaceutical Society of Uganda
DANIDA	Danish International Development Agency	RIGC	Research, Innovation and Grants Committee
DFID	Department for International Development	SCC	Standards and Compliance Committee
DPs	Development Partners	SDG	Sustainable Development Goals
EAC	East African Community	SWOT	Strengths, Weaknesses, Opportunities, Threats
EPDC	Education and Professional Development Committee	TASO	The Aids Support Organisation
GDP	Good Distribution Practice	TDM	Therapeutic Drug Monitoring
GF	Global Fund	UCMB	Uganda Catholic Medical Bureau
GIZ	Gesellschaft für Internationale Zusammenarbeit	UHC	Universal Healthcare Coverage
GMP	Good Manufacturing Practice	UK	United Kingdom
GOU	Government of Uganda	UMMB	Uganda Muslim Medical Bureau
GPP	Good Pharmacy Practice	UNACOH	Uganda National Association of Community Occupational Health
HEPs	Coalition for Health Promotion and Social Development.	UNHCO	Uganda National Health Consumers' Organisation
IPs	Implementing Partners	UNHCR	United Nations High Commissioner for Refugees
JMS	Joint Medical Store	UOMB	Uganda Orthodox Medical Bureau
KPMG	Klynveld Peat Marwick Goerdeler	UPMB	Uganda Protestant Medical Bureau
MBs	Medical Bureaus	UPOA	Uganda Pharmacy Owners Association
MoH	Ministry of Health	USAID	United States Aid for International Development
MOU	Memorandum of Understanding	US	United States
MTM	Medication Therapy Management	WHO	World Health Organisation
NCDs	Non-Communicable Diseases		
NHCE	National Council for Higher Education		
NMFA	National Food and Drug Authority Bill		

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PHARMACY HOUSE



1. Introduction

1.1. Background

The Pharmaceutical Society of Uganda’s (PSU) strategic plan for 2025/26-2029/30 focuses on securing the highest practicable standards of pharmacy practice in Uganda—a statutory mandate—in the face of evolving regulatory landscape, technologies and professional aspirations within the health sector at local, regional and international levels. The strategic plan emphasizes alignment with the national health policies and frameworks such as the National Development Plan IV (NPD IV) and the Uganda Vision 2040. Particular attention has been made to draw insights from the ongoing efforts towards harmonization of pharmacy practice within the East African Community (EAC) and well as current policy provisions of the International Pharmaceutical Federation (FIP) and the Commonwealth Pharmacists Association (CPA) all of which represent PSU’s professional affiliation and international network.

The strategic direction of the current Strategic Plan is defined by six core areas of focus as illustrated in Figure 1 below.

Figure 2. Focus Areas of the PSU Strategic Plan III



Focus Area 1: Institutional Governance and Growth

This focus area aims to strengthen PSU’s leadership and corporate governance through the enactment of bylaws and the establishment of clear policies, regulations, and guidelines. These frameworks will guide the Council, members, and staff on core functions, ensuring efficiency, accountability, transparency, and sustainable growth for both the institution and the pharmacy profession.

Focus Area 2: Professional Practice

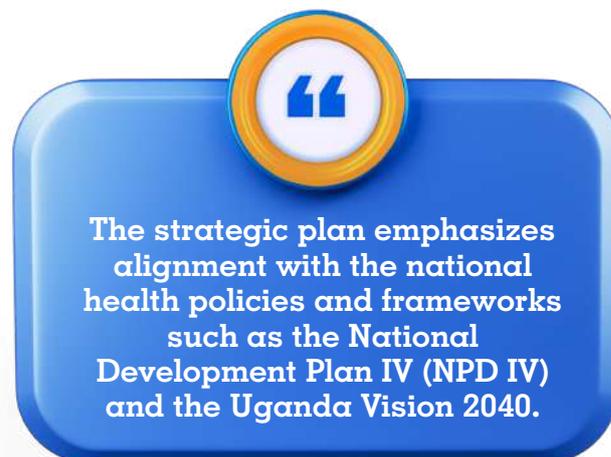
This area seeks to uphold the highest standards of professional practice within the pharmacy workforce. Through rigorous quality assurance, PSU aims to enhance the quality of pharmacy services delivered to the public, fostering improved patient outcomes and public trust.

Focus Area 3: Professional Development

Emphasizing the need for a skilled and ethically sound workforce, this focus area promotes the development of qualified pharmacists and reinforces professional conduct. It includes undergraduate training and experiential learning, such as internships, to engage non-members and build future capacity.

Focus Area 4: Research and Innovation

Aligned with Uganda Vision 2040’s health sector industrialization goals, this focus area drives research and innovation. It leverages emerging technologies, including artificial intelligence and data science, to advance pharmaceutical care and address evolving healthcare needs.



Focus Area 5: Stakeholder Engagement

This area prioritizes robust stakeholder relationships to improve patient care and public health. Strategies include inter-professional collaborations, a strong corporate social responsibility framework, alignment with national health priorities, and regular engagement with ministries, departments, and agencies (MDAs).

Focus Area 6: Member Welfare

Recognizing members as the core of Uganda's pharmacy workforce, this focus area addresses their professional and personal needs to ensure a motivated and effective workforce capable of achieving PSU's strategic objectives.

This strategic plan is grounded in international best practices, regional aspirations, and professional standards to advance pharmacy practice holistically. It aims to enhance professional services, boost innovation, and develop Uganda's pharmaceutical sector, particularly local manufacturing, to reduce import reliance and support the national industrialization agenda. A robust monitoring and evaluation framework ensures accountability and progress, enabling PSU to adapt to Uganda's evolving healthcare needs while upholding global standards.

1.2. Purpose of the Strategic Plan

The Pharmaceutical Society of Uganda (PSU) Strategic Plan III is a five-year roadmap addressing critical gaps, leveraging healthcare technologies, and navigating evolving health and regulatory landscapes. Aligned with Uganda's Vision 2040, NDP IV, and global pharmacy standards, it positions PSU as a leader in professional regulation, practice, and development, advancing Universal Health Coverage (UHC) and public health.

Emphasizing institutional governance, professional development, stakeholder engagement, and member welfare, the plan ensures high-quality, specialized pharmacy services. It upholds PSU's commitment to excellence, accountability, and impactful initiatives, aligning with national and global health priorities to foster a healthier, prosperous Uganda.

1.3. Overview of PSU

The Pharmaceutical Society of Uganda (PSU), established under the Pharmacy and Drugs Act (PDA) 1970, Cap 309 of the Ugandan Constitution, is the professional body for pharmacists in Uganda. PSU sets standards to promote the highest practicable standards of professional practice and enforces ethical conduct among pharmacists. Its roles include regulation, quality assurance, fiduciary oversight, representation, and advocacy. PSU empowers and supports its members and the pharmacy profession through its representative role and advocates for high-quality pharmacy services in hospitals, community settings, and other healthcare facilities.

Governance Structure

PSU is governed by a twelve-member Council, comprising a secretary and treasurer as ex officio members, four members appointed by the Minister of Health, and six elected every four years at the Annual General Meeting (AGM). The President and Vice President are elected from among the Council members.

Mandate of Council

In accordance with Section 21 of the PDA (1970), the Council is charged with the general responsibility for securing the highest practicable standards in the practice of pharmacy in the country; the administration and management of the Society; and carrying out the functions conferred upon it by the Act.

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

- 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;
- To maintain and publish a register of pharmacists;
- To supervise and regulate the engagement, training and transfer of pharmacy students and to make provision for the registration of students;
- 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;

- To maintain a library of books and periodicals relating to pharmacy and allied subjects and to encourage the publication of such books;
- 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.

Annual General Meeting (AGM)

The AGM, PSU's supreme governing body, holds electoral and constitutional amendment powers. Held annually, it reviews the auditor's report, elects the treasurer and secretary, appoints auditors, considers the annual report, and enacts bylaws.

Secretariat

The Secretariat oversees PSU's daily operations, coordinates activities, and reports to the Council through the Secretary. It manages the Society's assets and organizes the AGM.

Standing Committees

PSU operates standing committees whose mandate is to support the work of the Society. These committees convene regularly and report to the Council through their respective chairs. The current committees are:

- Education and Professional Development committee
- Internship committee
- Standards and Compliance committee
- Research, Innovation and Grants committee
- Administration and Finance committee
- Welfare committee
- Building and Estates committee

- Examinations committee
- Electoral Commission
- Ethics committee

The Council may, from time to time, constitute *ad hoc* committees with specific terms of references to perform certain tasks based on the situation or need.

1.4. Regulatory and Supervisory Framework

The Pharmaceutical Society of Uganda (PSU), while an independent professional body, operates within the legal framework of the Republic of Uganda and is subject to institutional regulation and supervision to ensure effective operations and high public health and safety standards. The framework includes:

Ministry of Health

The Ministry of Health holds supervisory authority over PSU, providing policy guidance to align activities with national health priorities. The Minister appoints four Council members and monitors performance.

Pharmacy Board

Established under Section 1 of the Pharmacy and Drugs Act (1970), the Pharmacy Board manages pharmacist registration and disciplinary proceedings. Two PSU Council members serve on its disciplinary committee.

Parliamentary Oversight

PSU is accountable to the Parliament of Uganda through committees like the Parliamentary Committee on Health, which reviews health-related legislation affecting the pharmacy profession.

Inspectorate of Government (IGG)

The IGG investigates allegations of corruption, abuse of office, or maladministration within PSU, ensuring integrity and ethical compliance.

External Audit

PSU conducts regular external audits of its financial statements and operations, as it does not receive



New PSU members being introduced at the 2024 AGM

Consolidated Fund support. Findings are reported to the Annual General Meeting and the Minister of Health, with corrective actions required.

Quality Assurance and Regulatory Bodies

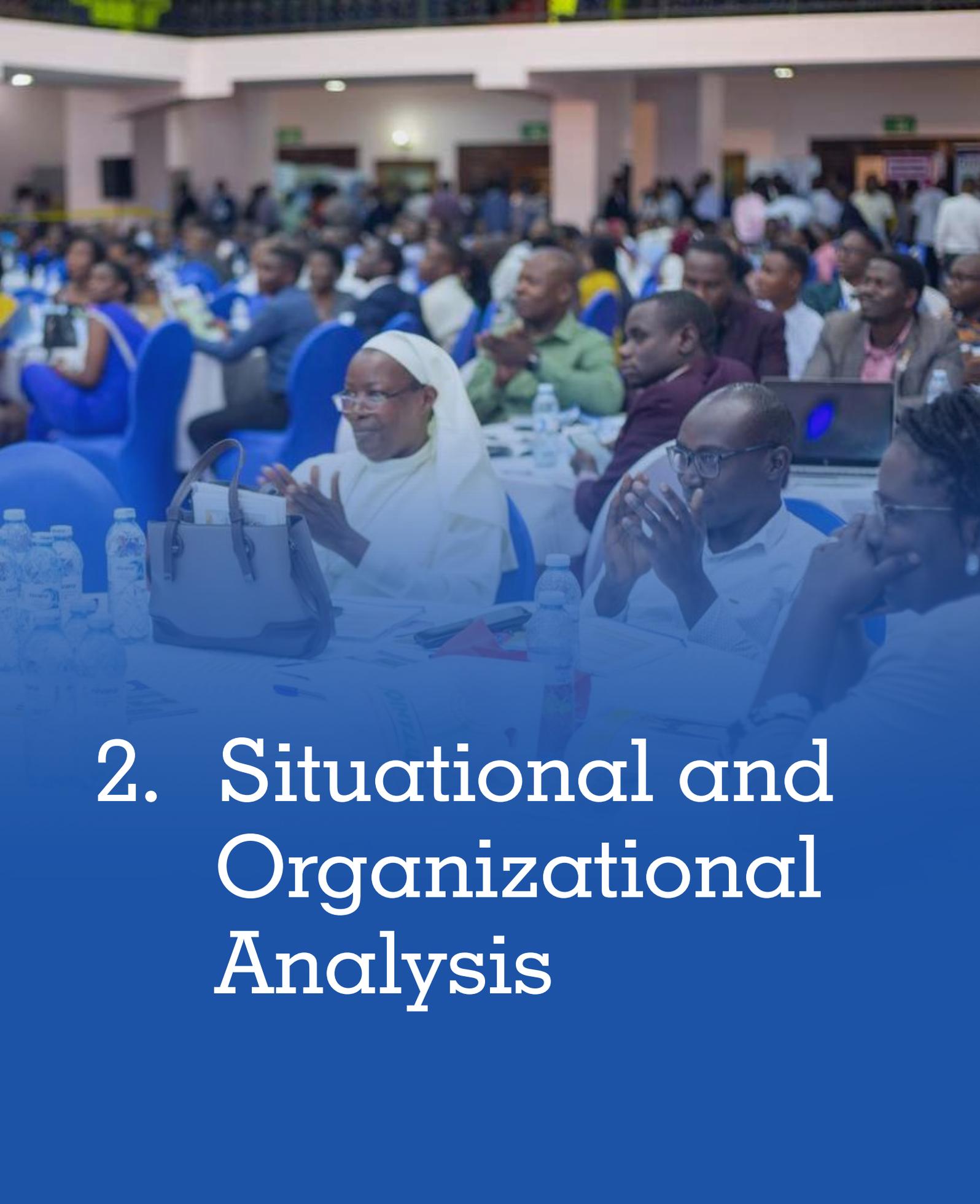
PSU collaborates with the Commonwealth Pharmacists Association (CPA) and International Pharmaceutical Federation (FIP) to adopt global standards. It also engages in East African Community (EAC) initiatives to harmonize pharmacy practice standards.

Internal Controls and Compliance

PSU employs internal audits, compliance reviews, and risk management frameworks. The Standards and Compliance Committee ensures activities meet established standards, mitigating operational risks.

1.5. Strategic Plan Development Process

The strategic plan was crafted through a participatory and consultative process led by the Council, with input from expert members. The process involved reviewing the prior strategic plan (2020–2025), analyzing external trends in pharmacy practice, conducting a SWOT analysis, and mapping stakeholders. These efforts shaped the redefinition of PSU’s vision, mission, core values, and strategic priorities for 2025–2030. An implementation, monitoring, and evaluation framework was established. The first draft was reviewed by a select expert team, with feedback integrated after in-depth discussions. The Standards and Compliance Committee reviewed the revised draft, leading to the final version approved by the Council.



2. Situational and Organizational Analysis

This chapter examines the evolving landscape of pharmacy practice and medicine regulation in Uganda, the East African Community (EAC), and globally that informed the current strategic priorities. A comprehensive situational analysis identifies external factors shaping the regulatory and practice environment. A rapid organizational assessment evaluates the achievements and challenges of the previous strategic plan, measuring progress against its objectives.

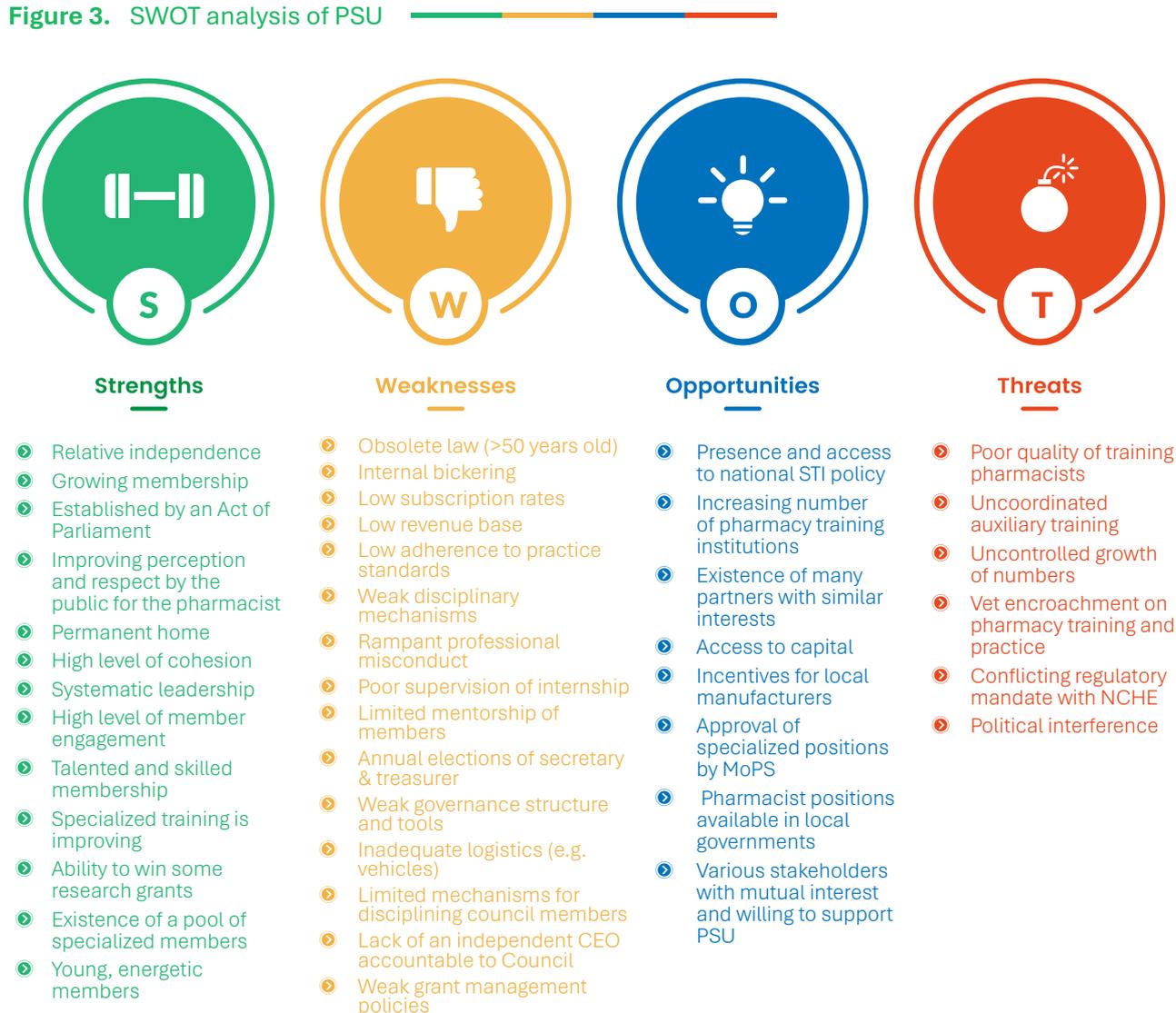
A detailed SWOT analysis outlines PSU's institutional strengths, opportunities, gaps, and vulnerabilities. The section also addresses emerging regulatory and practice issues and unresolved priorities from the prior plan, ensuring

evidence-based strategic priorities tailored to Uganda's current and future healthcare and pharmaceutical needs.

