NHPC HEALTH SECTOR REGULATION LEARNING VISIT TO KAMPALA, UGANDA. MARCH 10 - 18, 2013

SIR JOSE HOTEL, BBUNGA KAMPALA, UGANDA

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Acronyms List

AMCOR	Association of Medical Council Registrars - Africa
BOD	Board of Directors
CFN	Commonwealth Federation of Nurses
CME	Continuous Medical Education
CPD	Continuous Professional Development
ECSACON	East, Central and Southern College of Nurses
ED	Executive Director
FEAN	Federation of East African Nurses
IAMCOR	International Association of Medical Council Registrars
ICM	International Confederation of Midwives
ICN	International Council for Nurses (ICN).
IEC	Information, Education and Communication
IFC	International Finance Corporation
IOM	International Organization for Migrations
IT	Information Technology
KIU	Kampala International University
MDGs	Millennium Development Goals

MoH	Ministry of Health
MoI	Ministry of Interior
MoJ	Ministry of Justice
MUK	Makerere University Kampala
MUST	Mbarara University of Science & Technology
NHPC	National Health Professions' Council
PPPH	Public Private Partnerships for Health
SLNMA	Somaliland Nurses and Midwives Council
SMA	Somaliland Medical Association
THET	Tropical Health and Education Trust
UMDPC	Uganda Medical & Dental Practitioners' Council
UMU	Uganda Martyrs University
UNAM	Uganda National Association of Nurses and Midwives
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UNMC	Uganda Nurses and Midwives Council
WHO	World Health Organization

Executive Summary

This report gives a summary of the proceedings of the Somaliland NHPC health sector regulation Learning visit to Kampala, Uganda from March 10-17, 2013. A team of 9 members (BOD and staffs) from the Somaliland NHPC and 3 THET Somaliland staffs participated in the visit whose core objective was to learn from and share experiences on health sector regulation with the Uganda Medical & Dental Practitioners' Council (UMDPC) and the Uganda Nurses and Midwives Council (UNMC).

During the visit, the team had lecture sessions where facilitators were drawn from UMDPC, UNMC, Private for Health Sector as well as practicing medical professionals in Uganda. The lecture sessions were meant to share the theory and practice of health sector regulation in the Ugandan an East African context. The lectures were also loaded with Question and Answer sessions that enabled participants to seek clarity on some issues or share their own experiences. The Somaliland NHPC team also made visits to the UMDPC and UNMC offices where they were able to meet and interact with some of the staffs that are involved in health sector regulation. It is during these visits that documents were given to the visiting team.

The key achievements from the visit included among others the establishment of collaborative relationships with the Ugandan regulatory councils and the acquisition of health sector regulation documents. In order to make the visit meaningful, it is hereby recommended among others that the experiences of the Learning visit be shared with Somaliland stakeholders and an assessment and enhancement of NHPC's capacity to undertake health sector regulation be conducted. NHPC will also need to engage in rigorous fundraising drives as well as network with regional and international health sector regulatory bodies. Finally, NHPC will need to conduct massive community awareness to sensitize the communities on health sector regulation before any enforcement can be undertaken.

Map of Uganda.

Background

Somaliland has a history of conflict which lasted from late 1980's to early 1990's and this resulted in the collapse of the health sector. Somaliland seceded from Somalia in 1991 and now functions as an autonomous, independent republic. However, some years of relative stability and a second presidential election deemed relatively free and fair (in June 2010) indicate Somaliland is ready to realign this focus towards long term, developmental plans. THET Somaliland works with partners in all 6 regions of Somaliland.

Health and demographic data in Somaliland is largely lacking, however according to the UN, the country has some of the worst health and nutritional indicators in the world and is unlikely to reach the health related MDGs. Women and girls and the poorest groups have been most affected in this context. Women's, adolescent girls' and children's health and access to health care are disproportionately affected, with particular risks to sexual and gender based violence. UNDP's 2000 Human Development Report ranked Somalia lowest globally, in all health indicators except life expectancy.

Reliable figures disaggregated for Somaliland are hard to come by, but the following are reasonable estimates:

- The maternal mortality ratio for Somaliland is exceptionally high: 1,000 – 1,400 maternal deaths per 100,000 live births.
- Less than 10 per cent of births are attended by skilled personnel.
- The average birth rate is 6 six children during a woman's lifetime.
- The contraceptive utilisation rate is only 1 per cent and over 25 per cent of all women have an unmet need for Family Planning.

- FGM/C is almost universal and is performed on young and adolescent girls.
- A woman's life-time risk of dying due to pregnancy related causes is approximately 1 in 14.
- It is estimated that almost one million children under-5 are acutely malnourished, of which more than 40 per cent are severe cases.
- WHO estimates the perinatal mortality rate in Somalia at 81 per 1,000 total births.
- Under-5 mortality is estimated at 200 per 1,000 live births), due to pneumonia (24%), diarrhoea (19%), neonatal disorders (17%), and measles (12%).
- Immunization coverage (1 year olds fully immunized) was only 36 per cent in 2007, according to the joint administrative report of UNICEF/WHO.

Lack of access to primary health care, inadequate quality of service provision, poor hygiene and sanitation and low supply levels are just some of the factors which contribute to these desperately poor health indicators. The human resource deficit in all regions is enormous. Acute skilled staff shortages, structural fragmentation, insufficient and distorted incentives to motivate staff, limited supervision and mostly ad-hoc management arrangements are issues in all areas. Although Somaliland's health

authorities are developing strategies and tools for improved governance of the sector, huge gaps are still evident, necessitating continued capacity building and support.

Years of civil struggle and political instability completely destroyed Somaliland's infra-structure and led to the collapse of the health system in the country. The loss of qualified health professionals and the disruption to human resources development led to the loss of a generation of trained staff. Consequently Somaliland suffered from severe shortage of health professionals with appropriate skills and experience, and continues to do so to this day. After declaration of independence in 1991 and despite a lack of international recognition, Somaliland has succeeded in gaining significant political stability. Faced with multiple challenges, work to rebuild the country's infrastructure including the health sector started and is on course and improving steadily.

Unfortunately, Somaliland has not yet operationalised health sector regulation to include functions like the registration, licensing and accreditation of health professionals and institutions and programs to properly protect the right of the patients to get quality health care. The unregulated nature of the health sector and the shortage of health professionals have created a health system where an unknown number of persons work as unqualified "health professionals" and proliferation of unregulated healthcare facilities such as clinics, pharmacies and medical laboratories and education programmes for healthcare workers. This situation has raised public safety concerns, and is a barrier to improving the quality of health services. Furthermore, the emergence of "so called" training programmes provided by unaccredited institutions means that the country continues to produce "graduates" whose qualifications are currently unrecognized by the government of Somaliland.

