



MINISTRY OF HEALTH

**MINISTRY OF HEALTH  
GOVERNANCE AND  
MANAGEMENT STRUCTURES  
IMPLEMENTATION  
GUIDELINES**

**2022**

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## ACRONYMS

<b>AHSPR</b>	Annual Health Sector Performance Report
<b>C/NDC</b>	Communicable and Non-Communicable Disease Control
<b>CDC</b>	Center for Disease Control
<b>CHS</b>	Commissioner of Health Services
<b>DGHS</b>	Director General of Health Services
<b>DHS</b>	Director of Health Services
<b>G&amp;R</b>	Governance and Regulation
<b>GMS</b>	Governance and Management Structures
<b>GOSPOR</b>	Governance, Standards, Policy, and Regulations
<b>HCDP</b>	Human Capital Development Programme.
<b>HIRE</b>	Health Information and Research
<b>HPAC</b>	Health Policy Advisory Committee
<b>HRH</b>	Human Resources for Health
<b>HSDP</b>	Health Sector Development Plan
<b>JRM</b>	Joint Review Mission
<b>LTIA</b>	Long Term Institutional Arrangements
<b>MDA</b>	Ministry, Department and Agency
<b>MoES</b>	Ministry of Education and Sports
<b>MoGLSD</b>	Ministry of Gender Labour and Social Development
<b>MoH</b>	Ministry of Health
<b>MoLG</b>	Ministry of Local Government
<b>MoPS</b>	Ministry of Public Service
<b>MoWE</b>	Ministry of Water and Environment
<b>MPM</b>	Medicines Procurement and Management
<b>MSH</b>	Management Sciences for Health
<b>NDA</b>	National Drug Authority
<b>NDP</b>	National Development Plan
<b>NHA</b>	National Health Assembly
<b>NITA</b>	National Information Technology Authority
<b>NMS</b>	National Medical Stores
<b>OPM</b>	Office of the Prime Minister
<b>PH</b>	Public Health
<b>PPPH</b>	Private-Public Partnerships for Health
<b>PSP</b>	Policy, Strategy, and Planning
<b>RMNCA</b>	Reproductive Maternal Neonatal Child and Adolescent Health
<b>SPAFID</b>	Strategic, Planning, Finance and Development.
<b>STMC</b>	Senior Top Management Committee
<b>TMC</b>	Top Management Committee
<b>TWG</b>	Technical Working Group
<b>UBTS</b>	Uganda Blood Transfusion Services
<b>UNHRO</b>	Uganda National Health Research Organization
<b>UVRI</b>	Uganda Virus Research Institute

## FOREWORD

Decision-making requires engaging stakeholders at different levels to determine the best course of action to meet the goals of an institution. This requires elaborate organisational structures with inspirational leadership that make room for change and innovation.

The Ministry of Health (MoH) has had defined governance and management structures which have existed for a long time. The tasks and responsibilities of members of the structures were defined, but some of these responsibilities have continued to be affected by the new changes and developments taking place in the health sector. These guidelines have been reviewed and updated this year 2022, to match the demand and need to improve the functionality of these structures, more especially the Technical Working Groups (TWGs).

The review and updating process of the previous guidelines was widely consultative and effort was made to align the new guidelines with the Third MoH National Health Policy, 2021-25 and the MoH Strategic Plan for 2021-25. The guidelines have also accommodated changes following the restructuring of the Ministry of Health headquarters, where eighteen departments were created from the previous six departments. There has been remarkable changes in disease patterns, occurrence and management in Uganda together with further developments in the health financing and support mechanisms from partners, Civil Society Organisations (CSOs) and the involvement of other stakeholders. The revised implementation guidelines for the governance and management structures are timely to facilitate processes needed for more stakeholder participation to deal with the developments taking place in the MoH for improved, informed and effective decision making.