2.1. SWOT Analysis

Table 1 summarizes the SWOT analysis of the PSU, detailing strengths, weaknesses, opportunities, and threats. Drawing from recent reports, it highlights critical issues and priority areas for strategic focus. The analysis guides actionable interventions that align with PSU's mandate, addressing the evolving technological landscape and practice needs for the 2025–2030 strategic plan.

Figure 3. SWOT analysis of PSU



Strengths

- i) **Relative Independence:** PSU's autonomy, granted under the Pharmacy and Drugs Act (PDA) 1970, enables strategic decision-making and advocacy aligned with professional and public health priorities, fostering agility in Uganda's healthcare landscape.
- ii) **Growing Membership:** Steady membership growth enhances PSU's influence, resource pool, and advocacy capacity, strengthening its role in policy discussions and professional development.
- iii) **Established by an Act of Parliament:** Anchored in the PDA 1970, PSU's legal mandate bolsters its credibility, enabling effective regulation, standard-setting, and collaboration with governmental bodies.
- iv) **Improving Public Perception:** PSU's efforts to elevate standards have increased public trust in pharmacists, reinforcing their role as essential healthcare providers and supporting improved patient outcomes.
- v) **Permanent Home:** A dedicated headquarters ensures operational stability, supports training and engagement, and strengthens PSU's financial position by reducing leasing costs.
- vi) **High Level of Cohesion:** Strong internal unity fosters collaboration, innovation, and alignment in pursuing PSU's strategic objectives, creating a supportive professional environment.
- vii) **Systematic Leadership:** A transparent, twelve-member Council with balanced representation drives strategic planning, policy implementation, and accountability, navigating complex healthcare challenges.
- viii) **High Member Engagement:** Robust member participation in AGMs, committees, and initiatives enhances PSU's ability to implement its strategic plan and advocate for the profession.
- ix) **Talented and Skilled Membership:** A skilled membership drives innovation, supports evidence-based standards, and strengthens collaboration with international bodies like CPA and FIP.
- x) **Improving Specialized Training:** Increased number of postgraduate programs and enhanced CPDs equip pharmacists with advanced skills, aligning with global best practices and addressing Uganda's healthcare needs.
- xi) **Ability to Secure Research Grants:** PSU's success in obtaining grants supports research addressing local health challenges, enhancing evidence-based practice and aligning with Vision 2040.
- xii) **Pool of Specialized Members:** Members with expertise in clinical pharmacy, pharmaceutical manufacturing, regulatory affairs, and technology bolster PSU's capacity to address complex challenges and mentor future pharmacists.
- xiii) **Young, Energetic Membership:** A dynamic, youthful membership drives innovation, adopts emerging technologies, and enhances community outreach, boosting PSU's visibility and impact.

These strengths align PSU with global Good Pharmacy Practice (GPP) standards, African trends in generic drug markets and workforce development, and East African initiatives like EAC harmonization and telepharmacy adoption.



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Weaknesses

- i) **Outdated Legal Framework:** The Pharmacy and Drugs Act (1970) is outdated, limiting PSU's alignment with modern regulatory needs, global GPP standards, and EAC harmonization initiatives.
- ii) **Internal Conflicts Among PSU Members:** Internal conflicts disrupt cohesion, delay decision-making, and weaken PSU's advocacy efforts in addressing regional workforce and regulatory challenges.
- iii) **Limited Financial Resources:** Low membership subscriptions restrict funding for core functions, limiting PSU's ability to implement certain initiatives such as support supervision and member welfare. Limited revenue constrains investments in stronger human resource, technology, infrastructure, and research, hindering alignment with global automation trends and Vision 2040.
- iv) **Inconsistent Adherence to Practice Standards:** Inconsistent adherence to standards undermine service quality, risking public health and alignment with FIP guidelines in Uganda's healthcare system.
- v) **Ineffective Disciplinary Mechanisms:** Ineffective disciplinary processes limit enforcement of ethical conduct, weakening PSU's regulatory authority and public credibility.
- vi) **Limited Mentorship of Programs:** Lack of structured mentorship hinders professional growth, limiting leadership development and response to emerging healthcare challenges.
- vii) **Frequent Leadership Transitions:** Annual Secretary and Treasurer elections disrupt governance continuity, weakening strategic planning and institutional stability.
- viii) **Weak Governance Framework:** Underdeveloped governance frameworks limit effective decision-making and accountability, hindering alignment with EAC and global standards.
- ix) **Inadequate Logistical Resources:** Limited resources restrict outreach and supervision, particularly in rural areas, impacting healthcare delivery equity.
- x) **Weak Council Member Accountability:** Lack of sanctions for Council members' underperformance undermines governance integrity and PSU's leadership credibility.

xi) **Absence of an Independent CEO:** Absence of a dedicated CEO limits operational efficiency and strategic oversight, hindering complex initiative coordination.

xii) **Ineffective Grant Management Policies:** Underdeveloped policies limit effective grant utilization, restricting research and innovation critical for Vision 2040 and market growth.

These weaknesses hinder PSU's alignment with global GPP standards, African workforce development needs, and East African trends like telepharmacy and EAC harmonization. Addressing them is critical to strengthening PSU's role in Uganda's healthcare and pharmaceutical sectors.

Opportunities

i) **Access to National Science, Technology, and Innovation Policy:** Uganda's STI Policy supports health sector innovation, enabling PSU members to adopt new technologies such as AI, data science and telepharmacy.

ii) **Increasing Number of Pharmacy Training Institutions:** Growing number of academic institutions and postgraduate academic programs expand pharmacy workforce capacity.

iii) **Collaboration with Aligned Partners:** Partnerships with CPA, FIP, and EAC bodies facilitate knowledge exchange.

iv) **Access to Capital:** Research grants and government funding for STI are attainable to support infrastructure and research.

v) **Incentives for Local Manufacturers:** Government incentives such as BUBU promote local drug production.

vi) **Approval of Specialized Positions:** Ministry-approved specialized roles for pharmacists enhance workforce diversity and career development, thus enhancing quality of pharmacy services.

vii) **Pharmacist Positions in Local Governments:** Local government roles improve health care delivery and pharmacy services within rural access. This is a key opportunity for the pharmacy workforce.

viii) **Availability of Supportive Stakeholders:** Key stakeholders such as MHO, NDA, NMS, JMS, NCHE, STI-OP, health professional councils share similar health goals and are available to work with PSU if properly engaged.

Threats

- i) **Poor Quality of Pharmacist Training:** Inconsistent implementation of training standards produces underqualified pharmacists. This undermines GPP compliance and Uganda’s workforce needs.
- ii) **Uncoordinated Auxiliary Training:** Unregulated pharmacy auxiliary staff (PAS) training risks errors and safety issues. This weakens PSU’s standards and credibility.
- iii) **Uncontrolled Growth of Pharmacist Numbers:** Rapid pharmacist increase risks underqualified oversupply. This dilutes standards and exacerbates unemployment, thus threatening EAC’s workforce balance.
- iv) **Veterinary Encroachment on Pharmacy Practice:** Veterinary professionals venturing into dispensing of medicines blurs roles, compromises safety and pharmacist’s professional right.
- v) **Conflicting Regulatory Mandate with NCHE:** Overlapping mandates with NCHE confuse training accreditation. This also hinders consistent standards and weakens overall regulation.
- vi) **Political Interference:** Political influence threatens professional autonomy and PSU’s independence. This risks misalignment with universal health care (UHC) and national health priorities.



Many countries are adopting Good Pharmacy Practice standards to improve quality, but implementation varies, especially in developing nations.

2.2. Global and Regional Context Affecting Pharmacy Practice

Pharmacy practice worldwide is evolving, with a focus on patient care beyond just dispensing medicines. Pharmacists are increasingly involved in prevention, screening, and managing chronic diseases, which helps improve patient outcomes. Digital tools, like artificial intelligence and online platforms, are becoming more common, especially after the COVID-19 pandemic boosted telepharmacy. However, there are challenges, such as global shortages of pharmacists, with projections showing a need for 12.9 million more health workers by 2035, particularly in poorer regions. Many countries are adopting Good Pharmacy Practice standards to improve quality, but implementation varies, especially in developing nations.

In Africa, the pharmaceutical market is growing fast, expected to reach USD 56–70 billion by 2030, driven by affordable generic drugs. However, there’s a big shortage of pharmacists, with some areas having as few as 0.02 per 10,000 people, like Somalia, which limits access to care. Informal drug sellers are common in West and Central Africa, while East and Southern Africa rely more on faith-based health centers. Cultural and linguistic factors, like using Swahili in East Africa, are important for effective practice. Challenges include weak regulations and economic issues, making it hard to standardize pharmacy services.

East Africa is seeing growth in generic drugs, which are cheaper and more accessible, with projections of strong market growth by 2030. Efforts are underway to increase the number of pharmacists, though shortages remain, especially in rural areas. Cultural sensitivity is key, with languages like Swahili helping in countries like Kenya and Tanzania, and diverse languages in Ethiopia requiring tailored approaches. Faith-based health centers play a big role in service delivery. There’s potential for telepharmacy with improving digital infrastructure, but challenges like high demand and low workforce capacity persist, affecting care quality.

Table 1. Highlights the regional variations and shared challenges, providing a framework for understanding pharmacy practice dynamics in the current era.

Aspect	Global 	Africa 	EAC 	Uganda 
Market growth	Driven by innovation, biosimilars, and digital platforms	Rapid growth, USD 56–70B by 2030, generics dominate	Strong growth in generics, 10% CAGR for generics by 2030	Growing market but generics dominant due to cost and accessibility
Workforce	Shortages projected, 12.9M deficit by 2035, uneven distribution	Critical shortages, e.g., 0.02/10,000 in Somalia	Relative increases, but low absolute numbers, ongoing development needed	Pharmacist-to-population ratio remains low, around 1 per 20,000, compared to WHO’s recommended 1 per 2,000. Low uptake in public sector.
Delivery models	Telepharmacy, patient-centered care	Informal sellers in West/Central, faith-based in East/South	Heavy reliance on faith-based centers, potential for telepharmacy	High potential for telepharmacy with 70% smart phone usage in urban areas
Regulatory challenges	Varies, GPP implementation uneven	Weak enforcement, socio-economic barriers	Similar to Africa, with additional linguistic diversity challenges	Similar to EAC, additional uncertainties in legislative landscape in relation to NDA reform
Cultural factors	Less emphasized, but growing focus on patient engagement	Significant, e.g., Swahili, religion influences behavior	Swahili key, diverse languages in Ethiopia, cultural sensitivity crucial	Multilingual and strong cultural belief in traditional medicine influence patient interactions
Technology adoption	High, AI, robotics, HIT improving efficiency	Growing, but infrastructure limits adoption	Emerging telepharmacy potential, digital infrastructure improving	Same as EAC

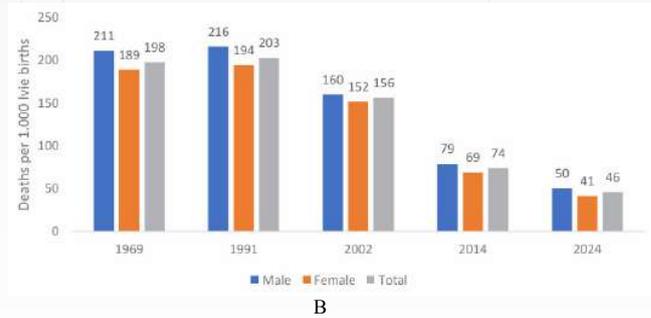
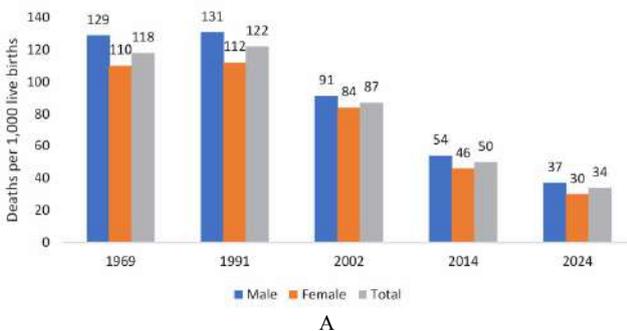
2.3. National Context for Uganda

According to the National Population and Housing Census (NPHC) 2024 report (UBOS, 2024),¹ Uganda has a total population of 45,905,417 people and an average annual growth of 2.9% since the last Census in 2014. The census highlights Uganda’s youthful population, with 50.5% of the population aged 0–17 years and 22.7% aged 18–30 years. This implies that a half of the population is under the age of 18, and over 70% of the population are below the age of 30 years. Five in every one hundred persons are aged 60 and above. This demographic structure underscores the need for investments in healthcare, particularly in reproductive health, maternal and child health, and youth-centric services, as emphasized by UNFPA². The same report provides the following health statistics:

Infant and Under-Five Mortality

The infant mortality rate was 34 deaths per 1,000 live births and under-five mortality was 46 per 1,000 which represented improvements over previous years, but remain above the SDG 3.2 targets, which aim to reduce under-five mortality to at least 25 per 1,000 live births and neonatal mortality to at least 12 per 1,000 by 2030. These figures highlight the need for increased investment in maternal and child health services, improved neonatal care, and widespread immunization programs.

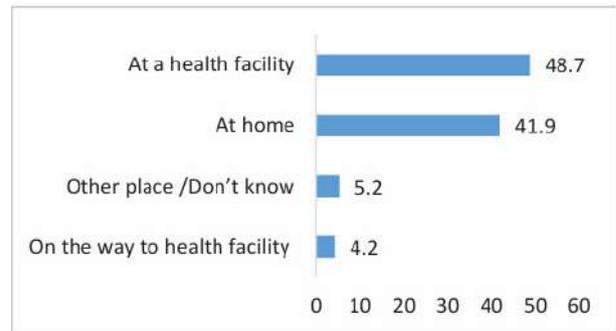
Figure 4. Infant mortality (A) and Under-5 mortality (B) rates (deaths per 1,000 live births), 1969-2024. Source: UBOS Census Report, 2024.



Maternal Mortality

The Maternal Mortality Ratio (MMR) refers to maternal deaths per 100,000 live births excluding those that occurred due to “accident” and “violence”. The 2024 Census Report reported a MMR of 207 deaths per 100,000 live births, which is a significant decline compared to past decades, but it is still far from the SDG 3.1 target of less than 70 per 100,000. This calls for expanded access to skilled birth attendants, emergency obstetric care, and antenatal services, especially in rural areas. A slightly higher proportion of maternal deaths occurred in hospitals (48.7%) than at home (41.9%).

Figure 5. Percentage of Deaths by Place of Occurrence. Source: UBOS Census Report, 2024.



Life Expectancy

A life expectancy³ of 68.2 years (70.1 for females, 66.9 for males) indicates progress in overall health outcomes and aligns with SDG 3’s broad objective of improving health and well-being. However, disparities by gender and the burden of non-communicable diseases (which tend to increase

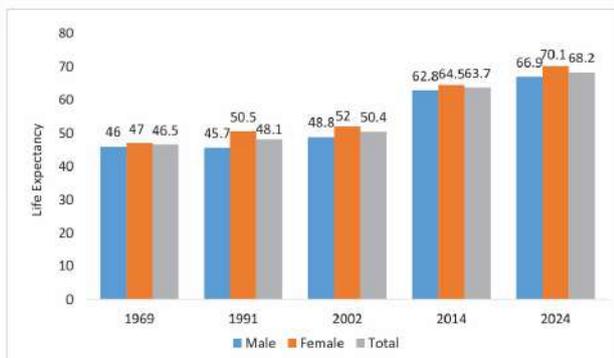
1 <https://www.ubos.org/wp-content/uploads/2024/12/National-Population-and-Housing-Census-2024-Final-Report-Vol-ume-1-Main.pdf>

2 <https://uganda.unfpa.org/en/news/census-2024-preliminary-results-released-uganda-remains-young-population>

3 Life expectancy at birth is the average number of years that a newborn could expect to live, if he or she was to pass through

with life expectancy) must be addressed through preventive care, health education, and chronic disease management.

Figure 6. Life expectancy at Birth (1969-2024).
Source: UBOS Census Report, 2024.



HIV Prevalence

As of 2024, Uganda’s adult HIV prevalence stood at 5.1%, with approximately 1.4 million people living with HIV. Women are disproportionately affected, exhibiting higher prevalence rates than men across all age groups. In 2022, there were 52,000 new HIV infections and 17,000 AIDS-related deaths. Approximately 1.2 million individuals are on antiretroviral therapy, reflecting significant progress in treatment access. However, challenges persist, particularly among adolescent girls and young women aged 15–24, who account for a substantial proportion of new infections. Additionally, mother-to-child transmission remains a concern, with around 4,700 infants acquiring HIV in 2024. While Uganda has made commendable strides in combating HIV, targeted interventions are essential to address these ongoing challenges.

Literacy and Education (Indirect Health Indicator)

The Uganda 2024 Census report indicates that 74% of Ugandans aged 10 and above are literate, reflecting progress in education, which is closely linked to health outcomes through improved health awareness and access to information. This

can indirectly influence health behaviors, such as family planning and disease prevention.

Refugee Population and Health Services

The census recorded 780,061 refugees, emphasizing Uganda’s role as Africa’s largest refugee-hosting country. This population requires targeted health interventions, as noted by WHO and UNHCR, focusing on integrated healthcare services for refugees and migrants⁴.

2.4. Uganda Vision 2040

Uganda Vision 2040⁵ aims to transform the nation into a modern, prosperous society with a healthy and productive population. Key health targets include reducing maternal and child mortality, increasing life expectancy, and enhancing access to quality healthcare services. To achieve these goals, the vision emphasizes strengthening the healthcare system and promoting preventive care.

A significant component of this transformation is the development of the pharmaceutical industry. The National Pharmaceutical Services Strategic Plan 2020/21–2024/25 supported Vision 2040 by aiming to ensure the availability, accessibility, and affordability of essential medicines. It targeted increasing domestic production of health commodities to address approximately 66% of disease conditions in Uganda, thereby reducing reliance on imports and improving health security.

Uganda has made strides in pharmaceutical manufacturing, with companies like Quality Chemical Industries Limited, Kampala Pharmaceutical Industries, Rene Pharmaceutical Industries, and Abacus Parenteral Drugs Limited leading the way. Quality Chemical Industries produces WHO-prequalified treatments for HIV/AIDS and malaria, and APDL produces parenteral products. Recently, Dei BioPharma came on board to operate what is claimed to be one of Africa’s largest vaccine and drug manufacturing facilities, capable of producing up to one billion doses of mRNA vaccines annually.

life exposed to the sex- and age-specific death rates prevailing at the time of his or her birth, for a specific year, in a given country, territory, or geographic area.