There is complete lack of knowledge and understanding of professional regulation in the country. The recently appointed NHPC board, the executive team and the technical committee need to consolidate their knowledge, skills and experience on professional regulation. Limited knowledge and experience or professional regulation have been a key constraint in the smooth functioning of NHPC over the last decade. Hence, with the revitalization of NHPC, there is an urgent need for the team to learn from similar institutions in the region, with the aim of gaining practical and firsthand experience on professional regulation including, registration, licensing and certification procedures and protocols.

Purpose of the health sector regulation Learning visit

The main purpose of the Learning visit was to enhance the National Health Professions Council (NHPC) capacity to conduct firm regulation of healthcare practice in Somaliland through the sharing and exchange of regulation best practices with the Ugandan Health Regulatory Councils. The visit was organized to achieve the following specific objectives;-

- To familiarize with how regulatory councils (UMDPC & UNMC) of Uganda work and gain firsthand knowledge and experience on regulatory procedures and processes (registration and licensing of professionals and accreditation of professional education programmes and institutions).
- To get an overview of how the whole process interconnects (key stakeholders involved and their roles) and lessons learned from the past experience by Ugandan regulatory councils.

- To learn from the Ugandan Councils' institutional setbacks and challenges; and come up with ways recognizing threats for NHPC in the long run
- To establish linkages and working relationships with other regulatory bodies in the region to provide, support and share resources in health sector regulation
- To acquire relevant system and documents that can be contextualized to kick start the health sector regulation process in Somaliland.
- To study deeply the interrelationship between the regulatory institutions and the health care service providers of the visited country with the following institutions in mind:
  - ✓ Ministry of health
  - ✓ Ministry of education /Higher education
  - ✓ Health Professional Associations
  - ✓ Law enforcement bodies (e.g. Police, Courts etc)
  - ✓ Health service providers in the country
  - ✓ Supporting and funding agencies and donors

Dr. Abdikarim the Chairperson of NHPC in his opening remarks further expounded on the purpose of the visit and the selection of Uganda as the destination for the visit. He noted that Uganda's choice was based on its own history of political instability - the health system had to be rebuilt from scratch. This he said bore a semblance of what Somaliland went through. He also noted that some of the NHPC members had viewed some of the documents from the health regulatory councils in Uganda and they felt such protocols satisfied the requirements of regulation. Finally Uganda was chosen because of its flexible immigration requirements where Somalis can get Visas on arrival at Entebbe International Airport.

Participants

The participants of the workshop were nine (9) persons from NHPC and three (3) persons from THET Somaliland.

#	NAME	ORG/POSITION	ROLE IN NHPC
1	Dr. Lula Jirdeh Hussein	NHPC, Executive Director	Secretary to the BOD
2	Dr. Deq Sa'id Jama	BOD member SMA	Technical Committee member
3	Dr. Deria Ismail Ereg	Vice President, University of Hargeisa	Representative of Training Institutions
4	Dr. Madi Ali Mohamed	Hargeisa Group Hospital/ UoH. Clinical Teaching Coordinator	Technical Committee member
5	Dr. Yasin Arab Abdi	Manhall Hospital	Technical Committee member
6	Jimcaan Yusuf Mohamed	SLNMA, BOD member	Technical Committee member
7	Nimo Ahmed Ali	NHPC, Programme Officer	Staff
8	Roda Ali	Edna Adan University Hospital, Matron	Technical Committee member

9	Dr. Abdoul Karim Moussa	WHO Somaliland	Chairperson, BOD
10	Thomas Okedi	THET, Programme Manager	Funding Partner
11	Hussein H.S. Ahmed	THET, Programme Officer	''
12	Ayan Abdisamad Mohamed	THET, Programme Officer	''

Facilitators

The Facilitators for the workshop were drawn from Uganda Medical & Dental Practitioners' Council (UMDPC), Uganda Nurses & Midwives Council (UNMC), HMK Consults & Associates International and Kampala International University.

The Table below summarises the details of the Facilitators.

#	NAME	POSITION & ORGANIZATION
1	Dr. Gubala Ssentogo	Registrar, Uganda Medical & Dental Practitioners' Council (UMDPC).
2	Dr. Joel Dom Okullo	Chairperson, Uganda Medical & Dental Practitioners' Council (UMDPC).
3	John Kennedy Wakida	Registrar, Uganda Nurses & Midwives Council (UNMC)
4	Dr. Harold Bisase	Managing Director, HMK Consults & Associates International Consultant, PPP for Health
5	Dr. Bonaventure Ahaisibwe	Medical Director, Kampala International University.

Participants and one of the Facilitators - Dr. Gubala in front of the Uganda MoH Headquarters in Kampala.

Participants' expectations

The table below summarises the participants' expectations from the Health Sector Regulation Learning visit and how those expectations were met. It is important to note that whereas the expectations were met, real transformation will take place when the lessons learnt are contextualised and put into action by NHPC Somaliland.

PARTICIPANTS' EXPECTATIONS	HOW THE EXPECTATIONS WERE MET	REMARKS
Sharing experiences on regulation and standardization with their	The visiting delegation interacted	UMDPC and UNMC

Ugandan counterparts.	with the Ugandan counterparts through lecture sessions/presentations as well as visits to the UMDPC and UNMC Offices	should continue exchanging valuable information and contacts with NHPC. NHPC to be proactive in seeking out this.
To become familiar with Ugandan health sector regulation procedures.	UMDPC and UNMC shared written procedures and manuals on Health Sector regulation in Uganda.	The written procedures and manuals should be compared with those already in existence at NHPC and where possible contextualized to fit into the Somaliland dynamics.
Acquire samples of Regulation Guidelines, Protocols, Procedures and other related documents	Refer to the point above.	NHPC to contextualize samples to its work in Somaliland
Regulations of private health practice (Practitioners and Facilities).	Dr. Harold Bisase specifically made a presentation on the regulation of private health practice in Uganda. In addition, all the Facilitators pointed out the successes they've registered as well as challenges faced in regulating private health practice.	The biggest challenge with the regulation of private health practice is that some of the facilities are owned by politically connected individuals who are 'untouchables.' Advocacy and information sharing are therefore very important.
Regulation of alternative/community/traditional medicine	UMDPC admitted that this was a big challenge because it did not have the mandate to regulate such. however, Ugandan MoH was in the final stages of drafting a Bill that would ensure the establishment of regulation frameworks for Alternative Medicine.	This is always a very grey area in health sector regulation and NHPC needs to have a very clear strategy of handling it.
Background and history of regulation in Uganda	This was shared in all the presentations by UMDPC and UNMC.	
Challenges faced by the Councils and solutions	This was shared in all the presentations by UMDPC and UNMC.	
Regulation best practices and achievements by the Councils	This was shared in all the presentations by UMDPC and UNMC.	NHPC to keep tabs with UMDPC and UNMC for experience & best practice