The Ministry of Health appreciates the role played by the different stakeholders that have been involved in the successful review of the new guidelines. Special thanks go to the consultancy team from The Centre for Rapid Evidence Synthesis (ACRES) from Makerere University College of Health Sciences and the MoH Department for Standards Compliance and Patient Protection (SCAPP-D) for the work well done. I wish to urge everyone use these guidelines to improve coordination of processes for implementing the different interventions taking place in the health sector. This shall go a long way towards our effort to accelerate and meet the Universal Health Coverage (UHC) targets and goals for 2030. I wish all of you eventful and fruitful engagements as we operationalise the established organisational and management structures in MoH.



Hon. Dr. Jane Ruth Aceng Ocero

**Hon. Minister of Health**

## ACKNOWLEDGEMENT

The review of the MoH Governance and Management Structures 2019 edition took a long time to be finalised. There were several consultative engagements involving different stakeholders within the MoH and beyond. A situation analysis was undertaken by the ACRES Team from Makerere University College of Health Sciences. The MoH would like to appreciate the tireless effort of the different actors involved in this process. Special thanks go to members of the MoH Health Policy Advisory Committee (HPAC) for deliberating on and taking the time to oversee the operations of the different governance and management structures at the MoH, which contributed to the review of the previous implementation guidelines.

The Directorate of Governance and Regulation, which I head, is also appreciated for taking the lead in the review process where the Department for Standards Compliance Accreditation and Patient Protection (SCAPP-D) played a key role. I wish all stakeholders who are members of the various committees described in the guidelines will actively participate in the operations of these structures so that the MoH's key targets and goals can be realised.

For God and My Country

A handwritten signature in black ink, appearing to read 'H. Mwebesa', is written over a horizontal line that extends to the left and curves upwards at the end.

Dr. Henry Mwebesa

**Director General Health Services**

## PREAMBLE

The revised MoH Implementation guidelines for governance and management structures are meant to facilitate how developments in health policy and strategic planning interventions shall be handled within the MoH. I therefore foresee improved processes taking place in this regard where many different stakeholders happen to participate.

As most of you are aware, most government health institutions have new strategic plans with updated mandate. We are also ushering in the implementation the Third National Development Plan (2021/22 to 2024/25) and the Third National Health Sector Policy. These changes together with other factors made it necessary to review and update the MoH Implementation guidelines for governance and management structures.

It had come to our notice that previously, majority of the Technical Working Groups (TWGs) were not performing to the expected levels with persistent poor attendance, documentation and consequently having inadequate outcomes to share. These revised guidelines provide update on membership, clarification of their roles and responsibilities, and the scheduling of the meetings with guide on the monitoring through Senior Management Committee (SMC) and the Health Policy Advisory Committee (HPAC). I am hopeful to see more progress to have TWG policy and strategic related briefs regularly submitted to SMC and HPAC.

The use of evidence is increasingly becoming part of the course of action for informed decision making. As we put additional effort to have more functional governance and management structures, I expect to also have improved access and use of the available MoH knowledge management system for enhanced use of evidence for better health outcomes at MoH.

The MoH appreciates the tireless effort made by the various key actors to review and update the previous MoH implementation guidelines for the governance and management structures. I am satisfied that the contribution made shall go a long way to improve the functionality of the TWGs in particular as well as the active participation of the members of the different organs with the MoH governance and management structures for the next five years. This work which has just been concluded shall further facilitate our joint effort to accelerate towards achieving the Universal Health Coverage in 2030



Dr. Diana Atwiine

**Permanent Secretary**

## OPERATIONAL DEFINITIONS

**Functionality:** “State or quality” of the Governance and Management Structures’ (GMS) capacity to implement assigned responsibilities and contribute to the Ministry of Health (MoH) goals and objectives. For example, the Governance and Management structure’s capacity to schedule and hold regular meetings.

**Governance:** Authority and stewardship in setting the organisation’s strategic goals, course of direction and accountability frameworks. Governance involves engagement, partnership, and collaboration with stakeholders to achieve a shared purpose.

**Governance Structures:** Long-term institutional arrangements (LTIA) for stakeholder engagement, coordination, and support to facilitate the organisation’s defined goals. The structures support the Ministry of Health to execute certain functions, such as policymaking and oversight within the health sector.

**Management:** Refers to the allocation and the internal control of resources within an organisation to achieve strategic goals.