4 <https://www.who.int/countries/uga>

5 Uganda Vision 2040, Government of Uganda, <https://library.health.go.ug/sites/default/files/resources/Uganda%20Vision%202040.pdf>

Over the past decade, the Government of Uganda has placed emphasis on policies intended to make Uganda less dependent on imported solutions and has increasingly provided funding to support this agenda. Initiatives such as Buy Uganda, Build Uganda (BUBU)⁶, the National Development Plan (NDP) III & IV⁷, and the Parish Development Model (PDM), are intended to spur local research and innovations, leading to a “*Transformed Ugandan Society from a Peasant to a Modern and Prosperous Country by 2040*”. The Ministry of Science, Technology and Innovations – Office of the President (MoSTI-OP) has increasingly supported and provided funding to establish an ecosystem of research facilities for innovative product development. Most importantly, the MoSTI-OP has identified priority sectors including the Pathogen Economy⁸ and Industry 4.0+⁹, that Uganda can consolidate and dominate in the next decade so as to boost the national economy for socioeconomic transformation and community impact.

2.5. Climate Change

Climate change is a growing global challenge, with catastrophic consequences on human and animal health, biodiversity, emergence and spread of diseases, and development and spread of antimicrobial resistance. Climate change, biodiversity loss, and the increasing burden of infectious diseases represent interconnected challenges that impact global health, ecosystems, and economies. Climate change alters ecosystems, exacerbating habitat loss, biodiversity decline, and zoonotic spillovers, which result in emerging and re-emerging infectious diseases¹⁰. Concurrently, natural habitats and biodiversity hold immense value as sources for new drug

development, particularly in the discovery of antibiotics, antivirals, and other medicines critical for combating infectious diseases¹¹. Human activities, such as deforestation, urbanization, and industrialization, have not only led to biodiversity loss but have also altered habitats, bringing wildlife, domestic animals, and humans into closer contact¹². This interconnectedness fosters the spillover of zoonotic diseases, as seen in recent outbreaks of Ebola viral hemorrhagic disease.

2.6. Herbal Medicine Utilization

Herbal medicine is widely used in Uganda, with over 60% of the population relying on it due to its affordability, accessibility, and cultural familiarity. However, challenges include inadequate scientific validation, risk of adulteration, and heavy metal contamination, posing health risks. The NDA continues to regulate herbal products and provide support to herbal medicine manufacturers, but regulatory enforcement is sometimes insufficient, leading to unapproved concoctions on the market. Traditional knowledge is eroding, and medicinal plant extinction is a concern. Conservation efforts and research are critical to ensure safety, efficacy, and sustainability.

2.7. Antimicrobial resistance

Antimicrobial Resistance (AMR) poses a growing global threat to public health, undermining progress in combating infectious diseases. Major contributors to AMR in Uganda include the rampant over-the-counter sale of antibiotics, particularly in drug shops, inappropriate prescribing of antibiotics for unconfirmed fevers, and widespread antibiotic

6 Ministry of Trade and Cooperatives. Buy Uganda Build Uganda Policy. September, 2014. Republic of Uganda, Kampala.

7 National Planning Authority Third National Development Plan (NDP III) 2020/21 – 2024/25, January 2020, Republic of Uganda, Kampala.

8 Pathogen Economy - Refers to the “making, selling and use of goods and services related to the prevention, control and treatment of damage due to pathogens.”

9 Industry 4.0 - Refers to the “integration of intelligent digital technologies into manufacturing and industrial processes including industrial IoT networks, AI, Big Data, robotics, and automation.”

10 Ellwanger JH, Chies JAB. Zoonotic spillover: Understanding basic aspects for better prevention. *Genet Mol Biol.* 2021 Jun 4;44(1 Suppl 1):e20200355. doi: 10.1590/1678-4685-GMB-2020-0355. PMID: 34096963; PMCID: PMC8182890.

11 Miethke, M., Pieroni, M., Weber, T. et al. Towards the sustainable discovery and development of new antibiotics. *Nat Rev Chem* 5, 726–749 (2021). <https://doi.org/10.1038/s41570-021-00313-1>

12 Esposito MM, Turku S, Lehrfield L, Shoman A. The Impact of Human Activities on Zoonotic Infection Transmissions. *Animals (Basel).* 2023 May 15;13(10):1646. doi: 10.3390/ani13101646. PMID: 37238075; PMCID: PMC10215220.

polypharmacy, especially in the private sector. To address this, Uganda implemented the National Antimicrobial Resistance Strategy (2017–2022) and a surveillance plan for AMR containment. These initiatives will continue to evolve under the Health Sector Development Plan to tackle emerging AMR challenges.

Recognizing AMR’s critical threat, the Pharmaceutical Society of Uganda (PSU) established an AMR committee during its previous strategic plan period. The committee has made significant strides in antimicrobial stewardship through community sensitization, patient education, health worker training, and research. These efforts will continue in the current strategic plan, reflecting PSU’s steadfast commitment to combating AMR within Uganda’s healthcare system. Moving forward, PSU aims to strengthen supportive supervision, promote the rational use of antibiotics, and enhance surveillance mechanisms to curb antimicrobial misuse in the pharmaceutical sector.

2.8. Structure of Uganda’s Health Sector

Uganda’s healthcare system is organized into a six-tier structure, designed to deliver comprehensive care, from community-based services to advanced specialized treatment. Each tier has distinct roles, leadership, and functions, as outlined below:

National Referral Hospitals

These facilities provide super-specialized services, such as advanced surgeries and complex diagnostics, alongside medical research and training. They serve as the highest level of care, handling cases referred from across the country.

Regional Referral Hospitals

Operating at a regional level, these hospitals offer specialized services, including surgery and obstetrics, while also contributing to research and training. They manage cases referred from district hospitals.

District Hospitals/Health Centre IV (HCIV):

Located at the health sub-district level and led by a medical officer, these facilities provide primary and secondary care, including general surgery, maternity services, and emergency care.

Health Centre III (HCIII)

Based at the sub-county level and headed by a clinical officer, HCIIIs offer outpatient care, normal deliveries, and preventive services like immunizations and health education.

Health Centre II (HCII)

Situated at the parish level and managed by a nurse, HCIIIs focus on basic outpatient care, family planning, and preventive health services for local communities.

Village Health Teams (VHTs)

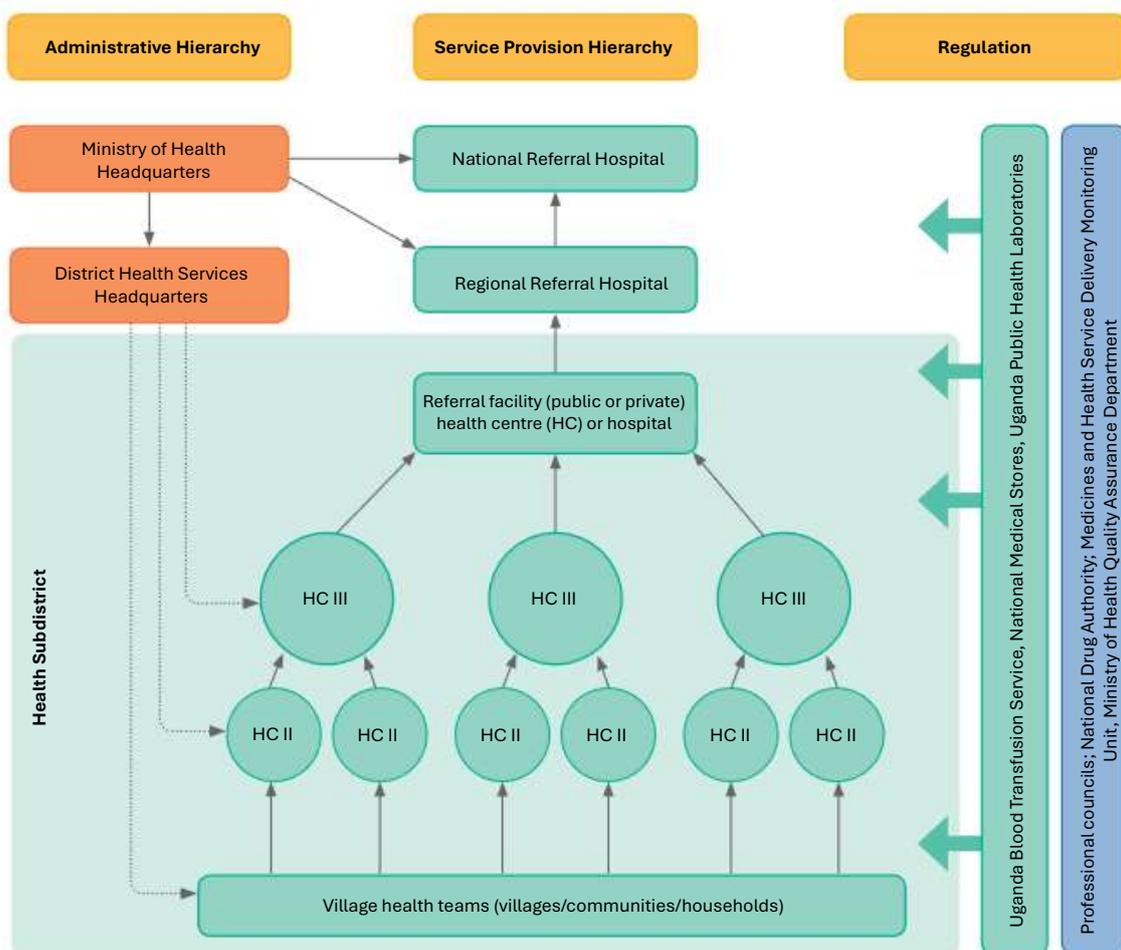
Led by trained laypersons at the village level, VHTs deliver health promotion, disease prevention, and basic treatments, serving as the first point of contact for rural communities.

This tiered system ensures a structured approach to healthcare delivery, with each level addressing specific needs while facilitating referrals to higher tiers for complex cases.





Figure 7. Uganda's six-tier health care system



Ministry of Health

The Government of Uganda (GoU) recognizes health as a fundamental human right. The Ministry of Health provides leadership and governance for the health sector, with responsibilities that include policy formulation, strategic direction, standard setting, disease surveillance, quality assurance, and resource mobilization. The MoH, through its Pharmacy Division, oversees coordination within the sector and implementation of the National Medicines Policy.

National Drug Authority

As a key player in the pharmaceutical sector, the National Drug Authority (NDA) is tasked with ensuring the safety, quality, and efficacy of human and veterinary medicines. Strengthening medicines regulation and improving health services are critical priorities for the NDA. To achieve World Health Organization (WHO) Maturity Level 3, the NDA is undergoing legislative reforms, including the establishment of the National Drug and Health Products Authority (NDHPA). This new authority is expected to enhance the board's governance and technical capacity. The NDHPA will also expand the NDA's scope to include regulation of additional health-related products, such as certain cosmetics, medical devices, and environmental health products. Concurrently, a proposed bill aims to transfer the regulation of veterinary drugs and related products from the NDA to the Ministry of Agriculture, Animal Industry, and Fisheries (MAAIF). These developments necessitate continuous engagement between the Council and the key stakeholders to ensure that the safety, quality, and efficacy of medicines and health products remain a priority and are managed by qualified professionals to protect public health.

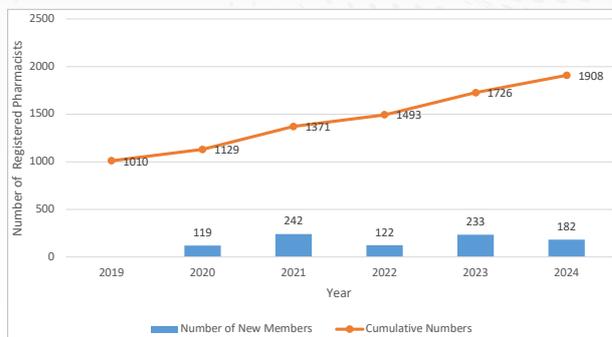
Pharmaceutical Sub-sector

i) Current Pharmacist workforce

The number of registered pharmacists in Uganda increased from 1,010 in 2019 to an estimated 1,908 in 2024, improving the pharmacist-to-population ratio from 2.6 to 3.6 per 100,000. While this marks notable progress, the figure remains significantly below the WHO-recommended benchmark of 10 pharmacists per 100,000 population. Moreover, of the registered pharmacists, only about 1,667 (87.4%) are currently active, and just 1,275 (66.8%)

renewed their subscription for the 2023/24 fiscal year—highlighting ongoing challenges in workforce retention and professional engagement.

Figure 8. Pharmacist Workforce in Uganda



Additionally, the percentage of filled public-sector pharmacist positions increased from 56% in 2021 to an estimated 63% in 2024. While this progress in addressing the pharmacist workforce gap is commendable, it remains insufficient. The rise in filled public-sector positions reflects improved recruitment efforts, but challenges persist in achieving equitable distribution between urban and rural areas. To sustain and accelerate this growth, targeted strategies—such as capacity-building programs, incentives for rural deployment, and enhanced support for pharmacy education—are essential. These initiatives, integral to our strategic agenda for the next five years, will help bridge the workforce gap and strengthen Uganda's pharmaceutical and healthcare delivery systems.



ii) Pharmacists in the Public Sector

At present, there are over 93 Pharmacists employed in Public Service. The Ministry of Health Department of Pharmaceuticals and Natural Medicines (MoH-DPNM), led by a Commissioner, currently employs four pharmacists. National Referral Hospitals (including Mulago and Butabika) and Institutes (such as the Uganda Heart Institute and Uganda Cancer Institute) collectively have 22 pharmacists. Regional Referral Hospitals (RRHs) employ 42 pharmacists, while district-level General Hospitals have 24 pharmacists. Only one pharmacist is assigned to a Health Centre IV. The

number of pharmacists deployed in the Uganda People’s Defence Forces (UPDF), Prisons, and Police services remains unspecified.

iii) New Pharmacist Registration Since 2020

Since 2020, the Pharmacy Board registered a total of new 898, of whom 642 (71.5%) were males and 256 (28.5%) were females.

Table 2. Showing Total number of Pharmacists registered in the last 5 years (2020-2024)

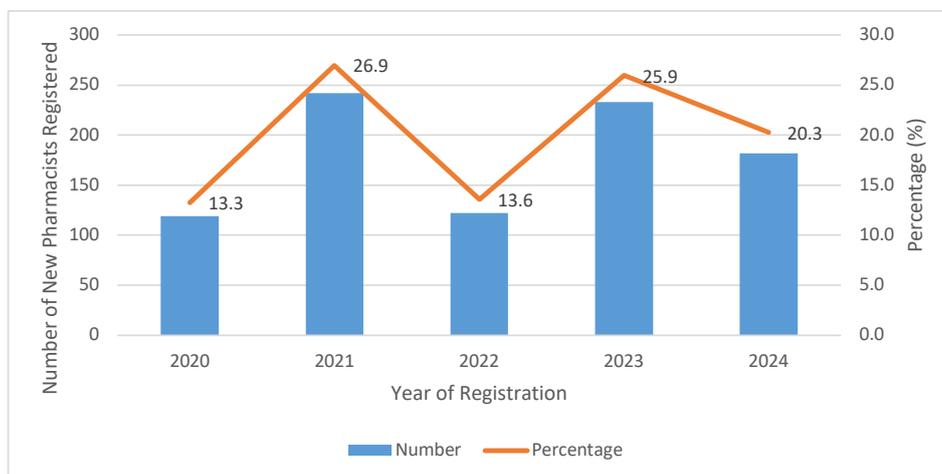
Characteristic	Freq (n = 898)	Percentage
Female	256	28.5%
Male	642	71.5%
Total	898	100%

Source: Pharmacy Board Database

In 2020 and 2022, the number of newly registered pharmacists remained nearly identical, accounting for 13.3% and 13.6% of total registrations, respectively—reflecting the impact of the COVID-19 pandemic. In 2021, there was a notable spike to 26.9%, largely attributed to the clearing of registration backlogs caused by the pandemic. The upward trend continued into 2023 and 2024, with slightly elevated figures of 25.9% and 20.3%, respectively.



Figure 9. Number of new pharmacists registered

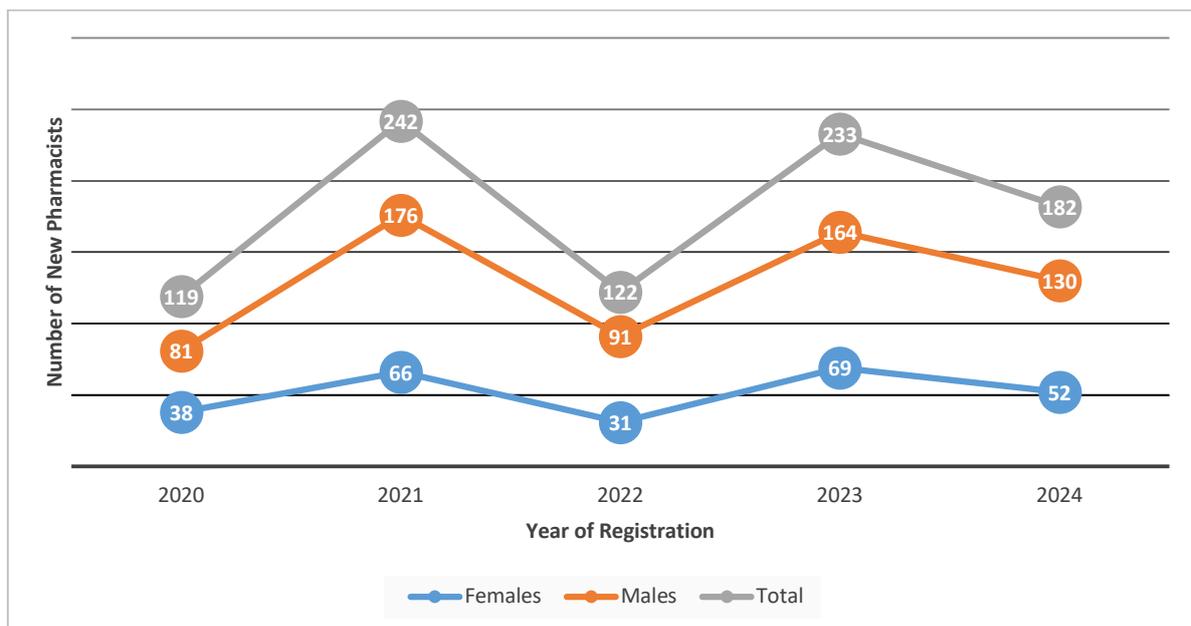


Source: Pharmacy Board Database



Males consistently outnumbered females in terms of Registration as Pharmacists, with the largest gap observed in 2021.