		sharing.
Relationship between Councils and Associations	This was shared in all the presentations by UMDPC and UNMC.	This needs to be clearly defined by NHPC especially for SLNMA, SMA and SOMLA.
Relationship with ministries (MoH, MoE, MoJ, MoI)	This was shared in all the presentations by UMDPC and UNMC.	The Government Line Ministries play a very role in Health Sector regulation and NHPC needs to clearly craft or strengthen partnerships with such different stakeholders.
Staffing of the councils	This was shared in all the presentations by UMDPC and UNMC.	
Appointment and motivation of BOD	It was noted that the BOD members are not salaried but volunteer their time to support the work of UMDPC and UNMC. However, the Councils set aside money for honoraria to facilitate the BOD to accomplish its functions. Some members of the BOD are appointed by MoH especially the Chairperson as well as all the MoH Directors of the different departments.	NHPC BOD appointment must encompass the different stakeholders relevant to health sector regulation in Somaliland. The Ugandan BOD appointments methodology should be taken with caution because the political and social contexts are different.
Health system in Uganda		
Types of councils in Uganda and their relationships	1. Uganda Medical & Dental Practitioners Council (UMDPC) 2. Uganda Nurses & Midwives Council (UNMC) 3. Uganda Allied Health Professions Council (UAHPC) 4. Uganda Pharmacy Council.	NHPC is the only Health Sector Regulation Council in Somaliland, how is it going to bring together all the different professions?
Enforcement mechanisms and agencies.	The Councils in Uganda work together with Police especially in the apprehension of health professionals who do not adhere to the prescribed best practices of service delivery	NHPC will need to build strong collaboration with Police and the Judiciary in order to strengthen enforcement.
Number of private medical schools in Uganda and who oversees them	Uganda has 2 Medical Private Schools (Ndejje and Uganda Martyrs University). Before any University is	Medical Education in Somaliland is something that needs

	licensed by the National Council for Higher Education under MoE, UMDPC inspects the facilities to ensure that all the necessary basic minimum standards are met. Without the UMDPC endorsement, no University can run a medical programme in Uganda. Sometimes, a provisional license is given on condition that within the specified time, the University meets all the requirements.	to be sorted out as a matter of urgency because half-baked medical professionals are very dangerous to people's health.
Health worker training (Doctors, Nurses) and standard curricular	The work of the Councils is to ensure that all Health Training Institutions in the country adhere to a standard curriculum. However, some Institutions are free to add onto the basic curriculum in order to suit their missions e.g. some institutions add Religious Studies and other language studies but the bare minimum should be observed.	Standardization of Health Worker Training Curricular in Somaliland is crucial. Currently, different institutions use their own curricular without any national body approval.
CPDs for Health Workers.	The numbers of CPDs under taken is one of the criteria used during renewal of practicing licenses. CPD log books are provided for this purpose. The councils are collaborate with a number of Agencies	A clear criteria of conducting and documenting CPDs needs to be put in place.
How NHPC can be a part of the Regulatory Bodies in East Africa, Africa and globally.	The Registrar UMDPC shared a number of contacts with the Executive Director of NHPC. These however need to be followed up on.	
Innovations such as use of IT in regulatory work	UMDPC is using SMS by Mobile technology for the public to make inquiries regarding the registration status of Health professionals and Facilities. This is an innovative way of ensuring community participation in the regulation of the Health Sector. Besides, UMDPC gets 50% of cost the SMS and this is ploughed back into its operations.	The success of the use of IT in regulatory work depends on the level o community awareness on the existence of such a technology. It however remains, a cost effective way to ensure community participation in health sector regulation.
Funding/resourcing for councils	Funding for the Councils is one of the biggest constraints to their work. However, some allotment comes from MoH while Donor	

	support also forms a big chunk of the funding.	
Presence of councils throughout the country	The Councils have opened up regional offices in the country in order to reach out to Health Professionals who live and work in areas far from Kampala.	

Presentations

The purpose of this section is to present the proceedings of the workshop wherewith there was a sharing of experiences and lessons between the NHPC Delegation and the Facilitators. The section captures presentations from NHPC, UMDPC, UNMC, PPP4H and that of a Practicing Medical Doctor.

Somaliland National Health Professions Council (NHPC)

By Dr.Lula Jirdeh Hussein, NHPC Executive Director.

NHPC Background

- In 1999 an Act of the Republic of Somaliland Parliament was passed to establish the National Health Professions Council (NHPC). The Act defined the functions of the Council as registration of health professionals and licensing health facilities. Due to challenges beyond its control, NHPC went underground in 2001. In 2008, NHPC was reconstituted and changes were made to minimize the past shortcomings and utilize the previous positive experiences.
- Since 2009, NHPC has continued to be seen as a key platform for the overall promotion of standards in the health sector. The NHPC Act of 1999 was reviewed and passed by both Houses of Parliament and signed into law by the president in January, 2013. This has been a key milestone for successful launch and implementation of the Council's mandate.

NHPC Organizational Structure

- ***Board of Directors (BOD).*** An 11 member board of directors with a chairperson selected to represent different stakeholders both from the Health Professional Associations and Government institutions. The BOD meets once a month and on an ad-hoc basis whenever need arises. The BOD is responsible for the policy and strategic directions of NHPC's work and also advocates for NHPC before different for a.
- ***Secretariat.*** This is the implementing organ of NHPC and its led by the Executive Director. The Secretariat implements Board decisions and manages the Council's day to day activities and operations. Currently, the NHPC Secretariat has four (4) professional staffs and two support staffs.

- ***Subcommittees.*** Currently, NHPC has only one subcommittee - Registration and Licensure to handle its work. There were initially other subcommittees but because of members' lack of commitment due to other competing priorities

NHPC Achievements

1. Legal Act
2. Formation of NHPC BOD
3. Four year strategic plan developed approved by the BOD
4. Procedures Manual developed
5. NHPC Website/Logo Development
6. Subcommittees formation

Challenges & constraints

- Health sector regulation is going to be something completely new in Somaliland. People have been used to a laissez-faire environment. Owing to this, when the full force of regulation is in place, some people especially those unqualified and denied licenses may try to retaliate against members or staffs of NHPC.
- There is still some ambiguity on who should issue licences for education institutions that wish to offer medical or midwifery and nursing training in the country. This needs to be sorted out between NHPC, MoH and MoE.
- The huge challenge of raising the level of awareness and providing clear information tailored to the different needs of the different sectors of society, healthcare workers, professional associations, educational sectors and government policy and decision makers and the community.
- Insufficient funding and other resources to enable NHPC an effective regulator

NHPC Strategic Direction

- Strengthen the capacity of NHPC through resource mobilization and other organizational development initiatives so that it can implement its statutory mandate of health sector regulation.
- Upscale information and communication interventions in order to increase stakeholder ad public awareness of NHPC as a competent authority responsible for regulating the health professions in Somaliland.

Uganda Medical & Dental Practitioners Council (UMDPC) Presentation

By Dr. Gubala Ssentongo Katumba and Dr. Okullo Dom Joel. Registrar & Chairperson respectively, Uganda Medical & Dental Practitioners Council (UMDPC).

Mission, Vision and Objectives:

Mandate

To protect society through the regulation of medical and dental training, and practice in Uganda.

Vision

To achieve medical and dental services of international standards.

mission

The Council exists to protect society from abuse of medical and dental practice and promote ethical standards amongst health professionals in Uganda.

Objectives

- Keeping up-to-date registers of qualified doctors and dentists
- Fostering good medical practices
- Promoting high standard of medical education
- Dealing firmly and fairly with doctors whose fitness to practice is in doubt.

UMDPC BOD composition

The UMDPC BOD is composed of nine members. The BOD Chairperson who is always an experienced and tested Medical Doctor and other MoH Department Directors are appointed by the Minister of Health. The Registrar is the Secretary to the BOD but is an ex-officio without any voting powers.

UMDPC has committees that spearhead different functions. These include;

- Education committee, Training and regulation committee
- Medical licensure and examination committee
- Ethics and disciplinary committee
- Finance and administration committee

The Health system of Uganda

- Ministry of Health
- National Health Referral Hospital (Mulago)
- Regional Referral Hospitals
- District Hospitals which has only one doctor
- District Health Offices
- Health center 4 at District Level
- Health center 3 at Sub County Level
- Health center 2 at Parish Level
- Health center 1 (these are community volunteers)

Medical and Dental training Universities in Uganda

1. Makerere University Kampala (MUK)
2. Mbarara University of Science & Technology (MUST)
3. Gulu University
4. A fourth Public University - Busitema University is in the final stages of launching the medical education undergraduate programme.

The above three are Public Universities. The Private Universities licensed to offer medical and dental education include;

1. Kampala International University (KIU) - (Ishaka Campus in Western Uganda)
2. Uganda Martyrs University (UMU), Nkozi.

Documents UMDPC uses in its work

- UMDPC Act, 1996. Currently being reviewed
- Guidelines in respect to complaints against medical and dental practitioners
- Code of professional ethics
- Annual Practicing License (APL) form
- Checklist for Health Unit Inspection
- Foreign Medical Doctors Registration Requirements
- Full Registration Form (for Ugandan doctors)
- Temporary Registration Form (for foreign doctors)
- Medical Health Units license renewal forms
- Certificate of good standing

- Letter to foreign Doctors and Dental Surgeons in the country.

Copies of the above documents were provided to NHPC but can also be downloaded from http://umdpc.com/aboutus.php

Other pertinent issues worth noting from the UMDPC presentation include;

- UMDPC has five Registers; Private Health Practitioners, Dental Practitioners, Foreigners, Foreign trained Ugandans and Interns. These are part of the Registration Database.
- The government of Uganda is coming up with a bill to create a council to regulate the practice of alternative medicine practitioners. This is currently outside the mandate of UMDPC but is a critical healthcare issue that cannot be left unattended to.
- Success in health sector regulation requires standardization of health worker training, commitment to ethics, awareness raising among the population and provision of high quality services at all levels.
- It is also worth noting that any regulation process should cover;
  - ❖ Training. The elements of training to be considered include;
    - ✓ Curriculum
    - ✓ Resources & Facilities (Staffing, Space & Equipment)
    - ✓ Ethics training for final year students
    - ✓ Inspection of facilities (**Initial** - before they are given operating licenses and **routine** - to ensure adherence to quality standards. Routine Inspections can be done once a quarter or on an ad hoc basis). No University or Health Training Institution must be licensed by MoE before the endorsement of the Council.
    - ✓ Tracking of graduates and giving feedback to training institutions. The council should take note of the training institutions of practitioners during their inspection so that feedback can be given to the training institutions on the quality of their training. If there is a consistent pattern of poor performance and unprofessional conduct from graduates of a particular institution, then the council should investigate the training institution.
  - ❖ Health Units/Service delivery. The following should be cross checked;
    - ✓ Type of Health Unit (where it is only Out Patient, or In-Patient or both). This should be very clear before any license is issued.
    - ✓ Services offered by the facility
    - ✓ Actual bed capacity
    - ✓ Owner of the facility
    - ✓ Supervising Doctor. In Uganda, a Doctor can cover no more than 2 Facilities
    - ✓ Category/ownership (Public, Private for profit or private not for profit)
    - ✓ Buildings (appearance, space, floor, walls, roof, ventilation, lighting,
    - ✓ Privacy (in examination rooms, treatment rooms, theater, laboratory, counseling etc)
    - ✓ Infection control (hand washing facilities, water delivery system, functional latrine/toilet, cleanliness of micro environment (compound), waste management (both medical and non medical), protective clothing for staffs, etc
    - ✓ Professional equipment (basic diagnostic equipment, basic nursing & midwifery equipment & kit, basic resuscitation equipment, etc.
    - ✓ Medicine qualities available (shelf life, storage, etc)
    - ✓ Medical records
    - ✓ Personnel (number per cadre, ethical issues e.g. name & title tags, etc.

- Information technology (IT) innovations like the use of cell phone text messaging services to identify practitioners and Facilities that are registered and recognized by the Councils is one way of ensuring community participation in the health sector regulation process. Using this innovation, patients or the general public just need to text the word Doctor or Hospital or Clinic followed by the name of the Doctor or hospital or clinic to a certain number e.g. 4990 and they will get an automatic response on the registration status of that doctor or facility. In this way, practitioners or facility owners will be kept on their toes to ensure that they comply with the standards.
- Working with regional bodies is also important in health sector regulation. Sometimes, the councils may not be able to reach out country wide practitioners as and when they need owing to limited resources but they increase their regional presence by utilizing the services of other already existing structures and only handle the bigger issues. Caution should however be taken against possible political and social structural manipulation.
- UMDPC works with several government departments, e.g.

  - ✓ The ministry of health for overall guidance
  - ✓ Ministry of Education on the accreditation of Health Training Institutions.
  - ✓ Police especially during enforcement
  - ✓ Local government participate inspection and supervision

- The relationship between the UMDPC and related associations is;

  a) Associations are represented on the BOD of UMDPC

  b) The council conducts activities like inspection with the associations

  c) Councils fund activities of associations like CPDs

- UMDPC relationship with regional and international health sector regulatory bodies. UMDPC works and cooperates with a number of health sector regulatory bodies in the East African region, Africa and other countries all over the world. Some of these bodies include; the Association of Medical Council Registrars (AMCOR), and International Association of Medical Council Registrars (IAMCOR) among others.