Figure 10. Number of new pharmacists

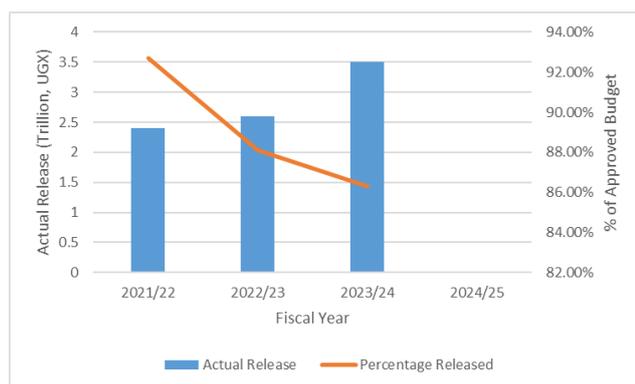
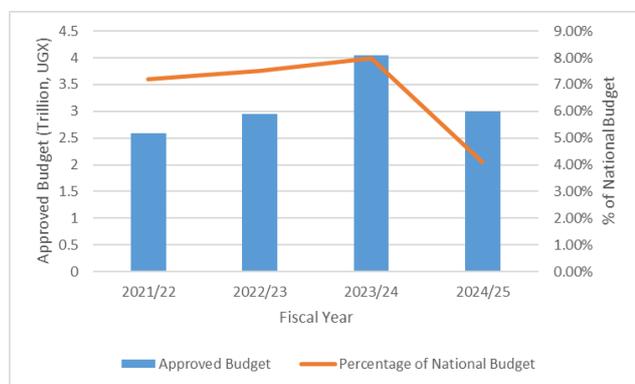


Source: Pharmacy Board Database

iv) Health sector budget

The figure above illustrates Uganda’s health sector budget from 2021 to 2025, detailing approved amounts, their share of the national budget, and actual disbursements. It highlights trends in government health investment, showing a steady increase in budget allocations from UGX 2.589 trillion in 2021 to UGX 4.053 trillion in 2023, followed by a decline to UGX 3 trillion in 2024/25. However, a persistent gap exists between approved budgets and actual releases, with disbursement rates ranging from 92.7% in 2023 to 86.3% in 2024, indicating challenges in achieving full funding disbursement.

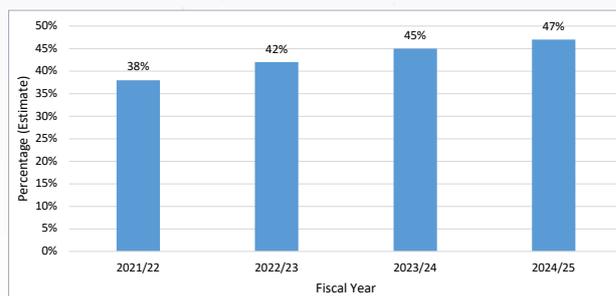
Figure 11. Health Sector Budget Allocation and Releases (UGX Trillions)



v) Availability of Essential medicines

Table 2 illustrates a gradual increase in the availability of Essential Medicines and Health Supplies (EMHS) in Uganda, rising from 38% in 2021/22 to an estimated 47% in 2024/25. Although this reflects progress, the availability remains insufficient to fully meet the needs of Uganda’s population effectively.

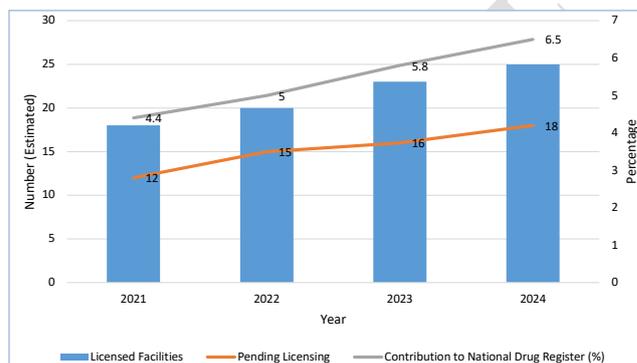
Figure 12. Availability of Essential Medicines and Health Supplies (EMHS)



vi) Pharmaceutical production

Table 3 illustrates the growth of local pharmaceutical production in Uganda from 2021 to 2024. The number of licensed manufacturing facilities is projected to rise from 18 in 2021 to 25 in 2024, while pending licensing applications are expected to increase from 12 to 18 over the same period. Additionally, the contribution of locally produced pharmaceuticals to the National Drug Register is anticipated to grow from 4.4% in 2021 to 6.5% in 2024. This progress highlights advancements in Uganda’s pharmaceutical manufacturing capacity. However, the relatively low contribution to the National Drug Register underscores the need for further investment and support. Strengthening Good Manufacturing Practices (GMP), streamlining licensing processes, and fostering private-sector partnerships are critical to scaling production and reducing reliance on imported medicines. Targeted efforts to accelerate local production are essential to ensure a sustainable supply of high-quality medicines for Uganda.

Figure 13. Number of Licensed and Pending Licensing Facilities and their contribution to the National Drug Register. Source: NDA



2.9. PSU's Achievements and Progress under the Previous Strategic Plan

Brief about PSU Strategic Plan II (2020/21—2024/25)

Strategic Plan II (SP II) built on the achievements of Strategic Plan I (SP I, 2014/15–2019/20) while addressing its unmet priorities. SP I included 10 objectives, with four rated “good,” three “moderate,” and three “poor.” Strong performance was achieved in: (1) strengthening Secretariat systems and structures; (2) enhancing advocacy for pharmacy issues; (3) positioning PSU locally, regionally, and globally; and (4) improving member discipline and establishing conflict management structures. Moderate progress was made in: (1) supporting professional growth and pharmacy education; (2) raising public awareness about rational drug use, illegal outlets, and counterfeit drugs; and (3) streamlining pharmacy practices and updating policies. Poor performance was recorded in: (1) managing stakeholders to maximize benefits for society, the profession, and members; (2) increasing pharmacist integration across work environments; and (3) promoting pharmacy research.

SP II aimed to enhance pharmacists' involvement in pharmaceutical management and service delivery across all levels of Uganda's health system. Its vision was to lead in ensuring professional excellence and the highest standards of pharmacy practice in the region. The mission was to advance the pharmacy profession by strengthening training, promoting competence and ethical practices, improving members' welfare, and enhancing patient care and public health through better pharmaceutical use. The eight-point plan sought to preserve, advance, and promote the pharmacy profession by mobilizing and engaging members. It was guided by six core values: integrity, trust, excellence, commitment, leadership, and accountability.

PSU Strategic Plan II Performance

SP II performance was evaluated based on a review of the four AGM reports, desk reviews, and group discussions. Highlights of the key achievements are presented below:

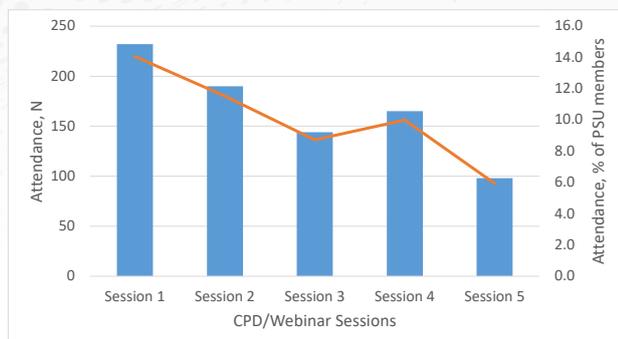
Strategic Area 1: Enhance Pharmacy Regulation and Practice

- i) Administered professional qualifying examinations for pre-interns and post-intern applicants efficiently.
- ii) Issued Annual Membership Certificates (AMCs) and Certificates of Practice (CoPs) to members promptly.
- iii) Conducted supportive supervision visits to pharmacies, schools, and other practice centers nationwide.
- iv) Monitored the regulatory landscape to provide informed input on proposed legislation, including the Veterinary Practitioners Bill, NDA Bill, and Merger Bill.

Focus Areas 2: Advance Pharmacy Education and Professional Development

- i) Secured research grants, including the AMR grant from Pfizer, MoSTI grant, and SUPPACT grant.
- ii) Conducted technical reviews of undergraduate, master's, and PhD pharmacy curricula to enhance training quality.
- iii) Performed facility verification visits to pharmacy schools in collaboration with the National Council for Higher Education (NCHE).
- iv) Organized continuing professional development (CPD) sessions and webinars for pharmacists, interns, and pharmacy students.
- v) Facilitated inductions, training, postings, and supervision for pharmacist interns.
- vi) Hosted career guidance sessions for young pharmacists and pharmacy students.
- vii) Promoted student participation in PSU activities, such as World Antimicrobial Awareness Week (WAAW) and World Pharmacists Week.
- viii) Provided financial support for pharmacy students' annual activities, including Pharmacy Weeks, medical camps, community sensitization campaigns, and sports.
- ix) Initiated student registration and indexing across pharmacy schools.
- x) Coordinated scholarship programs in partnership with Abacus.

Figure 14. Attendance of CPD trainings/webinars on Pharmacovigilance conducted in collaboration with the National Drug Authority (NDA) in 2023.



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

- i) Contributed to the EAC harmonization meeting in Mombasa, drafting the Medicines Regulatory Agreement (MRA) and proposing a roadmap.
- ii) Participated in developing Uganda’s 10-year health supply chain roadmap.
- iii) Published the PSU@50 commemorative handbook.
- iv) Initiated and completed Phase II of the Pharmacy House project.

Focus Area 4: Enhance the recruitment, retention, and advancement of pharmacists across all sectors of pharmacy practice

- i) Engaged with the Ministry of Health, Ministry of Public Service, and local governments to promote the integration of pharmacists into public-sector roles, ensuring expanded opportunities for professional practice.
- ii) Petitioned the Equal Opportunities Commission (EOC) to eliminate restrictions on certain public health sector positions, such as district health officer roles, enabling pharmacists to access these opportunities.

Focus Area 5: Diversify and accelerate growth of the Society’s revenue and income for sustainability

- i) Secured multiple competitive research grants, raising over 600 million Uganda Shillings to fund the Society’s programs and initiatives.
- ii) Organized three successful exhibitions as part of the Uganda Healthcare Expo, promoting innovation and fostering strategic partnerships.
- iii) Signed a tripartite agreement to streamline the Covidex supply chain, improving access to this critical treatment.
- iv) Launched the sale of PSU-branded merchandise to increase visibility and generate additional revenue.
- v) Established a research and production unit during the COVID-19 pandemic, focusing on producing sanitizers to meet public health needs and create a sustainable income source.

Focus Area 6: Galvanize member engagement, participation and welfare

- i) Secured funding to support the PSU Corporate Team, fostering teamwork and wellbeing.
- ii) Established the PSU Notice Board and WhatsApp forums to boost communication and active member engagement.
- iii) Appointed members to various committees and taskforces, ensuring optimal representation and diverse perspectives.
- iv) Promoted the formation of specialized groups, such as clinical pharmacists, pharmaceutical analysts, and pharmacognosists, to encourage professional collaboration and specialization.
- v) Provided obituaries and condolence support to members who lost loved ones, demonstrating care for their well-being.
- vi) Supported the activities of the Pharmacists SACCO, enhancing financial empowerment and member welfare.

Focus Area 7: Strengthen Institutional Capacity of PSU to enhance leadership, governance and strategic management

- i) Strengthened the democratic processes of the Annual General Meeting (AGM), ensuring transparency and member participation.

- ii) Convened regular Council and committee meetings to maintain effective governance and decision-making.
- iii) Ensured Council compliance with the Pharmacy and Drugs Act (PDA), aligning operations with regulatory standards.
- iv) Adhered to national laws, reinforcing PSU's commitment to legal and ethical practices.
- v) Conducted regular valuations of PSU assets to enhance financial accountability and strategic resource management.

Focus Area 8: Develop, sustain, and optimize strategic and mutually beneficial partnerships.

- i) Signed a new Memorandum of Understanding (MoU) with the National Drug Authority (NDA) to enhance collaboration and align efforts in advancing pharmacy practice.
- ii) Engaged in multiple stakeholder dialogues with key entities, including the Uganda Revenue Authority (URA), Parliament of Uganda, other health professional councils, and organizations such as Management Sciences for Health (MSH), PATH, Ministry of Finance, Planning and Economic Development (MoFPED), STI-OP, Ministry of Public Service (MoPS), and Population Services International (PSI), to strengthen cooperation and support shared health goals

Challenges Encountered During Strategic Plan II

In the Community Pharmacies:

- i) Operation of pharmacies without licensed pharmacists or valid licenses.
- ii) Chronic absenteeism among supervising pharmacists.
- iii) Dual operations under a single license, particularly wholesalers engaging in retail.
- iv) High turnover due to resignations, non-payment, and lack of formal contracts.

In the Public Sector:

- i) Limited recruitment of pharmacists, leading to heavy workloads.
- ii) Inconsistent performance by pharmacists.
- iii) Lack of provisions for specialized pharmacist roles.

General challenges

- i) **Limited Funding:** A constrained resource envelope due to limited funding options, restricting program implementation.
- ii) **Inter-Professional Conflicts:** Tensions and encroachment across professional boundaries, undermining collaboration among healthcare professionals.
- iii) **Inadequate Regulation of Classified Drugs:** Weak oversight of the possession and sale of classified drugs, leading to stockpiling in non-gazetted facilities.
- iv) **Emerging Legislation:** New pharmaceutical and healthcare laws, creating compliance and adaptation challenges.
- v) **Unregulated e-Pharmacy Growth:** The rise of e-Pharmacy without appropriate legislative frameworks, posing risks to safety and standards.
- vi) **Brain Drain:** Increased loss of experienced pharmacists due to emigration, depleting expertise.
- vii) **Low Investment in Research:** Insufficient funding for research and product development, resulting in over-reliance on imported medicines and external outsourcing.
- viii) **Limited Career Growth Opportunities:** Few pathways for professional advancement, hindering pharmacist retention and development.



PSU SP II Performance Summary

Table 3. PSU performance summary during Strategic Plan II (2020/21 – 2024/25)

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

2.10. Stakeholder Analysis

The PSU 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 (see *Appendix 5.7.*) 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.

Table 4. PSU stakeholder engagement mechanisms

Category	Engagement mechanisms/ approach
Interest-positive	To 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







3. Strategic Direction

This chapter outlines the goal, vision, mission, core values, and strategic objectives of the Pharmaceutical Society of Uganda (PSU). It also highlights anticipated outcomes and strategic interventions planned for the next five years. These initiatives are designed to empower PSU to effectively fulfill its mandate, upholding the highest achievable standards of pharmacy practice in Uganda to safeguard public health.

3.1. Preamble

The strategic direction of the Pharmaceutical Society of Uganda—encompassing its vision, mission, core values, mandate, and functions—guides all Council strategy discussions. It provides a framework for developing planning and operational details, translating the Council’s statutory functions into actionable strategies that deliver measurable outputs, outcomes, and results.

As part of the organizational assessment, the vision, mission, and core values were reviewed and realigned to reflect the Council’s updated strategic direction. This alignment underscores PSU’s contribution to Uganda’s Vision 2040 and the National Development Plan IV (NDP IV), strengthening its commitment to advancing national health priorities, driving socio-economic transformation, and ensuring the availability of safe, effective, and high-quality medicines and health products.

3.2. Rationale for the PSU Strategic Plan 2025/26—2029/30

The PSU Strategic Plan is crafted to address critical gaps, emerging issues, and key recommendations discussed in the preceding chapter, aiming to meet stakeholder expectations and aspirations while strengthening the Council’s mandate over the next five years. It is designed to maximize PSU’s contribution to sectoral, national, and global development agendas.

At the sectoral level, the plan aligns with National Pharmaceutical Sector outcomes and the Health Sector’s strategic priorities. Nationally, it

integrates seamlessly with the NDP IV and Vision 2040, enhancing PSU’s role in achieving Uganda’s medium-term objectives and supporting the broader Uganda Vision 2040. Globally, it aligns with Sustainable Development Goal 3: “Ensure healthy lives and promote well-being for all at all ages,” reflecting the World Health Organization’s policy direction on drug regulation. The plan also draws on the themes and aspirations of the International Pharmaceutical Federation (FIP), the Commonwealth Pharmacists Association (CPA), and the Uganda Ministry of Health.

3.3. Mandate of PSU Council

The Pharmaceutical Society of Uganda (PSU) is primarily mandated to ensure the highest practicable standards in the practice of pharmacy in Uganda. This includes regulating the practice by pharmacists, promoting professional competence, ethical practices, and member welfare. The PSU also encourages research in pharmacy and chemistry and seeks to improve the quality of pharmaceuticals and patient care.

3.4. Vision

A future where empowered pharmacists lead innovation in medicines, transform health systems through technology, and deliver world-class care for every patient.

3.5. Mission

“To advance the pharmacy profession in Uganda by fostering innovation, strengthening professional capacity, advocating for progressive policies, and promoting ethical, patient-centered care through collaboration, education, and research.”

3.6. Goal

To advance pharmacy practice in Uganda by fostering innovation, strengthening health systems, and ensuring safe, quality, and accessible medicines to improve patient outcomes and public health by 2030.”

3.7. Core Values – 7 PILLARS

The Pharmaceutical Society of Uganda shall be guided by Seven PILLARS.

P	Professionalism Upholding ethical conduct, competence, and responsibility in all aspects of practice.
I	Integrity Acting with honesty, transparency, and moral clarity.
L	Leadership Inspiring innovation, vision, and influence in pharmacy and healthcare.
L	Loyalty & Commitment Demonstrating dedication to the profession, patients, and society.
A	Accountability Owning our actions and delivering on our promises with reliability and trust.
R	Respect & Equity Fostering an inclusive environment where all individuals are valued and treated fairly.
S	Service Excellence Pursuing the highest standards in patient care, research, and professional growth.

3.8. Living PILLARS

As a Pharmacist;

- i) I consistently act with professionalism in all my duties as a pharmacist.
- ii) I uphold integrity in every interaction with patients.
- iii) I demonstrate strong leadership in every task I undertake.
- iv) I exhibit unwavering loyalty and commitment to my professional values.
- v) I remain accountable to patients and the public in all my actions.
- vi) I treat my patients and colleagues with respect and equity.
- vii) I deliver service excellence in my professional practice for the benefit of patients.