- UMDPC is not without challenges and some of the issues its confronted with include; inadequate funding & staffing, weak and conflicting laws that need to be reviewed in light of the changing environment and lack of proper autonomy (being part of the MoH).

Uganda Nurses and Midwives Council (UNMC) Presentation

By John Kennedy Wakida, Registrar, Uganda Nurses and Midwives Council (UNMC)

Background

The Uganda Nurses and Midwives Council started under the governance of the Central Midwives Board for Uganda under the Midwives Ordinance 1922. The Board evolved to become the Uganda Nurses, Midwives and Medical

Assistants Ordinance in 1958.

Since 1964, the Uganda Nurses and Midwives Council was governed by the Uganda Nurses, Midwives and Nursing Assistants Act. The Act was later revised and replaced by the Uganda Nurses and Midwives Act, 1996 which is operational to date.

Mission

UNMC exists to set and regulate standards of training and practice, register nurses and midwives and provide professional guidelines for public safety

Vision

UNMC is a professional regulatory and supervisory body committed to the provision of quality nursing and midwifery services to the public.

Mandate

The mandate of the Uganda Nurses and Midwives Council is regulation of the Nursing profession in Uganda with a view:-

- To protect the Public from unsafe practices.
- To ensure quality of services
- To foster the development of the profession
- To confer responsibility, accountability, identity and status of the Nurses/Midwives.

Core Values

- Accountability
- Consultation
- Gender sensitiveness
- Inclusiveness
- Innovativeness
- Integrity and objectivity
- Learning organization
- Mutual respect
- Networking and collaborating
- Professionalism
- Service above self
- Strive for excellence
- Transparency

Core functions of UNMC

- Regulate the standards of Nursing and Midwifery in the country.
- Regulate the conduct of Nurses/Midwives and exercise disciplinary control over them.
- Approve courses of study for nurses and Midwives.
- Supervise and regulate the training of Nurses and Midwives.
- Grant practicing certificates to persons who have completed the respective courses of study in nursing or midwifery.

- Supervise the Registration/Enrolment of nurses and midwives and publication of their names in the Gazette.
- Advise and make recommendations to Government on matters relating to nursing and midwifery profession.
- Exercise general supervision and control over the two professions and to perform any other functions relating to those professions or incidental to their practice.

UNMC Composition

The BOD of UNMC comprises of 19 members namely;

- A Chairperson
- 6 Ex-officio members
- Commissioner Nursing Services - MoH
- The Chief Health Training Officer - MoH
- The Head Nursing (National General Referral Hospital (Mulago)
- The Head Nursing National Mental Referral Hospital (Butabika)
- The Head of Department of Nursing, Makerere University.
- The Registrar – UNMC

UNMC Committees

The above functions are executed through the following committees;

- Finance, Planning and Administration
- Education, Training and Registration
- Inspectorate and Quality Assurance
- Disciplinary and Ethics
- Internal Audit

UNMC Secretariat

- The Secretariat which co-ordinates the Council's day today activities. The Secretariat is headed by the Registrar as the Chief Executive. Other members of the secretariat are employees of the Council, who carry out the various activities. In the ease of the UNMC the secretariat is composed of five specific Units/Divisions i.e.
- Administration and Management
- Finance and Accounts
- Registry
- Training
- Information system/Data

Professional Regulation

- ***Meaning:*** Is the means by which order, consistency and control are brought to a profession and its practice **(ICN 1987)** . It is a collective privilege of a profession to regulate itself (guiding and controlling the profession) both training and practice.

- ***Purpose:***
  - ✓ To protect the public from unsafe practices
  - ✓ To ensure quality of Nursing services
  - ✓ To foster the development of the profession

- ✓ To confer responsibility, accountability, identity and status of the Nurses/Midwifery.

- ***What is regulated?***
  - ✓ Person providing the service, e.g. Nurses, Midwives, Doctors or other health care team members/providers.
  - ✓ Educational programmes preparing providers of health care e.g. colleges, Universities and schools of Nursing and Midwifery.
  - ✓ Health Care facilities or Agencies offering services to consumers.

- ***How is regulation effected?***
  - ✓ Registration
  - ✓ Accreditation
  - ✓ Certification
  - ✓ Licensure
  - ✓ Recognition/approval
  - ✓ Qualification
  - ✓ Other means/Terms approved by the UNMC.

- ***Forms of regulation***
  - ✓ These May be external or internal
  - ✓ External: This is when the profession and its practice is controlled by duly constituted authorities outside the profession e.g. the police force which has a right to prosecute any Nurse or Midwife found in possession of stolen drugs, swapping babies etc.
  - ✓ Internal: Also known as self regulation. This is governance of Nurses/Nursing by Nurses within the profession. This is where the UNMC fits.

- ***UNMC membership to other regulatory bodies***

  UNMC is a member to the following professional Nursing/midwifery Bodies e.g.
  - East, Central and Southern College of Nurses (ECSACON),
  - Uganda National Association of Nurses and Midwives (UNAM),
  - Federation of East African Nurses (FEAN),
  - Common Wealth Federation of Nurses (CFN)
  - International Confederation of Midwives (ICM),
  - International Council for Nurses (ICN).
  - National Forum of Registrars of Health Professional Councils
- ***Partnership***

  The UNMC works in partnership with various stakeholders and these include;
  - ✓ Ministry of Health,
  - ✓ Ministry of Education and Sports,
  - ✓ Ministry of Local Government,
  - ✓ Ministry of Finance and Economic Development,
  - ✓ Ministry of Justice, Universities,
  - ✓ National Council for Higher Education,
  - ✓ Uganda National Examination Board,
  - ✓ Uganda Nurses and Midwives Examination Board
  - ✓ Medical Bureaus

- ***UNMC presence in other parts of the country***

- ✓ The council has initially established six regional centres (Mbale, Lira, Arua, Hoima Fort portal and Mbarara) to decentralize its activities to enhance better service delivery to its clients. However more seven Regional centres are to be established to cover the entire country

- ***Key challenges***
  - ✓ Inadequate funding
  - ✓ Inadequate staffing
  - ✓ Forgery of academic certificates. UNMC, Police and the training institutions are cracking down on the culprits

Regulation of Private Health Practice in Uganda

By Dr. Harold K.K. Bisase, Managing Director, HMK Consults & Associates International

Introduction

- Private Health Practice in Uganda consists of (1) Private for Profit Hospitals/Clinics (2) Private Not for Profit and (3) Traditional & Complementary Medicine. More than 60% of the populations seeks care in private health facilities. There are up to 1000 private facilities in Kampala employing over 5000 health workers (PPM-DOTS survey – 2009). Private health facilities provide a wide range of services from: **primary** – **Mid-level** to highly **specialised/Tertiary level** (such include; Clinics, Domiciliary units, Drug Shops, Pharmacies, Nursing homes, Diagnostic units, Hospitals etc.).

Roles of Private Health Providers

- Human resources for health, knowledge & skills
- Health information & management systems
- Public Health service provision
- Existing health infrastructure/equipment (centres of excellence.....)
- Innovative investments in health (Medical Insurance, Workplace health programs, Resource pooling, Ambulatory/Air Rescue Medicare,
- Tertiary & specialist healthcare (Key-hole/laser surgery, Specialised diagnostics – CT scan/MMR, Open-Heart surgery)
- Corporate Social responsibility programs
- Providing priority services to sub-served communities
- Contributing towards national policies development & planning
- Resource mobilization for health care
- Technical expertise & support for health interventions

Regulation and regulatory requirements

- Effective of provision of acceptable quality health services requires regulation of Private Practice.
- Regulation is effected by the respective national professional councils – UMDPC, UNMC, UAHPC and the Pharmacy Board
- The PHP sub-sector has also played an internal regulatory role through *self-regulation* of affiliated/subscribed health professional members effected through respective Umbrella Organisations (FPHP, UPMPA, UPMA, UPNA, UAHPPA, PSU).

- *Self-regulation* augments adherence to internal rules, acceptable operational & ethical standards compliant with respective Umbrella Organisational membership.
- Mandatory regulatory requirements effected by Professional Councils call for:
  - ✓ Registration of all qualified private health professionals & newly opened private facilities
  - ✓ Annual licensure of practicing health professionals
  - ✓ Annual licensure of operating private health facilities
  - ✓ Strict adherence to acceptable standards in service provision
  - ✓ Conformance to high levels of ethics and integrity in practice
  - ✓ Accreditation of operating private facilities to provide priority health interventions – Accreditation system

Challenges in regulation of private health practice

- Policy environment *(weak frameworks – lack, weak, not-implemented)*
- Regulation reach - *Professional councils with limited resources*
- Limited Professional development + in-service training
- Weak Integrated Information flow & management systems
- Expensive & unfriendly financial products
- Highly capital intensive private investments in medi-care
- Liberalised private health practice policy
- Low investments in research (surveys, studies, applied..)
- Sub-standard health products (fake pharmaceuticals, medical equipment...)
- Inaccessible tax incentives on essential health products & equipment
- Poor Standard Operating Procedures (waste disposal, infection Control, stock management, conformance to service standards)

Best practices in regulation

- Embracing partnership principles
- Joint planning & regulatory task execution
- Instituting graduated accreditation systems
- Strengthening rather than down-grading self regulation
- Joint Support Supervision & monitoring
- Institutionalizing friendly health policy environment
- Effective communication mechanisms (policies, strategy & protocols)
- Facilitation of Continuous Professional & Career Development.

Recommendations for effective regulation

- *Proactive* regulation by the professional councils
- Strengthen *self*-regulation
- Adequately *resource* regulatory bodies.
- Enact and implement *balanced* laws
- Establish *mutual* collaborative mechanisms between regulatory bodies & Private sector
- Ensure *friendly* policy environment
- Institute *Joint* planning & Support Supervision/monitoring
- Establish *effective* communication systems (HIS, Strategy, PR Policy)
- Institute a *robust* HRD system
- Institutionalize a *graduated* accreditation system
- Invest in *evidence-based* quality improvement systems & models

Regulation of Health Practitioners in Uganda: From the receiving end!

By Dr. Bonaventure Ahaisibwe. Medical Director, Kampala International University Clinic

The purpose of this presentation was to highlight the views of practitioners in a regulated environment. The presentation highlights some of the gaps in health sector regulation that regulatory bodies ought to give attention to in their work.

Command and Control:

- Sanctions and penalties to ensure compliance. These are often used to ensure compliance of prescribed health worker practice.
- Random sporadic joint operations targeting private clinics or inspection by local authorities
- Practitioners weigh risk against cost of requirements and clients' willingness to pay.
- Bigger clinics and more credible/senior cadres have higher likelihood to comply
- Many licensed clinics exceed their mandate.
- Local authorities are easy to compromise but offer better rural coverage

Professional self regulation

- Executed through professional associations e.g. medical association, private medics' association…
- Professional associations are just picking up, have limited membership
- Incentives like SACCOs (Savings and Credit Schemes) have been started to encourage membership

Licensing

- Mandate of professional councils; UMDPC, UNMC, UAHPC
- Strong professional councils with political support
- Improved enforcement and coordination between councils over the last 1 -2 years
- Less bureaucracy through clear processes and HR
- General feeling that councils levy charges without giving back to the practitioners
- Limited enforcement of CME requirement
- Councils have limited role in controlling pricing and prescription practices

Other key issues in regulation in Uganda

- Naming and shaming non compliant practitioners or facilities. This needs to be carefully considered because it can instead market the facility that is being named and shamed.
- The Public Health Sector remains largely unregulated because currently most of the Councils operate at the Ministry of Health so they cannot hold it responsible to make services in public facilities better.
- Many NGOs or "Centers Of Excellence" align to international or institutional guidelines conflicting with national guidelines despite use of national resources especially in regard to HIV care and treatment
- ACCREDITATION: E.g. the Marie Stoppes International BlueStar project – Donor pilot tagged to voucher program for MCH. Reporter's note: PSI Somaliland is using the Bulsho Kaab model to accredit pharmacies that meet standards for the sale of their products.
- Consumer rights groups: Limited influence on medical practice

Key challenges faced during the visit

- ***Time constraints.*** The time allocated for the visit was not enough to cover all the issues. For example, the team did not have the opportunity to visit both Public and Private hospitals to check on the standards of practice. A visit to the Uganda Allied Health Professionals Council (UAHPC) was also not made and so we missed out on the opportunity to understand issues of regulation related to allied health professionals.

- ***The Somaliland MoH and MoE were not represented.*** Despite attempts to ensure their participation, Ministry of Health and Ministry of Education were not represented in the visit. The representative from MoH who had been seconded to NHPC to participate in the visit pulled out in the last minute even after flight bookings had been made. MoE did not identify any specific person to represent it. The non representation of MoH and MoE was a missed opportunity for them to engage with their counterparts in Uganda and clearly understand their role in health sector regulation. Perhaps, this missed opportunity will be bridged by the health sector regulation consultants who will be working with NHPC in Somaliland to put in place effective health sector regulation frameworks.