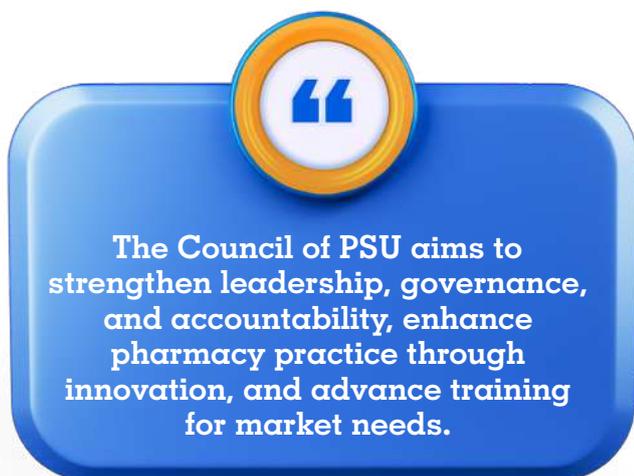
3.9. Strategic Objectives

The Council of PSU aims to strengthen leadership, governance, and accountability, enhance pharmacy practice through innovation, and advance training for market needs. Additionally, PSU Council shall foster research, partnerships, and member engagement to deliver evidence-based care, local medicine production, and a thriving pharmacy community. These strategic objectives are aligned with the 6 PSU focus areas, namely: Institutional Governance and Growth, professional practice, professional development, research and innovation, stakeholder management and member welfare.

Focus Area 1: Institutional Governance and Growth

To remain resilient and future-ready, PSU must strengthen leadership and corporate governance through the enactment of bylaws and the establishment of clear policies, regulations, and guidelines. These frameworks will guide the Council, members, and staff in core functions, ensuring efficiency, accountability, transparency, and sustainable growth for both the institution and the pharmacy profession.

Strategic objective 1: To strengthen leadership, governance and accountability systems of PSU for effective management and administration.



The key outcomes of this objective are:

- 1.1.** Enhanced Institutional Leadership Capacity and Governance Framework of PSU leading to increased stakeholder trust, confidence and reputation.
- 1.2.** Sustainable Growth of the Society and the Pharmacy Profession in Uganda.
- 1.3.** Enhanced Management and Accountability Mechanisms.

Focus Area 2: Professional Practice

The Council shall continue to uphold the highest standards of professional practice within the pharmacy workforce. Through rigorous quality assurance, the Council aims to enhance the quality of pharmacy services delivered to the public, fostering improved patient outcomes and public trust.

Strategic Objective 2: To enhance the practice of pharmacy in Uganda by adopting cutting-edge innovations and advancements while maintaining the highest standards of professionalism and ethical conduct.

The key outcomes of this objective are:

- 2.1.** Adoption of Innovative Practices with integration of advanced technologies in pharmacy practice to improve efficiency and patient outcomes in Uganda.
- 2.2.** Elevated Professional Practice Standards ensuring that pharmacists deliver high-quality, consistent services across the country.
- 2.3.** Enhanced Ethical Conduct ensuring integrity, confidentiality, and patient-centered care in all pharmacy practices.
- 2.4.** Improved Professional Development through empowering pharmacists to stay current and competent in global health issues and relevant latest technologies.
- 2.5.** Better Patient and Public Outcomes.

Focus Area 3: Professional Development

Emphasizing the need for a skilled and ethically sound workforce, this focus area promotes the development of qualified pharmacists and reinforces professional conduct. It includes undergraduate training and experiential learning, such as internships, to engage non-members and build future capacity.

Strategic Objective 3: To enhance the training and professional development of pharmacists to align with market demands, contemporary standards, and future needs.

The key outcomes of this objective are:

- 3.1.** Aligned Skill Development that matches current market demands.
- 3.2.** Adherence to Contemporary Standards of Training and Professional Development.

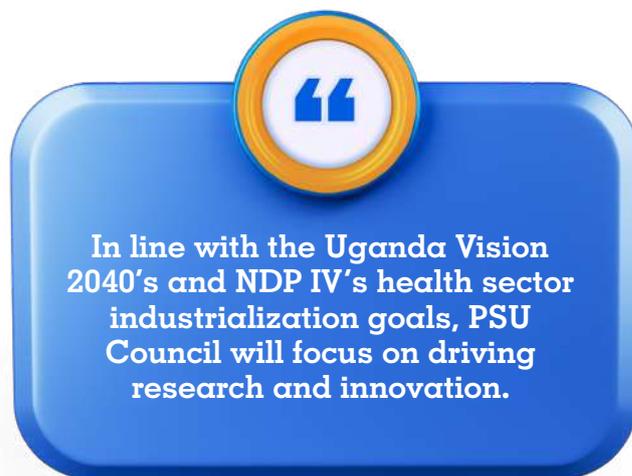
Focus Area 4: Research and Innovation

In line with the Uganda Vision 2040's and NDP IV's health sector industrialization goals, PSU Council will focus on driving research and innovation. The Council shall leverage emerging technologies, including artificial intelligence and data science, to advance medicine production, pharmaceutical care and address evolving healthcare needs.

Strategic Objective 4: To advance research and innovation in pharmacy to support evidence-based care and promote import substitution through enhanced local medicine production.

The following key outcomes are expected:

- 4.1.** Robust Research Programs led by PSU to investigate new treatments, drug formulations, and pharmacy practices tailored to Uganda's needs.
- 4.2.** Enhanced Evidence-Based Care.
- 4.3.** Increased Local Medicine Production to Reduce Import Dependency.





Focus Area 5: Stakeholder Engagement

The Council shall prioritize robust stakeholder relationships to improve patient care and public health. A number of strategies shall be undertaken to promote inter-professional collaborations, build a strong corporate social responsibility framework, align PSU goals with national health priorities, and undertake regular engagement with ministries, departments, and agencies (MDAs).

Strategic Objective 5: To cultivate, maintain, and enhance strategic, mutually beneficial partnerships for sustained impact at local, regional and global levels.

The key outcomes for this objective are:

- 5.1. Expanded Network of Partners including government agencies, healthcare organizations, and pharmaceutical companies, to broaden PSU’s reach and influence.
- 5.2. Strengthened Collaboration through regular communication, joint projects, and shared goals, fostering trust and long-term commitment.
- 5.3. Increased access to funding, expertise, training, and technology through partnerships, enabling PSU to better support pharmacists and advance the profession.

Focus Area 6: Member Welfare

Recognizing members as the core of Uganda’s pharmacy workforce, the Council will put in place strategies that will address members’ professional and personal needs to ensure a motivated and effective workforce capable of achieving PSU’s mandate.

Strategic Objective 6: To enhance member engagement, participation, and welfare for a thriving pharmacy community.

The key outcomes of this objective are:

- 6.1. Increased Member Engagement and Participation in PSU Initiatives, strengthening impact.
- 6.2. Improved Member Welfare Programs.
- 6.3. Stronger Sense of Community.
- 6.4. Financial Literacy and Prudence.

3.10. Strategy Slogan

Per Medicatum Servium

“With Medicines We Serve”

3.11. Strategy Theme

Advancing pharmacy practice through research and innovation for better patient outcomes.

3.12. Key Strategic Interventions

Strategic Objectives	Outcomes	Strategic Interventions	Strategic Actions	
Focus Area 1: Institutional Governance and Growth				
Strategic objective 1: To strengthen leadership, governance and accountability systems of PSU for effective management and administration.	1.1. Enhanced Institutional Leadership Capacity and Governance Framework of PSU leading to increased stakeholder trust, confidence and reputation.	1.1.1. Implement a structured program to build strategic planning, communication, and decision-making skills for PSU's Council and committee members.	1.1.1.1. Engage an expert for training of council and its committee members on corporate governance.	
		1.1.2. Develop Policy and Bylaw on PSU governance	1.1.2.1. Engage standards and compliance committee to draft policy documents and bylaws for Council to consider.	
		1.1.3. Create and implement systems for planning, budgeting, reporting and quality improvement in line with the strategic plan and statutory requirements	1.1.3.1. Engage an expert for training on Financial Management	
	1.2. Sustainable Growth of the Society and the Pharmacy Profession in Uganda.	1.2.1. Strengthen PSU's infrastructure to support investment and financial stability of the Society	1.2.1.1. Engage the Building and Estates Committee (BEC) to initiate Phase 2B of the Pharmacy House	1.2.1.2. Adequate maintenance of PSU assets including Namuwongo House
		1.2.2. Prepare and operationalize the PSU investment policy	1.2.2.1. Engage standards and compliance committee (SCC) to draft PSU investment policy	
		1.2.3. Develop, market, sell and provide consultancy services for health systems strengthening, pharmaceutical production, global health security, health policy, projects and programs		1.2.3.1. Engage research, innovation and grants committee (RIGC) to create a profile of consultancy services that PSU can offer.
		1.2.4. Solicit and execute grants from development partners, government and donors for projects and programs		1.2.4.1. Engage RIGC to create a database of credible funding organizations.
				1.2.4.2. Establish a team of dedicated and motivated grant writers.
		1.2.5. Establish a system for timely and consistent collection of subscription fees and rental income		1.2.5.1. Create a robust ICT system of tracking subscription fee payments in real time.
		1.2.6. Organize and participate in fundraising events		1.2.6.1. Create a yearly planner for all key fundraising events

Strategic Objectives	Outcomes	Strategic Interventions	Strategic Actions
	1.3. Enhanced Management and Accountability Mechanisms	<p>1.3.1. Develop and implement strategies and mechanisms for monitoring and tracking implementation of the strategic plan</p> <p>1.3.2. Promote and foster good financial management and accountability practices in line with international standards</p> <p>1.3.3. Create and implement systems for planning, budgeting, reporting and quality improvement in line with the strategic plan and statutory requirements</p> <p>1.3.4. Transition from paper-based business and corporate transaction to automated and digitalised transactions</p> <p>1.3.5. Develop and deploy legal, policy and risk management competencies</p>	<p>1.3.1.1. Engage Standards and Compliance Committee (SCC) to develop trackers for the strategic plan.</p> <p>1.3.1.2. Ensure SCC provides quarterly reports on Strategic Plan implementation to Council.</p> <p>1.3.2.1. Engage Administration and Finance Committee (AFC) to provide quarterly reports on PSU's financial position</p> <p>1.3.2.2. Strengthen internal audit mechanisms and ensure quarterly reports are critically discussed</p> <p>1.3.3.1. Engage Administration and Finance Committee (AFC) to create a robust system for planning, budgeting, reporting and quality improvement.</p> <p>1.3.4.1. Hire an expert to digitize all pending core PSU activities at the Secretariat</p> <p>1.3.5.1. Engage an expert to train PSU Council and committee members on legal, policy and risk management</p>

Strategic Objectives	Outcomes	Strategic Interventions	Strategic Actions
<p>Focus Area 2: Professional Practice</p> <p>Strategic Objective 2: To enhance the practice of pharmacy in Uganda by adopting cutting-edge innovations and advancements while maintaining the highest standards of professionalism and ethical conduct.</p>	<p>2.1. Adoption of Innovative Practices with integration of advanced technologies in pharmacy practice to improve efficiency and patient outcomes in Uganda.</p>	<p>2.1.1. Consolidate and expand the scope pharmacy services with integration of advanced technologies (e.g., telepharmacy, digital prescription systems, and AI-driven drug management)</p>	<p>2.1.1.1. Task the PDC to review and update the Pharmacist Career Path document</p>
	<p>2.2. Elevated Professional Practice Standards ensuring that pharmacists deliver high-quality, consistent services across the country.</p>	<p>2.2.1. Update the Pharmacy Practice Standards</p> <p>2.2.2. Pursue the establishment of stronger regulatory mechanisms for training, practice, pharmaceutical production, product distribution, retail services and disposal of pharmaceutical waste</p> <p>2.2.3. Strengthen presence of pharmacists in community pharmacies</p> <p>2.2.4. Integrate pharmacy technician services into the mainstream pharmacy practice</p>	<p>2.1.1.2. Review the list of specialized pharmacy services and trainings required</p> <p>2.1.1.3. Conduct CPD trainings for members interested in offering specialized services.</p> <p>2.2.1.1. Engage SCC to review the pharmacy practice standards.</p> <p>2.2.2.1. Engage AFC to identify relevant stakeholders for engagement</p> <p>2.2.2.2. Review current regulatory mechanisms and identify gaps for necessary action</p> <p>2.2.3.1. Engage members to adopt provision of specialized pharmacy services at their premises</p> <p>2.2.4.1. Engage the dispensers on the services to integrate into mainstream pharmacy practice</p>

Strategic Objectives	Outcomes	Strategic Interventions	Strategic Actions	
<p>Strategic Objective 2: To enhance the practice of pharmacy in Uganda by adopting cutting-edge innovations and advancements while maintaining the highest standards of professionalism and ethical conduct.</p>	<p>2.3. Enhanced Ethical Conduct ensuring integrity, confidentiality, and patient-centered care in all pharmacy practices.</p>	<p>2.3.1. Review and update the Code of Conduct</p>	<p>2.3.1.1. Engage Ethics Committee to review and update the current Code of Conduct</p>	
		<p>2.3.2. Strengthen adherence to ethical principles through training, codes of conduct, and monitoring systems, ensuring integrity, confidentiality, and patient-centered care in all pharmacy practices</p>	<p>2.3.2.1. Engage EPDC and Ethics Committee to organize CPDs on principles of ethical conduct, with relevant scenarios, for members</p>	
	<p>2.4. Improved Professional Development through empowering pharmacists to stay current and competent in global health issues and relevant latest technologies.</p>	<p>2.4.1. Increase access to training, workshops, and certifications for members.</p>	<p>2.4.1.1. Engage EPDC to organize online CPDs for members in various core areas of pharmacy practice</p>	<p>2.4.1.2. Encourage members to register and attend CPDs from partner organizations such as CPA and FIP.</p>
	<p>2.5. Better Patient and Public Outcomes</p>	<p>2.4.2. Establish and implement a certification and accreditation program for non-traditional pharmacy services</p>	<p>2.4.2.1. Engage SCC to develop guidelines for certification and accreditation for non-traditional pharmacy services</p>	<p>2.4.2.2. Develop list of non-traditional pharmacy services to be considered for the certification</p>
		<p>2.5.1. Develop and implement initiatives and mechanisms for improving quality of pharmaceutical services in Uganda</p>	<p>2.5.1.1. Engage SCC to draft proposals for improving quality of services</p>	
		<p>2.5.2. Develop and implement initiatives and mechanisms for increasing access to pharmacy services with particular attention vulnerable populations, the elderly, and those with disabilities</p>	<p>2.5.2.1. Engage SCC to draft proposals for increasing access to pharmacy services</p>	

Strategic Objectives	Outcomes	Strategic Interventions	Strategic Actions
Focus Area 3. Professional development			
Strategic Objective 3: To enhance the training and professional development of pharmacists to align with market demands, contemporary standards, and future needs.	3.1. Aligned Skill Development that matches current market demands.	3.1.1. Provide technical support to the internship program and internship centers	3.1.1.1. Engage the Internship Committee to work closely with UMIC for adequate internship support
	3.2. Adherence to Contemporary Standards of Training and Professional Development	3.1.2. Establish and promote standards and competencies for lecturers and tutors of pharmacy students	3.1.2.1. Conduct regular support supervision to Pharmacy Schools
		3.1.3. Enhance standards, guidelines and conduct for pre-entry and qualifying examinations of PSU	3.1.3.1. Fast-track the review and approval of the PSU examinations guidelines
		3.2.1. Scale up collaboration with training institutions allied to pharmacy harness the knowledge and skills in these fields	3.2.1.1. Conduct regular support supervision to Pharmacy Schools
3.2.2. Provide curriculum and tutorial support to training institutions		3.2.2.1. Conduct regular support supervision to Pharmacy Schools	3.2.2.1. Conduct regular support supervision to Pharmacy Schools
3.2.3. Develop forward-thinking training initiatives that prepare pharmacists for emerging trends, such as personalized medicine, digital health, and advanced therapeutics.		3.2.2.2. Encourage the Pharmacy Schools to develop new curricula in emerging pharmacy specialty fields	3.2.2.2. Encourage the Pharmacy Schools to develop new curricula in emerging pharmacy specialty fields
3.2.4. Expanded opportunities for continuing education, workshops, certifications, and mentorship, enabling pharmacists to grow and adapt throughout their careers.		3.2.3.1. Encourage the Pharmacy Schools to develop new curricula in emerging pharmacy specialty fields	3.2.3.1. Encourage the Pharmacy Schools to develop new curricula in emerging pharmacy specialty fields
			3.2.3.2. Regularly engage experts to make presentations in emerging priority fields during CPD workshops
			3.2.4.1. Formalize the CPD points award scheme and improve the range of CPD opportunities offered to members.