Key achievements from the visit

- ***Establishment of working relationship with UMDPC and UNMC.*** Through the visit, NHPC and THET have been able to establish working relationships with the Ugandan regulatory councils. Such a relationship is very vital towards ensuring that NHPC gets peer support in the process of managing health sector regulation in Somaliland. NHPC was also given contacts of other regulatory bodies in Africa that can enhance its work.

- ***Experiences on health sector regulation shared.*** The UMDPC and UNMC shared their experiences and challenges in health sector regulation. Such practical insights were very enlightening for NHPC which has been in the preparatory phase of its work.

- ***Samples of procedures, protocols and tools received from UMDPC and UNMC***. NHPC also benefitted from the samples of documents which it can review and contextualize to fit into the Somaliland dynamics.

Recommendations

Based on the presentations, shared experience and recommendations from the NHPC regulatory counterparts in Uganda, THET hereby suggests that the following should be considered in order to further the work of NHPC;

- ***Share experiences and lessons learnt from the Learning Visit with Somaliland Stakeholders.*** Whereas health sector regulation in Somaliland is a mandate of NHPC, it is important to realize that success depends on collaboration with key stakeholders. It is therefore urgent that NHPC shares some of the lessons learnt with key stakeholders in Somaliland so that there is awareness and buy in of NHPC's active steps towards the initiation of Health sector regulation in Somaliland. Besides, these key stakeholders will help give direction to NHPC and contextualize the best practices from

the Learning visit to suit the Somaliland dynamics. It is important to emphasize the urgency of timing for such a meeting as it should be held immediately the team returns to Somaliland.

- ***Capacity Assessment of NHPC preparedness to start and manage health sector regulation in Somaliland.*** As a matter of urgency, an assessment of the preparedness of NHPC to kick start health sector regulation needs to be conducted. Such an assessment should focus on the staffing and governance structures of NHPC, the existing protocols, procedures & tools for health sector regulation, stakeholder (Line Ministries, Private Sector, Education Institutions, etc) collaboration, and all the other elements essential for health sector regulation. Such an assessment would also look at how NHPC is going to relate with the professional associations like SLNMA, SMA and SOMLA. If the associations are established for the welfare of their members, can they play any role in health sector regulation?

- ***Fundraising in order to increase the capacity of NHPC and other stakeholders to handle regulation.*** NHPC needs to add on to the resources provided by DFID through THET by engaging in rigorous fundraising drives. UMDPC shared a number of contacts that can be beneficial in this effort. The work to be carried out by NHPC is enormous requiring several staffs, technology, space and equipment and this can only be made possible if the resource envelop is increased. Some of the funding agencies worth following up on include;

    - ✓ International Finance Cooperation (IFC) of the World Bank. Issues funded include but not limited to; improvement in regulation laws, learning/Learning trips, inspection of health facilities, training of councils and BOD development
    - ✓ Abt Associates. Funds activities around accreditation and CPD
    - ✓ Medical Synergies. Offers online CPDs
    - ✓ CapacityPlus. Offers support in Data Management.

- ***Networking with other regional and international regulatory bodies.*** NHPC needs to join Regional and International Health Sector Regulatory Bodies so that it can hone its experience in Health sector regulation. By being part of the regional and international health sector regulation networks, NHPC will also be able to share its experiences and challenges and receive support from peers. Some of the regulatory bodies that NHPC should explore joining include; Africa Medical Councils' Registrars (AMCOR), and International Association of Medical Councils' Registrars (IAMCOR) among others. NHPC can use the leverage of the good working relationship already developed with UMDPC and UNMC to reach out to different stakeholders.

- ***Development and or review of protocols, guidelines and other tools relevant in the regulation of the health sector.*** In order to kick start health sector regulation in Somaliland, NHPC needs to ensure that it has all the relevant tools, protocols and procedures. This will therefore call for the review of existing tools or the development of those that are missing.

- ***Departmentalization.*** In order to cater the wider objectives of NHPC, it will be vital to create relevant departments with proper staffing, Facilities and Materials/equipment. some of these

departments could include; Medical, Nursing & Midwifery, Legal, IT & Records, Admin/Finance, CPD, etc. NHPC will regulating the work of all health professions and therefore it is important to ensure that the different professions and stakeholders are represented. As aforementioned, departmentalization will require enormous resources and therefore a phased approach will be required in the implementation of such a strategic decision. To begin with, NHPC should develop clear ToRs for each of the proposed departments so that even partners that wish to give a helping hand, can be convinced with the level of clarity.

- ***BOD and Committees.*** Governance is an important ingredient in organization development as well as health sector regulation. BOD composition should try as much as possible to include all the key stakeholders to NHPC's work. In addition, NHPC will need to create committees that will handle different activities of the Council e.g. Training & Education Committee, Ethics & Disciplinary Committee, etc.

- ***Outreach and Community Awareness about the work of NHPC.*** Before NHPC can kick start health sector regulation, strong advocacy at leadership level will be required. In addition, communities and health workers must be sensitized about the benefits of health sector regulation and a grace period given for voluntary registration of health professionals and licensing of health facilities before any enforcement can be undertaken. Such outreach and awareness campaigns must involve the use of different channels including meetings, media and Information, Education and Communication (IEC) materials. Already NHPC has planted billboards in strategic places in Hargeisa to inform the public about its mandate but this needs to be taken a notch higher through active communication programmes.

- ***Capacity building for the NHPC staffs.*** NHPC staffs must be thoroughly prepared for the task of health sector regulation through trainings and participation in health sector regulatory for a regionally and internationally. Most of the NHPC staffs are new to regulatory work and will need skills in regulatory pathways & options, project management, advocacy & lobbying, Risk assessment & management, documentation & registration, strategy development, and monitoring & inspection among others. The position of the Executive Director also needs to be supported. IOM is currently funding that position and this needs to be sustained.

- ***Build a strong structured relationship and collaboration with Government Departments and Agencies.*** NHPC will need to build strong and visible collaboration with Somaliland Government Ministries like Health, Education, Justice and Interior. This is because each of the said ministries has a role to play in health sector regulation.

Appendices

THE NATIONAL HEALTH PROFESSIONALS' COUNCIL (NHPC) SOMALILAND

The Somaliland National Health Professionals' Council is a statutory body with the mandate of regulating, accrediting and licensing health workforce issues in the country. In 1999, an Act of the Republic of Somaliland Parliament was passed to establish the National Health Professionals' Council (NHPC). The Act defined the functions of the council which was planned to register health professionals, health care institutions and facilities. NHPC since formation in 2001 went through a spate of challenges that made it non functional until 2006 when stakeholders met and re-emphasized the need for a stronger health system regulatory body. In 2008, efforts were made to reconstitute the NHPC and changes were made and/or envisioned to be made to minimize past short comings and utilize the previous positive experiences.

Despite the challenges, NHPC continues to be seen as a key platform for the overall promotion of health safety standards, high quality health care standards and a central body working on regulatory issues in the longer term. With support from DFID through THET, in April 2011, NHPC received a lifeline in the form of funding and technical support that enabled it to rent premises for office operations with staff and strategic framework developed in a 2-day workshop on professional regulation conducted for all health sector stakeholders in Somaliland.

RATIONALE FOR THE LEARNING VISIT

Two decades of civil struggle and political instability completely destroyed Somaliland's infra-structure and led to the collapse of the health system in the country. The loss of qualified health professionals and the disruption to human resources development led to the loss of a generation of trained staff. Consequently Somaliland suffered from severe shortage of health professionals with appropriate skills and experience, and continues to do so to this day. After declaration of independence in 1991 and despite a lack of international recognition, Somaliland has succeeded in gaining some political stability. Faced with multiple challenges, work to rebuild the country's infrastructure including the health sector started and is on course.

Unfortunately Somaliland has not yet managed to establish and operationalize a fully functional regulatory body which registers, licenses and accredits health professionals and institutions and programs to properly protect the right of the patients to get quality health care. The unregulated nature of the health sector and the shortage of health professionals have created a health system where an unknown number of persons work as unqualified "health professionals" and proliferation of unregulated healthcare facilities such as clinics, pharmacies and medical laboratories and education programmes for healthcare workers. This situation has raised public safety concerns, and is a barrier to improving the quality of health services. Furthermore, the emergence of "so called" training programmes provided by unaccredited institutions means that the country continues to produce "graduates" whose qualifications are currently unrecognized by the government of Somaliland.

There is complete lack of knowledge and understanding of professional regulation in the country. The recently appointed NHPC board and executive team need to consolidate their knowledge, skills and experience on professional regulation. Limited knowledge and experience or professional regulation have been a key constraint in smooth functioning of NHPC over the last decade. Hence with the revitalization of NHPC there is urgent need for the team to learn from similar institutions in the region. To gain practical and firsthand experience on professional regulation (registration, licensing and accreditation). With these experiences it is expected that the team will deliver the NHPC mandate to meet with regional and international standards on professional regulation.

OBJECTIVES OF THE LEARNING VISIT:

The overall objective of the Learning visit is to enhance the National health professions council (NHPC) capacity to conduct firm regulation of healthcare practice in Somaliland. The visit is organized to achieve the following specific objectives;-

- To familiarize with how regulatory councils of Uganda work and gain firsthand knowledge and experience on regulating procedures and processes (registration and licensing of professionals and accreditation of professional education programmes and institutions)
- To get the overview of how the whole process interconnects (key stakeholders involved and their roles) and lessons learned from the past experience by Ugandan regulatory councils.
- To learn from the Ugandan Councils' institutional setbacks and challenges; and come up with ways recognizing threats for NHPC in the long run
- To establish linkages and working relationships with other regulatory bodies in the region to provide, support and share resources in professional regulation
- To acquire relevant system and documents that can be contextualized to kick start the regulation process in Somaliland.
- To study deeply the interrelationship between the regulatory institutions and the health care service providers of the visited country with the following institutions in mind:
  - ✓ Ministry of health
  - ✓ Ministry of education /Higher education
  - ✓ Professional associations
  - ✓ Law enforcement bodies (e.g. Police, Courts etc)
  - ✓ Health service providers in the country
  - ✓ Supporting and funding agencies and donors

VISITING DELEGATION

The table below summarizes the delegates that will participate in the Learning visit;

ORGANIZATION	No. DELEGATES	SPECIFICATIONS

NHPC	05	-Executive Director -Technical Officer Regulation -3 BOD members
THET	03	-Programme Manager -Programme Officers
SLNMA	01	Executive Director
SMA	01	BOD Chairperson
MoH	01	Health Services Director
MoE	01	Director of Higher Education
TOTAL	12	

The Delegation will be led by the NHPC Executive Director and the THET Programme Manager

TIMEFRAME:

March 10-18, 2013. Travel days will be 10th and 18th March respectively.

PROGRAMME FACILITATORS:

The programme will be jointly facilitated by the THET Programme Manager and NHPC Executive Director.

For purposes of learning; technical facilitation will be provided by;

1. Dr. Gubala Sentongo, Registrar of the Uganda Medical & Dental Practitioners' Council (UMDPC)
2. Dr. Okullo Dom Joel, Chairperson of UMDPC
3. Mr. John Kennedy Wakida, Registrar of the Uganda Nurses and Midwives Council (UNMC)
4. Dr. Harold Bisase - a consultant on PPPH
5. Dr. Bonaventure Ahaisibwe. Practicing Medical Doctor in Uganda with experience in managing and coordinating health interventions in the country.

DETAILED PROGRAMME PLAN:

DAY & DATE	MORNING (9:00-12:00)	2:30-4:30Pm	LOCATION
Sunday, 10th March, 2013.	Travel Berbera-Addis-Entebbe with Ethiopian Airways		
Monday, 11th March,		Presentation on	Sir Jose Hotel

2013.		Healthcare in Somaliland (structure, health worker training, health practice, key challenges and the work of NHPC by Dr. Lula. Dr. Gubala and John Wakida to participate	Ggaba Kampala *(Opp. Road to Speke Resort Munyonyo)*
Tuesday, 12th March, 2013.	Presentation on the work of UMDPC by *Dr. Gubala*	Presentation on the work of UNMC by *John Wakida*	Sir Jose Hotel Ggaba Kampala *(Opp. Road to Speke Resort Munyonyo)*
Wednesday, 13th March, 2013.	Visit to UMDPC Offices by the Delegation and acquisition of relevant regulation documents.	Visit to UNMC Offices by the Delegation and acquisition of relevant regulation documents.	Kampala
Thursday, March 14th , 2013	Regulation and Private Health Practice in Uganda. *Dr. Harold Bisase* Experiences of a Practicing Doctor in Uganda (How regulation affects practice) *Dr. Bonaventure.*	NHPC reflection meeting (lessons learnt, way forward for Somaliland healthcare regulation) Session facilitated by Dr. Gubala and John Wakida	Sir Jose Hotel Ggaba Kampala *(Opp. Road to Speke Resort Munyonyo)*
Friday, March 15th , 2013	Team reflections on the way forward		
Saturday, March 16th, 2013	Travel to Jinja Source of the River Nile		
Sunday, March 17th, 2013	Team preparations for departure	Visit Entebbe Zoo for Lunch in the afternoon before departure.	