Strategic Objectives	Outcomes	Strategic Interventions	Strategic Actions
Focus Area 4. Research and Innovation			
Strategic Objective 4: To advance research and innovation in pharmacy to support evidence-based care and promote import substitution through enhanced local medicine production.	4.1. Robust Research Programs led by PSU to investigate new treatments, drug formulations, and pharmacy practices tailored to Uganda's needs.	4.1.1. Transition the PSU into a center of excellence for pharmacy research, pharmaceutical technology and pharmacy services. 4.1.2. Support undergraduate and postgraduate research projects and placements 4.1.3. Solicit and execute grants from development partners, government and donors for projects and programs	4.1.1.1. Develop a PSU research agenda to guide research 4.1.1.2. Develop and implement a research and grants management policy 4.1.1.3. Develop IP policy with clear incentives to the innovators involved 4.1.2.1. Offer competitive research grants to innovative students. 4.1.2.2. Provide opportunities for research dissemination by students at AGMs and other forums 4.1.3.1. Maintain an updated list of credible grant awarding institutions 4.1.3.2. Establish a dedicated and motivated grant writing team
4.2. Enhanced Evidence-Based Care	4.2.1. Establish and maintain PSU presence in peer-reviewed international journals	4.1.4. Promote innovation and research in pharmaceuticals, pharmaceutical technology, medicinal chemistry, phytochemistry, pharmacy practice, and pharmacotherapeutics. 4.2.2. Integrate research findings into clinical practice for improved medication safety, effectiveness, and data-driven care.	4.1.4.1. Strengthen laboratory infrastructure at PSU. 4.1.4.2. Hire a trained laboratory technician to manage PSU laboratory 4.1.4.3. Constitute research teams in each of the core research themes 4.2.1.1. Encourage publication of all PSU-related research and professional development activities 4.2.1.2. Provide support in form of article processing charges (APCs) for accepted publications in high-impact journals 4.2.2.1. Include a clear knowledge translation strategy in the PSU research and grants management policy
4.3. Increased Local Medicine Production to Reduce Import Dependency	4.3.1. Develop, market and sell pharmaceutical products and healthcare digital solutions	4.3.1.1. Engage the research, innovation and grants committee (RIGC) to embrace and prioritize product-based innovative research. 4.3.1.2. Engage relevant partners to support marketing and sale of developed products and digital solutions	

Strategic Objectives	Outcomes	Strategic Interventions	Strategic Actions
Focus Area 5. Stakeholder Engagement			
Strategic Objective 5: To cultivate, maintain, and enhance strategic, mutually beneficial partnerships for sustained impact at local, regional and global levels.	5.1. Expanded Network of Partners including government agencies, healthcare organizations, and pharmaceutical companies, to broaden PSU's reach and influence. 5.2. Strengthened Collaboration through regular communication, joint projects, and shared goals, fostering trust and long-term commitment. 5.3. Increased access to funding, expertise, training, and technology through partnerships, enabling PSU to better support pharmacists and advance the profession.	5.1.1. Develop, establish and implement strategies, initiatives and mechanisms for stakeholder identification, engagement and management at national, regional and global levels 5.2.1. Establish and implement mechanisms for constructive engagement of the MoH and other national policy organs and government agencies	5.1.1.1. Establish a stakeholder engagement desk at the Secretariat. 5.1.1.2. Implement effective corporate communication strategies. 5.1.1.3. Sign strategic memorandums of understanding (MoUs) with key partners in areas of mutual interest. 5.2.1.1. Establish a stakeholder engagement desk at the Secretariat 5.2.1.2. Seek regular meetings with MoH top officials 5.2.1.3. Streamline communication to reflect corporate status 5.3.1.1. Compile a list of potential partners for joint grant writing. 5.2.1.2. Sign partnership MoUs to strengthen research collaboration 5.2.1.3. Appoint steering committees to spearhead key joint partnerships. 5.3.2.1. Develop list of credible funding organizations that align with PSU interests 5.3.2.2. Review research interests and align with PSU research theme

Strategic Objectives	Outcomes	Strategic Interventions	Strategic Actions
<p>Focus Area 6. Member Welfare</p> <p>Strategic Objective 6: To enhance member engagement, participation, and welfare for a thriving pharmacy community.</p>	<p>6.1. Increased Member Engagement and Participation in PSU Initiatives, strengthening impact.</p>	<p>6.1.1. Establish and implement mechanisms for facilitating pharmacist engagement and learning</p>	<p>6.1.1.1. Conduct regular online meetings with members.</p> <p>6.1.1.2. Conduct regular CPDs and webinars on topical issues.</p>
		<p>6.1.2. Streamline communication of PSU activities and events through various online platforms and website.</p>	<p>6.1.2.3. Involve members in decision-making processes via committees, taskforces, AGM planning, etc.</p> <p>6.1.2.1. Develop communications policy and strategy.</p> <p>6.1.2.2. Hire trained expert to manage PSU social platforms.</p>
		<p>6.1.3. Create and implement initiatives and mechanisms for enhancing active participation of members in PSU activities and plans</p>	<p>6.1.3.1. Organize regular online CPD engagements e.g. talks.</p>
		<p>6.1.4. Establish and implement advocacy strategies and mechanisms to secure and promote social protection and welfare of members.</p>	<p>6.1.3.2. Streamline communication for PSU activities</p> <p>6.1.4.1. Establish welfare program for members</p>
	<p>6.2. Improved Member Welfare Programs</p>	<p>6.2.1. Develop and implement support services to enhance members' well-being.</p>	<p>6.2.1.1. Establish mental health and counselling support services</p> <p>6.2.1.2. Provide regular career guidance</p>
	<p>6.3. Stronger Sense of Community</p>	<p>6.2.2. Enhance social protection and welfare of members maintaining gender equality while paying particular attention to those with disabilities.</p> <p>6.3.1. Establish and implement mechanisms for facilitating pharmacist to pharmacist engagement and learning.</p>	<p>6.2.2.1. Develop a disability, equity and inclusion (DEI) policy for PSU</p> <p>6.3.1.1. Encourage formation of online pharmacist forums centered on specializations, shared interests etc.</p> <p>6.3.1.2. Establish regional chapters for PSU.</p> <p>6.3.1.3. Plan social events for members and their families.</p> <p>6.3.1.4. Encourage formation of specialist associations and other forums</p>
	<p>6.4. Financial literacy and prudence</p>	<p>6.3.2. Establish and implement mechanisms for resolution of conflicts and disputes among members.</p> <p>6.4.1. Enhance members' financial literacy and prudence for personal financial stability.</p>	<p>6.3.2.1. Establish a conflict resolution policy</p> <p>6.3.2.2. Empower ethics committee to regularly sensitize members on professional conduct</p> <p>6.4.1.1. Provide advocacy support for PSU SACCO</p> <p>6.4.1.2. Organise training, workshops and virtual talks on financial literacy for pharmacists.</p> <p>6.4.1.3. Encourage development of courses on pharmacy entrepreneurship and business development.</p> <p>6.4.1.4. Sensitize members on intellectual property (IP) rights</p>



4. Strategic Plan Implementation

4.1. 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 rationalize 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

4.2. 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.



A number of tools and frameworks have been recommended or provided for the different stages in the implementation cycle of the strategic plan.

4.3. The Strategic Dash Board and Vital Signs Monitor

SN	Indicators	Baseline %-Est	Years					Target %
			1	2	3	4	5	
1	Mean proportion of members engaged in PSU-organized activities (CPDs, AGMs, Symposia)	40						60
2	Proportion of available public sector pharmaceutical positions occupied members annually	40						90
3	Proportion of community pharmacies providing the defined minimum package of pharmaceutical services-quarterly	10						60
4	Proportion of community pharmacies with a pharmacist employed on full-time	10						50
5	Proportion of revenue from alternative sources annual	20						50
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
9	Membership growth rate-annual	25						25
10	Proportion of annual income from competitive and non-competitive research grants-annual	20						40

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



5. Appendices/ Annexes

5.1. Budget forecast

Implementation of this Strategic Plan III 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.

Revenue source	Forecast in millions				
	2025/26	2026/27	2027/28	2028/29	2029/30
New Membership Fees	57	65	74	84	96
Member's Annual Subscription	1,317	1,501	1,711	1,951	2,224
Examinations	376	429	489	557	635
Reference Books and Branded Materials	215	245	280	319	363
Grants	140	175	210	300	350
Events and Activities	93	106	121	138	157
Consultancies	60	75	90	120	150
Trade in property/assets	12	14	16	18	20
Miscellaneous	60	80	90	100	100
Total Forecast	2,330	2,690	3,081	3,587	4,095
Total forecast expenditure	1,724	1,990	2,280	2,654	3,030
Savings	606	700	801	933	1,065
Revenue source	Forecasted proportions of the revenue sources				
	2025/26	2026/27	2027/28	2028/29	2029/30
New Membership Fees	2%	2%	2%	2%	2%
Member's Annual Subscription	57%	56%	56%	54%	54%
Examinations	16%	16%	16%	16%	16%
Reference Books and Branded Materials	9%	9%	9%	9%	9%
Grants	6%	7%	7%	8%	9%
Events and Activities	4%	4%	4%	4%	4%
Consultancies	3%	3%	3%	3%	4%
Trade in property/assets	1%	1%	1%	1%	0%
Miscellaneous	3%	3%	3%	3%	2%
Total	100%	100%	100%	100%	100%

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									



5.3. Results Matrix

Objective	Actions	Outputs	Indicators	Baseline	Target	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
Objective 1: To strengthen leadership, governance and accountability systems of PSU for effective management and administration.										
	1.1.1.1. Engage an expert for training of council and its committee members on corporate governance.	Council and committee members trained on corporate governance.	Proportion of council members trained	40%	100%	100%	100%	100%	100%	100%
			Proportion of committee members trained	10%	100%	100%	100%	100%	100%	100%
	1.1.2.1. Engage standards and compliance committee (SCC) to draft policy documents and bylaws	Relevant policy documents and bylaws developed and approved by Council	Availability of approved documents	n/a	n/a					
	1.1.3.1. Engage an expert for training on Financial Management	PSU council members, relevant committee members and staff trained on financial management	Proportion of council members trained	40%	100%	40%	100%	100%	100%	100%
			Proportion of relevant committee members trained	10%	100%	10%	100%	100%	100%	100%
			Proportion of staff trained	20%	100%	10%	100%	100%	100%	100%
	1.2.1.1. Engage the Building and Estates Committee (BEC) to initiate Phase 2B of the Pharmacy House	Phase 2B of Pharmacy House initiated	Availability of an approved and signed contract with the contractor	n/a	Done	Done	Done	Done	Done	Done
	1.2.1.2. Adequate maintenance of PSU assets including Namuwongo House	A refurbished and well-maintained PSU properties	Availability of furnished properties	n/a	Done	Done	Done	Done	Done	Done
	1.2.2.1. Engage standards and compliance committee (SCC) to draft PSU investment policy	A PSU investment policy developed and approved by Council	Availability of approved policy	n/a	Done	Done	Done	Done	Done	Done

Objective	Actions	Outputs	Indicators	Baseline	Target	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
	1.2.3.1. Engage research, innovation and grants committee (RIGC) to create a profile of consultancy services that PSU can offer.	A standard list of specialized consultancy services developed and approved by Council	Availability of approved specialized consultancy services	n/a	Done	Done	Done	Done	Done	Done
	1.2.4.1. Engage RIGC to create a database of credible funding organizations.	A database of credible funding organizations created and approved by Council	Availability of database	n/a	Done	Done	Done	Done	Done	Done
	1.2.4.2. Establish a team of dedicated and motivated grant writers.	A team of dedicated grant writers created	Availability of grant-writing team	n/a	Done	Done	Done	Done	Done	Done
	1.2.5.1. Create a robust ICT system of tracking subscription fee payments in real time.	A robust ICT system of tracking subscription fee payments created and operationalized	Availability of the system	n/a	Done	Done	Done	Done	Done	Done
	1.2.6.1. Create a yearly planner for all key fundraising events	A yearly planner for all key fundraising events created	Availability of the planner	n/a	Done	Done	Done	Done	Done	Done
	1.3.1.1. Engage Standards and Compliance Committee (SCC) to develop trackers for the strategic plan.	Strategic plan trackers developed and approved by the Council	Availability of strategic plan trackers	n/a	Done	Done	Done	Done	Done	Done
	1.3.1.2. Ensure SCC provides quarterly reports on Strategic Plan implementation to Council.	Quarterly reports on Strategic Plan implementation provided to Council	Number of reports submitted annually	n/a	4	4	4	4	4	4
	1.3.2.1. Engage Administration and Finance Committee (AFC) to provide quarterly reports on PSU's financial position	Quarterly reports on PSU's financial position provided to Council	Number of reports submitted annually	n/a	4	4	4	4	4	4

Objective	Actions	Outputs	Indicators	Baseline	Target	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
	1.3.2.2. Strengthen internal audit mechanisms and ensure quarterly reports are critically discussed	Internal audit mechanisms strengthened	Number of audit reports submitted and discussed by Council	n/a	4	4	4	4	4	4
	1.3.3.1. Engage Administration and Finance Committee (AFC) to create a robust system for planning, budgeting, reporting and quality improvement.	A robust system for planning, budgeting, reporting and quality improvement developed and approved by Council	An approved planning, budgeting, reporting and quality improvement system in place and operational	n/a	4	4	4	4	4	4
	1.3.4.1. Hire an expert to digitize all pending core PSU activities at the Secretariat	All pending core PSU functions digitized	Availability of PSU digitalized services	n/a	Done	Done	Done	Done	Done	Done
	1.3.5.1. Engage an expert to train PSU Council on legal, policy and risk management	Council and committee members trained on legal, policy and risk management.	Proportion of Council members trained	40%	100%	100%	100%	100%	100%	100%
			Proportion of committee members trained	10%	100%	100%	100%	100%	100%	100%
Objective 2: To enhance the practice of pharmacy in Uganda by adopting cutting-edge innovations and advancements while maintaining the highest standards of professionalism and ethical conduct.										
	2.1.1.1. Task the Education and Professional Development Committee (EPDC) to review and update the Pharmacist Career Path document	Pharmacist career path handbook reviewed, updated and approved by Council	Availability of an approved career path handbook	n/a	Done	Done	Done	Done	Done	Done
	2.1.1.2. Review the list of specialized pharmacy services and trainings required	An approved list of specialized pharmacy services	Published list of the approved services	n/a	Done	Done	Done	Done	Done	Done

Objective	Actions	Outputs	Indicators	Baseline	Target	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
	2.1.1.3. Conduct CPD trainings for members interested in offering specialized services.	A trained pharmacy workforce offering specialized services	Number of specialized pharmacists trained	10%*	60%*	20%	30%	40%	50%	60%
	2.2.1.1. Engage SCC to review the pharmacy practice standards.	An approved publication of minimum pharmacy practice standards for various practice areas	Availability of published minimum pharmacy practice standards	n/a	Done	Done	Done	Done	Done	Done
	2.2.2.1. Engage AFC to identify relevant stakeholders for engagement	Stakeholders relevant to PSU identified and engaged	Number of MoUs signed	n/a	Done	Done	Done	Done	Done	Done
	2.2.2.2. Review current regulatory mechanisms and identify gaps for necessary action	Key gaps in current regulatory mechanisms identified	Number of reports generated	n/a	Done	Done	Done	Done	Done	Done
	2.2.3.1. Engage members to adopt provision of specialized pharmacy services at their premises	Specialized pharmacy services adopted in community pharmacies	Proportion of pharmacies offering specialized services	10%*	60%*	20%	30%	40%	50%	60%
	2.2.4.1. Engage the dispensers on the services to integrate into mainstream pharmacy practice	Pharmacy technician services integrated into pharmacy practice	Number of services integrated	30%*	80%*	40%	50%	60%	70%	80%
	2.3.1.1. Engage Ethics Committee to review and update the current Code of Conduct	Pharmacist Code of Conduct updated	Availability of an updated and approved code of conduct	n/a	Done	Done	Done	Done	Done	Done
	2.3.2.1. Engage EPDC and Ethics Committee to organize CPDs on principles of ethical conduct, with relevant scenarios, for members	PSU members re-trained on ethical conduct	Proportion of PSU members trained	n/a	90%	50%	60%	70%	80%	90%

Objective	Actions	Outputs	Indicators	Baseline	Target	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
	2.4.1.1. Engage EPDC to organize online CPDs for members in various core areas of pharmacy practice	Members trained and equipped in pharmacy practice through online CPDs	Proportion of members trained through online CPDs	40%	90%	50%	60%	70%	80%	90%
	2.4.1.2. Encourage members to register and attend CPDs from partner organizations such as CPA and FIP.	Members trained and equipped in pharmacy practice through partner CPDs	Proportion of PSU members with CPD certificates from partner organizations	20%	70%	30%	40%	50%	60%	70%
	2.4.2.1. Engage SCC to develop guidelines for certification and accreditation for non-traditional pharmacy services	Proposal developed and approved by Council	Availability of an approved proposal	n/a	Done	Done	Done	Done	Done	Done
	2.4.2.2. Develop list of non-traditional pharmacy services to be considered for the certification	List of non-traditional pharmacy services developed	Availability of an approved list of services	n/a	Done	Done	Done	Done	Done	Done
	2.5.1.1. Engage SCC to develop proposals for improving quality of services	Guidelines for service quality improvement developed and approved by Council	Availability of approved guidelines	n/a	Done	Done	Done	Done	Done	Done
	2.5.2.1. Engage SCC to develop proposals for increasing access to pharmacy services	Guidelines for increasing access to pharmacy services developed and approved	Availability of approved guidelines	n/a	Done	Done	Done	Done	Done	Done
Objective 3: To enhance the training and professional development of pharmacists to align with market demands, contemporary standards, and future needs.										
	3.1.1.1. Engage the Internship Committee to work closely with UMIC for adequate internship support	Close working relations between UMIC and PSU	Number of joint engagements per year	n/a	6	6	6	6	6	6

Objective	Actions	Outputs	Indicators	Baseline	Target	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
	3.1.2.1. Develop and disseminate minimum standards and guidelines for all personnel training pharmacy students	Minimum standards and guidelines for persons who train pharmacy students developed	Availability of minimum standards and guidelines	n/a	Done	Done	Done	Done	Done	Done
		PSU examinations reviewed and updated	Availability of updated guidelines approved by Council	n/a	Done	Done	Done	Done	Done	Done
	3.2.1.1. Increase the engagement of Pharmacy Schools in PSU projects and activities	Increased engagement of pharmacy schools in PSU projects	Number of joint projects between PSU and the pharmacy schools	n/a	10	2	4	6	8	10
		New specialty curricula developed in emerging pharmacy fields	Number of new curricula developed	5	20	5	10	15	20	20
	3.2.3.1. Regularly engage experts to make presentations in emerging priority fields during CPD workshops	Specialty CPDs in pharmacy priority fields organized	Number of CPDs held annually	4	12	12	12	12	12	12
		Proportion of pharmacists trained	Proportion of pharmacists trained	30%*	80%	40%	50%	60%	70%	80%
3.2.4.1. Revamp the CPD points award scheme and improve the range of CPD opportunities offered to members.	PSU's CPD guidelines and points award scheme formalized	Availability of CPD guidelines and points award scheme approved by Council	n/a	Done	Done	Done	Done	Done	Done	
	Objective 4: To advance research and innovation in pharmacy to support evidence-based care and promote import substitution through enhanced local medicine production.									
4.1.1.1. Develop a PSU research agenda to guide research	PSU research agenda developed	Availability of an approved research agenda	n/a	Done	Done	Done	Done	Done	Done	
	PSU research and grants management policy developed	Availability of an approved research and grants management policy	n/a	Done	Done	Done	Done	Done	Done	

Objective	Actions	Outputs	Indicators	Baseline	Target	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
	4.2.1.1. Increase publication of all PSU-related research and professional development activities	PSU-affiliated publications increased	Number of PSU-affiliated publications	3	30	5	10	15	20	30
	4.2.1.2. Provide support in form of article processing charges (APCs) for accepted publications in high-impact journals	APC costs included in the approved PSU budget	Availability of budget line for APCs	n/a	Done	Done	Done	Done	Done	Done
	4.2.2.1. Include a clear knowledge translation (KT) strategy in the PSU research and grants management policy	A clear KT strategy included in PSU research and grants management policy	Availability of KT strategy in the policy	n/a	Done	Done	Done	Done	Done	Done
	4.3.1.1. Prioritize and promote product-based innovative research	Product-based innovative research prioritized and promoted	Number of product-based innovations supported per year	n/a	5	0	2	5	5	5
	4.3.1.2. Develop a robust market strategy for innovated products and digital solutions	Robust market strategy for innovated products and digital solutions developed and implemented	Availability of clear and operational market strategy	n/a	Done	Done	Done	Done	Done	Done
Objective 5: To cultivate, maintain, and enhance strategic, mutually beneficial partnerships for sustained impact at local, regional and global levels.										
	5.1.1.1. Establish a stakeholder engagement desk at the Secretariat.	A stakeholder desk established at Secretariat	Availability of a manned desk	n/a	Done	Done	Done	Done	Done	Done
	5.1.1.2. Sign strategic memorandums of understanding (MoUs) with key partners in areas of mutual interest	Strategic MoUs with key partners signed	Number of MoUs signed	n/a	10	2	4	6	8	10

Objective	Actions	Outputs	Indicators	Baseline	Target	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	
	5.2.1.1. Hold regular meetings with MoH top officials	Regular meetings with MoH top officials held	Number of meetings held	n/a	4	2	4	4	4	4	
	5.2.1.2. Streamline communication to reflect corporate status	Communication policy developed	Availability of an approved policy	n/a	Done	Done	Done	Done	Done	Done	
	5.3.1.1. Compile a list of potential partners for joint grant writing	List of potential grant-writing partners compiled	Availability of the list	n/a	Done	Done	Done	Done	Done	Done	
	5.2.1.2. Sign partnership MoUs to strengthen research collaboration	Research MoUs with key partners signed	Number of MoUs signed	n/a	10	2	4	6	8	10	
	5.2.1.3. Appoint steering committees to spearhead key joint partnerships.	Research steering committees appointed	Availability of committees	n/a	Done	Done	Done	Done	Done	Done	
	5.3.2.1. Review research interests and align with PSU research theme	List of research topics developed within approved themes	Availability of research topics	n/a	Done	Done	Done	Done	Done	Done	
	5.3.2.2. Write and submit strong research grant applications to attract funding	Fundable research grant applications written and submitted	Number of applications submitted	4	20	5	10	15	20	20	
			Proportion of grant applications funded	10%	30%	10%	15%	20%	25%	30%	
	Objective 6: To enhance member engagement, participation, and welfare for a thriving pharmacy community.										
		6.1.1.1. Conduct regular online meetings with members.	Increased member engagement	Number of meetings held	n/a	4	4	4	4	4	4
6.1.1.2. Conduct regular CPDs and webinars on topical issues.		Increased professional development for members	Number of CPDs organized per year	4	12	6	8	10	12	12	

Objective	Actions	Outputs	Indicators	Baseline	Target	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
	6.1.2.3. Involve members in decision-making processes via committees, taskforces, AGM planning, etc.	Increased involvement of members in PSU events	Proportion of members participating in PSU events	10%	80%	20%	40%	60%	80%	80%
	6.1.2.1. Develop a communications policy and strategy for members	A communications policy and strategy developed	Availability of the policy	n/a	Done	Done	Done	Done	Done	Done
	6.1.2.2. Hire a trained expert to manage PSU social platforms.	An ICT personnel hired to run PSU social media platforms	Availability of the hired person	n/a	Done	Done	Done	Done	Done	Done
	6.1.3.1. Establish social protection and welfare programs for members	A social protection and welfare program established for PSU members	Availability of a social protection and welfare program for members	n/a	Done	Done	Done	Done	Done	Done
	6.2.1.1. Establish mental health and counselling support services	Mental wellness and support services established	Availability of a mental wellness and support program	n/a	Done	Done	Done	Done	Done	Done
	6.2.1.2. Provide regular career guidance to members especially the new members	Regular career guidance provided to members	Proportion of new members offered career guidance sessions	10%	80%	20%	40%	60%	80%	80%
	6.2.2.1. Develop a disability, equity and inclusion (DEI) policy for PSU	A DEI policy developed and in force	Availability of an approved DEI policy	n/a	Done	Done	Done	Done	Done	Done
	6.3.1.1. Encourage formation of online pharmacist forums centered on specializations, shared interests etc.	Online pharmacist forums created	Number of online pharmacist forums created	n/a	10	2	5	8	10	10
	6.3.1.2. Establish regional chapters for PSU.	Regional PSU chapters established	Number of regional chapters created and functional	n/a	5	3	5	5	5	5

Objective	Actions	Outputs	Indicators	Baseline	Target	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
	6.3.1.3. Plan social events for members and their families.	Family-friendly events created for members	Number of events held per year	n/a	2	1	2	2	2	2
	6.3.2.1. Establish a conflict resolution policy	A conflict resolution policy established	Availability of a functional policy approved by Council	n/a	Done	Done	Done	Done	Done	Done
	6.3.2.2. Empower ethics committee to regularly sensitize members on professional conduct	Members regularly sensitized on professional conduct	Proportion of PSU members sensitized on professional conduct	30%	90%	50%	60%	70%	80%	90%
	6.4.1.1. Provide advocacy support for PSU SACCO	Advocacy support for PSU SACCO provided on PSU platforms	Proportion of new members sensitized about the SACCO	10%	90%	50%	60%	70%	80%	90%
	6.4.1.2. Organise training, workshops and virtual talks on financial literacy for pharmacists.	Financial literacy training conducted	Proportion of members trained on financial literacy	40%	90%	50%	60%	70%	80%	90%
	6.4.1.3. Encourage universities to develop courses on pharmacy entrepreneurship and business development.	Courses on pharmacy entrepreneurship and business development developed	Proportion of members trained in relevant course	30%	90%	50%	60%	70%	80%	90%
	6.4.1.4. Sensitize members on intellectual property (IP) rights	Members sensitized on IP rights	Proportion of members sensitized	10%	90%	50%	60%	70%	80%	90%

5.4. 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.

Actions	Outputs	Indicators	Baseline	Target	Data Source	Method of data collection	Frequency	Responsibility
Objective 1: To strengthen leadership, governance and accountability systems of PSU for effective management and administration.								
1.1.1.1. Engage an expert for training of council and its committee members on corporate governance.	Council and committee members trained on corporate governance.	Proportion of council members trained	40%	100%	Annual report	Desk review	Annually	Secretariat
1.1.2.1. Engage standards and compliance committee (SCC) to review and update policy documents and bylaws	Relevant policy documents and bylaws developed and approved by Council	Proportion of committee members trained	10%	100%	Annual report	Desk review	Annually	Secretariat
1.1.3.1. Engage an expert for training on Financial Management	PSU council members, relevant committee members and staff trained on financial management	Availability of approved documents	n/a	n/a	Council minutes	Desk review	Once	SCC
1.2.1.1. Engage the Building and Estates Committee (BEC) to initiate Phase 2B of the Pharmacy House	Phase 2B of Pharmacy House initiated	Proportion of council members trained	40%	100%	Annual report	Desk review	Annually	Secretariat
1.2.1.2. Adequate maintenance of PSU assets including Namuwongo House	A refurbished and well-maintained PSU properties	Proportion of relevant committee members trained	10%	100%	Annual report	Desk review	Annually	Secretariat
		Proportion of staff trained	20%	100%	Annual report	Desk review	Annually	Secretariat
		Availability of an approved and signed contract with the contractor	n/a	n/a	Council minutes	Desk review	Once	BEC
		Availability of furnished properties	n/a	Done	Annual report	Site inspection	Once	BEC

Actions	Outputs	Indicators	Baseline	Target	Data Source	Method of data collection	Frequency	Responsibility
1.2.2.1. Engage standards and compliance committee (SCC) to draft PSU investment policy	A PSU investment policy developed and approved by Council	Availability of approved policy	n/a	Done	Council minutes	Desk review	Once	WC
1.2.3.1. Engage research, innovation and grants committee (RIGC) to create a profile of consultancy services that PSU can offer.	A standard list of specialized consultancy services developed and approved by Council	Availability of approved specialized consultancy services	n/a	Done	Council minutes	Desk review	Once	RIGC
1.2.4.1. Engage RIGC to create a database of credible funding organizations.	A database of credible funding organizations created and approved by Council	Availability of database	n/a	Done	Council minutes	Desk review	Once	RIGC
1.2.4.2. Establish a team of dedicated and motivated grant writers.	A team of dedicated grant writers created	Availability of grant-writing team	n/a	Done	Council minutes	Desk review	Once	RIGC
1.2.5.1. Create a robust ICT system of tracking subscription fee payments in real time.	A robust ICT system of tracking subscription fee payments created and operationalized	Availability of the system	n/a	Done	Council minutes	Desk review	Once	AFC
1.2.6.1. Create a yearly planner for all key fundraising events	A yearly planner for all key fundraising events created	Availability of the planner	n/a	Done	Council minutes	Desk review	Once	Secretariat
1.3.1.1. Engage Standards and Compliance Committee (SCC) to develop trackers for the strategic plan.	Strategic plan trackers developed and approved by the Council	Availability of strategic plan trackers	n/a	Done	Council minutes	Desk review	Once	SCC

Actions	Outputs	Indicators	Baseline	Target	Data Source	Method of data collection	Frequency	Responsibility
1.3.1.2. Ensure SCC provides quarterly reports on Strategic Plan implementation to Council.	Quarterly reports on Strategic Plan implementation provided to Council	Number of reports submitted annually	n/a	4	Quarterly reports	Desk review	Quarterly	Secretariat
1.3.2.1. Engage Administration and Finance Committee (AFC) to provide quarterly reports on PSU's financial position	Quarterly reports on PSU's financial position provided to Council	Number of reports submitted annually	n/a	4	Quarterly reports	Desk review	Quarterly	Secretariat
1.3.2.2. Strengthen internal audit mechanisms and ensure quarterly reports are critically discussed	Internal audit mechanisms strengthened	Number of audit reports submitted and discussed by Council	n/a	4	Quarterly reports	Desk review	Quarterly	Secretariat
1.3.3.1. Engage Administration and Finance Committee (AFC) to create a robust system for planning, budgeting, reporting and quality improvement.	A robust system for planning, budgeting, reporting and quality improvement developed and approved by Council	An approved planning, budgeting, reporting and quality improvement system in place and operational	n/a	Done	Council minutes	Desk review	Once	AFC
1.3.4.1. Hire an expert to digitize all pending core PSU activities at the Secretariat	All pending core PSU functions digitized	Availability of PSU digitalized services	n/a	Done	Council minutes	Desk review	Once	AFC
1.3.5.1. Engage an expert to train PSU Council on legal, policy and risk management	Council and committee members trained on legal, policy and risk management.	Proportion of Council members trained	40%	100%	Annual report	Desk review	Annually	Secretariat
		Proportion of committee members trained	10%	100%	Annual report	Desk review	Annually	Secretariat

Actions	Outputs	Indicators	Baseline	Target	Data Source	Method of data collection	Frequency	Responsibility
Objective 2: To enhance the practice of pharmacy in Uganda by adopting cutting-edge innovations and advancements while maintaining the highest standards of professionalism and ethical conduct.								
2.1.1.1. Task the Education and Professional Development Committee (EPDC) to review and update the Pharmacist Career Path document	Pharmacist career path handbook reviewed, updated and approved by Council	Availability of an approved career path handbook	n/a	Done	Council minutes	Desk review	Once	EPDC
2.1.1.2. Review the list of specialized pharmacy services and trainings required	An approved list of specialized pharmacy services	Published list of the approved services	n/a	Done	Council minutes	Desk review	Once	EPDC
2.1.1.3. Conduct CPD trainings for members interested in offering specialized services.	A trained pharmacy workforce offering specialized services	Proportion of pharmacists trained on specialized service delivery	10%*	60%*	Survey data	Survey	Annually	EPDC
2.2.1.1. Engage SCC to review the pharmacy practice standards.	An approved publication of minimum pharmacy practice standards for various practice areas	Availability of published minimum pharmacy practice standards	n/a	Done	Council minutes	Desk review	Once	SCC
2.2.2.1. Engage AFC to identify relevant stakeholders for engagement	Stakeholders relevant to PSU identified and engaged	Availability of documented list of relevant stakeholders	n/a	Done	Council minutes	Desk review	Once	AFC
2.2.2.2. Review current regulatory mechanisms and identify gaps for necessary action	Key gaps in current regulatory mechanisms identified	Availability of reports on current regulatory mechanisms	n/a	Done	Council minutes	Desk review	Once	SCC

Actions	Outputs	Indicators	Baseline	Target	Data Source	Method of data collection	Frequency	Responsibility
2.2.3.1. Engage members to adopt provision of specialized pharmacy services at their premises	Specialized pharmacy services adopted in community pharmacies	Proportion of pharmacies offering specialized services	10%*	60%*	Survey data	Survey	Annually	RIGC
2.2.4.1. Engage the dispensers on the services to integrate into mainstream pharmacy practice	Pharmacy technician services integrated into pharmacy practice	Proportion of pharmacies with a pharmacy technician	30%*	80%*	Survey data	Survey	Annually	RIGC
2.3.1.1. Engage Ethics Committee to review and update the current Code of Conduct	Pharmacist Code of Conduct updated	Availability of an updated and approved code of conduct	n/a	Done	Council minutes	Desk review	Once	AFC
2.3.2.1. Engage EPDC and Ethics Committee to organize CPDs on principles of ethical conduct, with relevant scenarios, for members	PSU members re-trained on ethical conduct	Proportion of PSU members re-trained	n/a	90%	Annual report	Desk review	Annually	EPDC
2.4.1.1. Engage EPDC to organize online CPDs for members in various core areas of pharmacy practice	Members trained and equipped in pharmacy practice through online CPDs	Proportion of members trained through online CPDs	40%	90%	Annual report	Desk review	Annually	Secretariat
2.4.1.2. Encourage members to register and attend CPDs from partner organizations such as CPA and FIP.	Members trained and equipped in pharmacy practice through partner CPDs	Proportion of PSU members with at least a CPD certificate from partner organizations	20%	70%	Annual report	Desk review	Annually	Secretariat

Actions	Outputs	Indicators	Baseline	Target	Data Source	Method of data collection	Frequency	Responsibility
2.4.2.1. Engage SCC to develop guidelines for certification and accreditation for non-traditional pharmacy services	Proposal developed and approved by Council	Availability of an approved proposal	n/a	Done	Council minutes	Desk review	Once	SCC
2.4.2.2. Develop list of non-traditional pharmacy services to be considered for the certification	List of non-traditional pharmacy services developed	Availability of an approved list of services	n/a	Done	Council minutes	Desk review	Once	RIGC
2.5.1.1. Engage SCC to develop proposals for improving quality of services	Guidelines for service quality improvement developed and approved by Council	Availability of approved guidelines	n/a	Done	Council minutes	Desk review	Once	SCC
2.5.2.1. Engage SCC to develop proposals for increasing access to pharmacy services	Guidelines for increasing access to pharmacy services developed and approved	Availability of approved guidelines	n/a	Done	Council minutes	Desk review	Once	SCC
Objective 3: To enhance the training and professional development of pharmacists to align with market demands, contemporary standards, and future needs.								
3.1.1.1. Engage the Internship Committee to work closely with UMIC for adequate internship support	Close working relations between UMIC and PSU	Number of joint engagements per year	n/a	6	Annual report	Desk review	Annually	Secretariat
3.1.2.1. Develop and disseminate minimum standards and guidelines for all personnel training pharmacy students	Minimum standards and guidelines for persons who train pharmacy students developed	Availability of minimum standards and guidelines	n/a	n/a	Council minutes	Desk review	Once	EPDC

Actions	Outputs	Indicators	Baseline	Target	Data Source	Method of data collection	Frequency	Responsibility
3.1.3.1. Fast-track the review and update of the PSU examinations guidelines	PSU examinations guidelines reviewed and updated	Availability of updated guidelines approved by Council	n/a	n/a	Council minutes	Desk review	Once	EPDC
3.2.1.1. Increase the engagement of Pharmacy Schools in PSU projects and activities	Increased engagement of pharmacy schools in PSU projects	Number of joint projects between PSU and the pharmacy schools	n/a	10	Annual report	Desk review	Annually	Secretariat
3.2.2.1. Support Pharmacy Schools to develop new curricula in emerging pharmacy speciality fields	New speciality curricula developed in emerging pharmacy fields	Number of new curricula developed	5	20	Annual report	Desk review	Annually	EPDC
3.2.3.1. Regularly engage experts to make presentations in emerging priority fields during CPD workshops	Specialty CPDs in pharmacy priority fields organized	Number of CPD sessions held per year	4	12	Annual report	Desk review	Annually	EPDC
		Proportion of pharmacists trained	30%*	80%	Annual report	Desk review	Annually	EPDC
3.2.4.1. Revamp the CPD points award scheme and improve the range of CPD opportunities offered to members.	PSU's CPD guidelines and points award scheme formalized	Availability of CPD guidelines and points award scheme approved by Council	n/a	Done	Council minutes	Desk review	Once	EPDC

Actions	Outputs	Indicators	Baseline	Target	Data Source	Method of data collection	Frequency	Responsibility
Objective 4: To advance research and innovation in pharmacy to support evidence-based care and promote import substitution through enhanced local medicine production.								
4.1.1.1. Develop a PSU research agenda to guide research	PSU research agenda developed	Availability of an approved research agenda	n/a	Done	Council minutes	Desk review	Once	RIGC
4.1.1.2. Develop and implement a research and grants management policy	PSU research and grants management policy developed	Availability of an approved research and grants management policy	n/a	Done	Council minutes	Desk review	Once	RIGC
4.1.1.3. Develop an intellectual property (IP) policy with clear incentives to the innovators involved	PSU IP policy developed	Availability of an approved IP policy	n/a	Done	Council minutes	Desk review	Once	RIGC
4.1.2.1. Setup a micro research grants scheme to prove small competitive grants to innovative pharmacy students.	A micro research grants scheme set up for innovative students	Availability of an approved scheme Number of micro research grants awarded annually	n/a n/a	Done 5	Council minutes Annual report	Desk review Desk review	Once Annually	RIGC RIGC
4.1.2.2. Provide opportunities for research dissemination by students at AGMs and other forums	Guideline for student research dissemination at PSU CPDs/AGMs developed	Number of accepted student research abstracts	n/a	5	Annual report	Desk review	Annually	EPDC
4.1.3.1. Maintain an updated list of credible grant awarding institutions	List of credible grant awarding institutions developed and posted on PSU website	Availability of an updated list of credible grant awarding institutions	n/a	Done	Council minutes	Desk review	Once	RIGC
4.1.3.2. Establish dedicated and motivated grant writing teams	Dedicated grant writing teams established	Number of grant applications submitted	2	10	Annual report	Desk review	Annually	RIGC

Actions	Outputs	Indicators	Baseline	Target	Data Source	Method of data collection	Frequency	Responsibility
4.1.4.1. Strengthen laboratory infrastructure at PSU	PSU laboratory infrastructure strengthened	Number of complete laboratory test services available	5	50	Annual report	Desk review	At any time	Secretariat
4.1.4.2. Hire a trained laboratory technician to manage PSU laboratory	A lab technician hired to manage the lab	Availability of hired staff	n/a	Done	Annual report	Desk review	Once	AFC
4.1.4.3. Constitute research teams in each of the core research themes	Research teams constituted in each of the core themes	Availability of research teams	n/a	Done	Annual report	Desk review	Once	AFC
4.2.1.1. Increase publication of all PSU-related research and professional development activities	PSU-affiliated publications increased	Number of PSU-affiliated manuscripts published annually	3	30	Annual report	Desk review	Annually	RIGC
4.2.1.2. Provide support in form of article processing charges (APCs) for accepted publications in high-impact journals	APC costs included in the approved PSU budget	Availability of budget line for APCs	n/a	Done	Annual report	Desk review	Once	AFC
4.2.2.1. Include a clear knowledge translation (KT) strategy in the PSU research and grants management policy	A clear KT strategy included in PSU research and grants management policy	Availability of KT strategy in the policy	n/a	Done	Council minutes	Desk review	Once	RIGC

Actions	Outputs	Indicators	Baseline	Target	Data Source	Method of data collection	Frequency	Responsibility
4.3.1.1. Prioritize and promote product-based innovative research	Product-based innovative research prioritized and promoted	Number of product-based innovations supported annually	n/a	5	Annual report	Desk review	Annually	Secretariat
4.3.1.2. Develop a robust market strategy for innovated products and digital solutions	Robust market strategy for innovated products and digital solutions developed and implemented	Availability of clear and operational market strategy	n/a	Done	Council minutes	Desk review	Once	RIGC
Objective 5: To cultivate, maintain, and enhance strategic, mutually beneficial partnerships for sustained impact at local, regional and global levels.								
5.1.1.1. Establish a stakeholder engagement desk at the Secretariat.	A stakeholder desk established at Secretariat	Availability of a manned desk	n/a	Done	Annual report	Desk review	Once	Secretariat
5.1.1.2. Sign strategic memorandums of understanding (MoUs) with key partners in areas of mutual interest	Strategic MoUs signed with key partners	Number of new MoUs signed	n/a	10	Annual report	Desk review	Annually	Secretariat
5.2.1.1. Hold regular meetings with MoH top officials	Regular meetings held with MoH top officials	Number of formal meetings held on matters of mutual interest	n/a	4	Annual report	Desk review	Annually	Secretariat
5.2.1.2. Streamline communication to reflect corporate status	Communication policy developed	Availability of an approved policy	n/a	n/a	Council minutes	Desk review	Once	SCC
5.3.1.1. Compile a list of potential partners for joint grant writing	List of potential grant-writing partners compiled	Availability of the list	n/a	n/a	Council minutes	Desk review	Once	RIGC
5.2.1.2. Sign partnership MoUs to strengthen research collaboration	Research MoUs with key partners signed	Number of new MoUs signed	n/a	10	Annual report	Desk review	Annually	Secretariat

Actions	Outputs	Indicators	Baseline	Target	Data Source	Method of data collection	Frequency	Responsibility
5.2.1.3. Appoint steering committees to spearhead key joint partnerships.	Research steering committees appointed	Availability of committees	n/a	n/a	Council minutes	Desk review	Once	Secretariat
5.3.2.1. Review research interests and align with PSU research theme	List of research topics developed within approved themes	Availability of research topics	n/a	n/a	Council minutes	Desk review	Once	RIGC
5.3.2.2. Write and submit strong research grant applications to attract funding	Strong, fundable research grant applications written and submitted	Number of grant applications submitted	4	20	Annual report	Desk review	Annually	RIGC
		Proportion of grant applications funded	10%	30%	Annual report	Desk review	Annually	RIGC
Objective 6: To enhance member engagement, participation, and welfare for a thriving pharmacy community.								
6.1.1.1. Conduct regular online meetings with members.	Increased member engagement	Number of virtual meetings held annually	n/a	4	Annual report	Desk review	Annually	Secretariat
6.1.1.2. Conduct regular CPDs and webinars on topical issues.	Increased professional development for members	Number of CPD sessions held per year	4	12	Annual report	Desk review	Annually	EPDC
6.1.2.3. Involve members in decision-making processes via committees, taskforces, AGM planning, etc.	Increased involvement of members in PSU events	Proportion of members participating in PSU events	10%	80%	Annual report	Desk review	Annually	Secretariat
6.1.2.1. Develop a communications policy and strategy for members	A communications policy and strategy developed	Availability of the policy	n/a	Done	Council minutes	Desk review	Once	AFC

Actions	Outputs	Indicators	Baseline	Target	Data Source	Method of data collection	Frequency	Responsibility
6.1.2.2. Hire a trained expert to manage PSU social platforms.	An ICT personnel hired to run PSU social media platforms	Availability of the hired person	n/a	Done	Council minutes	Desk review	Once	Secretariat
6.1.3.1. Establish social protection and welfare programs for members	A social protection and welfare program established for PSU members	Availability of a social protection and welfare program for members	n/a	Done	Council minutes	Desk review	Once	Welfare committee
6.2.1.1. Establish mental health and counselling support services	Mental wellness and support services established	Availability of a mental wellness and support program	n/a	Done	Council minutes	Desk review	Once	Welfare committee
6.2.1.2. Provide regular career guidance to members especially the new members	Regular career guidance provided to members	Proportion of new members offered career guidance sessions	10%	80%	Annual report	Desk review	Annually	Secretariat
6.2.2.1. Develop a disability, equity and inclusion (DEI) policy for PSU	A DEI policy developed and in force	Availability of an approved DEI policy	n/a	Done	Council minutes	Desk review	Once	Welfare committee
6.3.1.1. Encourage formation of online pharmacist forums centered on specializations, shared interests etc.	Online pharmacist forums with special interests created	Number of online pharmacist forums created	n/a	10	Annual report	Desk review	Annually	Secretariat
6.3.1.2. Establish regional chapters for PSU.	Regional PSU chapters established	Number of regional chapters created and functional	n/a	5	Annual report	Desk review	Annually	Secretariat
6.3.1.3. Plan social events for members and their families.	Family-friendly events created for members	Number of events held per year	n/a	2	Annual report	Desk review	Annually	Secretariat

Actions	Outputs	Indicators	Baseline	Target	Data Source	Method of data collection	Frequency	Responsibility
6.3.2.1. Establish a conflict resolution policy	A conflict resolution policy established	Availability of a functional policy approved by Council	n/a	Done	Council minutes	Desk review	Once	Ethics committee
6.3.2.2. Empower ethics committee to regularly sensitize members on professional conduct	Members regularly sensitized on professional conduct	Proportion of PSU members sensitized on professional conduct	30%	95%	Annual report	Desk review	Annually	Secretariat
6.4.1.1. Provide advocacy support for PSU SACCO	Advocacy support for PSU SACCO provided on PSU platforms	Proportion of new members sensitized about the SACCO	10%	90%	Annual report	Desk review	Annually	Secretariat
6.4.1.2. Organize training, workshops and virtual talks on financial literacy for pharmacists.	Financial literacy training conducted	Proportion of members trained on financial literacy	40%	90%	Annual report	Desk review	Annually	Secretariat
6.4.1.3. Encourage universities to develop courses on pharmacy entrepreneurship and business development.	Courses on pharmacy entrepreneurship and business development developed	Proportion of members trained in relevant course	30%	90%	Annual report	Desk review	Annually	Secretariat
6.4.1.4. Sensitize members on intellectual property (IP) rights	Members sensitized on IP rights	Proportion of members sensitized	10%	90%	Annual report	Desk review	Annually	Secretariat

5.5. Definition of terms

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.

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

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

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.

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 panelists' views about supply and demand for pharmacists; it is an indicator, not an objective measure of the pharmacist workforce situation.

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.

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

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.



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.

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.

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.

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.

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.

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

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. Production 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

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

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 or representative form, or an entity which PSU believes to be an opportunity for its own survival, and development or growth or both.

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

5.6. 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 who are 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

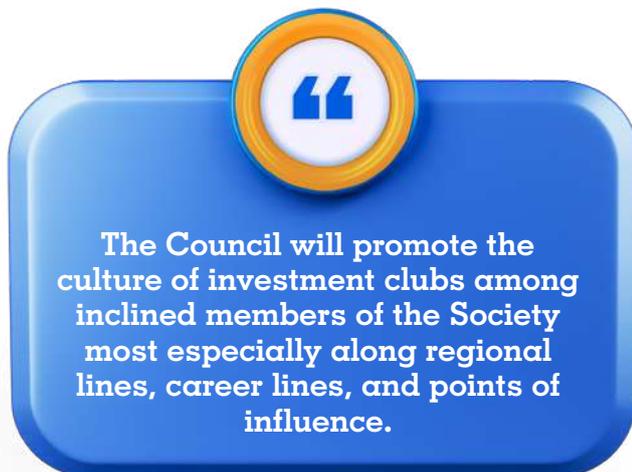
Surveys of member opinion and views: The Council and the Secretariat will use surveys and opinion poll too increase participation of members in the affairs of the Society and to develop options to issues of general concern to members of the Society.

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.



Category	Interest	Influence	Authority	Risk	Leading class
Non-health Government ministries and departments	Moderate	Moderate	High	Low	Authority
Ministry of Health	High	High	High	Moderate	Influence
Pharmacy Board	High	High	High	Low	Authority
UNBS	Moderate	Moderate	Low	Moderate	Risk
NCHE	High	Moderate	Moderate	High	Risk
Other standards agencies	Moderate	Low	Low	Low	Interest
PSU Members	High	High	High	n/a	Interest
WHO	High	High	High	Low	Influence
Other UN agencies	Moderate	High	Moderate	Low	Influence
Consumer advocates and civil society	High	Moderate	Moderate	Low	Interest
Political Executive	Moderate	High	High	Low	Authority
Legislature	Moderate	Moderate	High	Low	Authority
Judiciary	Low	High	High	Low	Influence
Health Products Manufacturers	High	Moderate	Low	Low	Interest
Distributors and wholesalers	High	Low	Low	Low	Interest
Retailers	High	Moderate	Low	Low	Interest

5.9. Stakeholders ranked by weighted scores

Category	Interest	Influence	Authority	Risk	VEN survival	VEN growth	Total	Leading class	Classification
NDA	3	3	3	2	3	3	17	Influence	Critical
Ministry of Health	3	3	3	2	3	3	17	Influence	
PSU Members	3	3	3	1	3	3	16	Interest	
MAAIF	3	3	3	3	1	2	15	Risk	
Students and interns	3	2	2	2	3	3	15	Interest	
Political Executive	2	3	3	1	3	3	15	Authority	
Pharmacy Board	3	3	3	1	3	1	14	Authority	
Health professional councils	3	3	2	2	1	2	13	Influence	Vital
NCHE	3	2	2	3	1	2	13	Risk	
WHO	3	3	3	1	1	2	13	Influence	
Training institutions	3	2	1	1	2	3	12	Interest	
Non-health Government ministries and departments	2	2	3	1	1	2	11	Authority	
Other UN agencies	2	3	2	1	1	2	11	Influence	
Legislature	2	2	3	1	2	1	11	Authority	
Judiciary	1	3	3	1	2	1	11	Influence	Essential
Consumer advocates and civil society	3	2	2	1	1	1	10	Interest	
Health Products Manufacturers	3	2	1	1	1	2	10	Interest	
UNBS	2	2	1	2	1	1	9	Risk	
Retailers	3	2	1	1	1	1	9	Interest	
Development partners	2	2	1	1	1	2	9	Influence	
Implementing partners and NGOs	3	1	1	1	1	2	9	Interest	
Distributors and wholesalers	3	1	1	1	1	2	9	Interest	Essential
Research institutions	2	1	1	1	1	2	8	Interest	

5.10. Critical, Vital and Essential Stakeholders

Critical stakeholders

- i) **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 but also through other departments such as quality assurance, planning, and human resources.
- ii) **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 complementarity in regulation.
- iii) **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.
- iv) **Training Institutions:** The relationship between PSU and the training institutions should be reciprocal, collaborative, synergistic and mutualistic focusing 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.
- v) **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 programs
- vi) **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

- vii) **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 have been no formal engagement mechanisms with the other professional councils.
- viii) **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



The Council should make regular contacts with the Ministry primarily through the Pharmacy Department but also through other departments such as quality assurance, planning, and human resources.

Vital stakeholders

These include health professional councils (such as UMDPC, UNMC, AHPC), NCHE, WHO

Pharmacy training institutions, non-health Government ministries and departments, Other UN agencies, Legislature, Judiciary, Consumer advocates and civil society organisations, and Health Products Manufacturers such as QCI, Rene, KPI, APDL among others.

Essential Stakeholders

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

5.11. Proposed 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 program 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 program for lecturers and teaching assistants of pharmacy training institutions in partnership with local and international tertiary institutions including tutor placements and exchange programs
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 program 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 program
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 program 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 program for the secretariat and committee chairpersons with monthly, quarterly and annual reviews
63. The Council to finalize 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 specialized individuals) to harvest and refine different ideas to share within the profession and grow their specialty
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.

5.12. Proposed minimum package of services in community pharmacy

1. Dispensing
2. Medication counselling
3. Medication therapy review
4. Pharmacist initiated therapy
5. Referral

5.13. 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. Specialized prescribing
6. Health education
7. Therapeutic Drug Monitoring

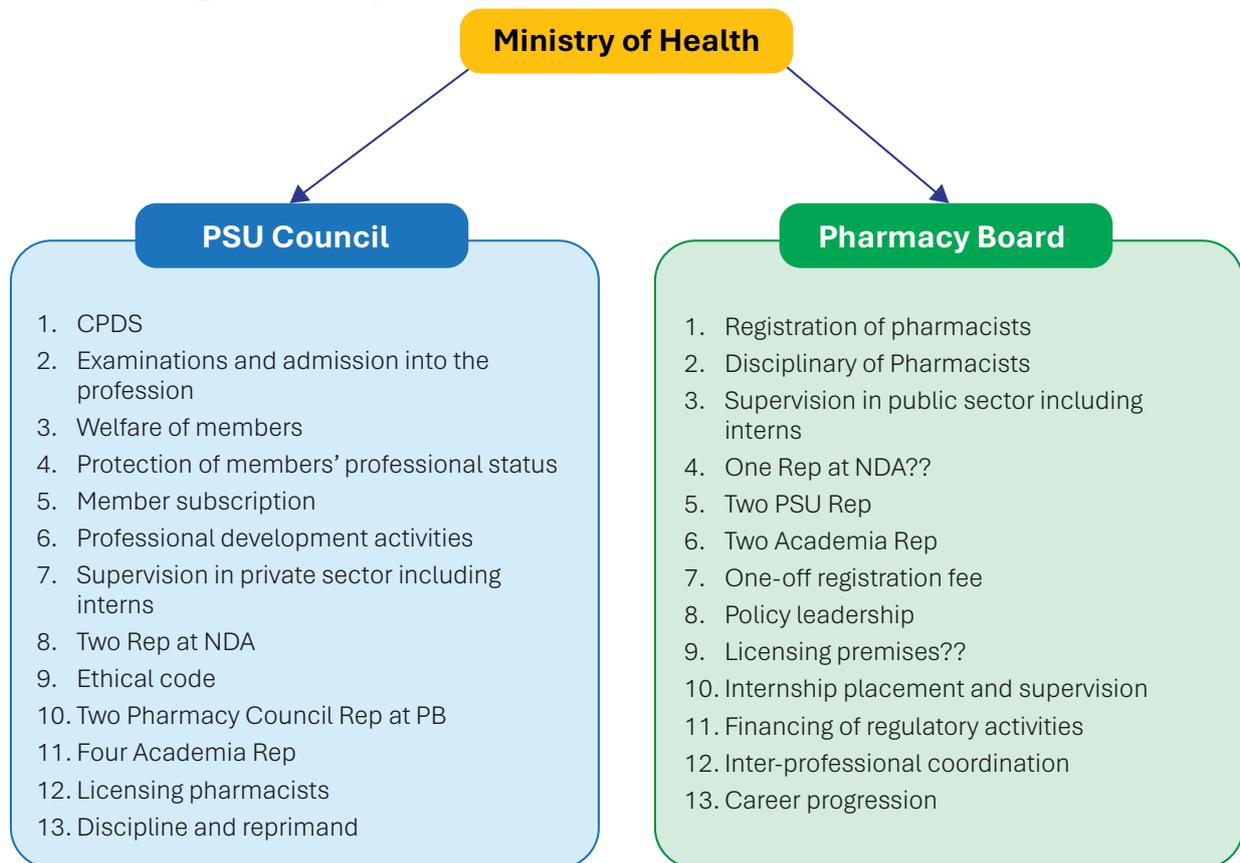


The Council should continuously engage the Ministry of Health the District Local Governments to recruit pharmacists to take charge of their professional roles.



PSU inspection of BPharm teaching facilities at Gulu University in 2023

5.14. The Hybrid Regulatory Model



5.15. 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

5.16. 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.

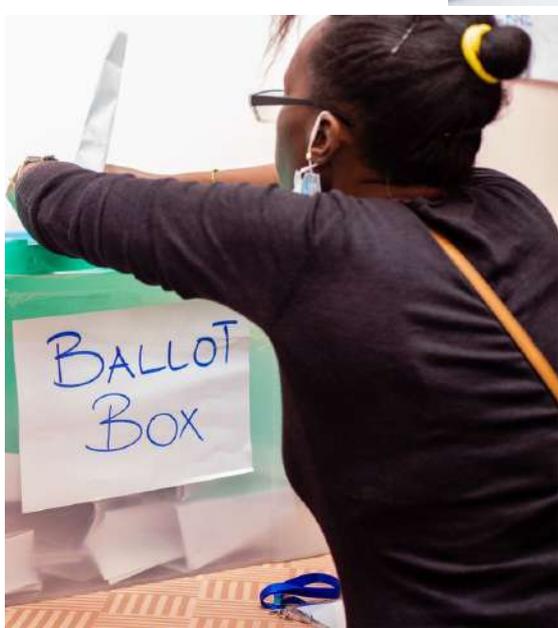
A presentation will be prepared to facilitated dissemination to members at the AGM. The presentation will summarise the key issues in the Plan. The presentation will be used stakeholder engagement. During implementation, the Secretariat will provide quarterly updates to members on status of implementation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



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