**Management structures:** These are organs involved in allocating and deploying resources for effective use and accountability

**Policy:** Agreed course of direction for Government or institutions. Policy operationalises regulations in the country, and it is the role of the ministry, department, or agency (MDA) to generate appropriate policies to implement Government Programmes.

**Policy brief:** A summary and/or synthesis of policy-related issues, such as clarifying a problem, identifying potential solutions, and implementation considerations.

**Political, technical, and administrative staff:** Include technical and administrative staff, heads of sections, units, divisions, departments, Directors of Health Service (DHS), Director General of Health Services (DGHS), Permanent Secretary, Ministers of State, and Minister of Health.

**Strategy:** What needs to be implemented over a short to a long time usually relates to the existing strategic plan. Such intervention should have the cost implication addressed.



# 1

## BACKGROUND

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Good governance in the health sector is crucial for improving the country's socio-economic and health outcomes. A health system with good governance ensures effective stakeholder participation, accountability, policy formulation, generation and use of evidence, regulation, professionalism, equity, transparency, and shared responsibility. Ultimately, this requires effective, efficient, and sustainable mobilisation and allocation of resources, supervision, and appropriate structures and systems.

The Ministry of Health (MoH) set up the Governance and Management structures (GMS) to ensure effective coordination and collaboration with different stakeholders in the health sector. The governance structures are also crucial for building coalitions and consensus agreements. Consequently, well-functioning GMS are crucial for good quality policies, effective coordination and implementation of programs, and improved population health outcomes.

MoH launched the first guidelines in 2013 to guide and provide a framework for the GMS operations, such as the tasks of the different governance structures. However, the guidelines were outdated and not aligned with the changing contexts, such as the National Development Plan 2020/211-2024/25 (NDP III) and the MoH strategic plan. Therefore, the current guidelines include the scope and tasks of the governance structures and are aligned to the current context.

### 1.1 RATIONALE/JUSTIFICATION FOR THE REVIEW

The MoH has updated the guidelines to respond to the following issues:

The MoH Implementation Guidelines for Governance and Management Structures 2013 edition were outdated and not aligned with the changing context in the national and health sector development planning process. The NDP III created a paradigm shift, which emphasises cross-sectoral collaborations and a programme-based planning approach. All MDAs and Local Governments (LGs) are expected to plan and report through the NDP III programmes. The TWGs and HPAC provide platforms for strengthening the health sub-programme and Human Capital Development Plan (HCDP) Working Group and following up on the NDP III agenda.

The ministries will coordinate and synergise their planning and activities with specific programmes identified in NDP III. The MoH has aligned its strategic plan to the HCDP but has yet to update and align the governance and management structures guidelines with the new planning changes.

In 2017/18 FY, the MoH headquarters underwent restructuring where the organisational arrangements were overhauled, creating 18 departments from the original six departments. The membership of the Technical Working Groups (TWGs) had to change

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to accommodate new departments and shift focus, depending on the rearrangements that had been created.

There had been a prolonged notice that several of the governance and management structures have been operating sub-optimally. There was inconsistency in holding meetings, with only 50 per cent of the TWGs and 60 per cent of TMC meetings happening, respectively. Sixty-three per cent of meeting minutes were available for the TWGs.

Some of the reasons cited include challenges in motivating members to attend meetings, inadequate capacity to coordinate and manage meetings, and inadequate capacity in the Secretariat to maintain quality meeting minutes and policy briefs. In addition, the membership and scope of the TWGs were reviewed in 2019 but this was not reflected in the guidelines.

## 1.2 PURPOSE AND OBJECTIVES

### 1.2.1 PURPOSE

The purpose of the guidelines is to strengthen the operations of the MoH governance and management structures.

### 1.2.2 OBJECTIVES OF THE GUIDELINES

General: To provide the framework for and guide the operationalisation of the MoH governance and management structures.

#### SPECIFIC OBJECTIVES

- i) To describe the different governance and management structures of the MoH
- ii) To define the tasks, responsibilities, and membership of the governance and management structures of the MoH
- iii) To describe the monitoring and evaluation of the governance and management structures of the MoH

## 1.3 TARGET GROUPS

<ul style="list-style-type: none"> <li>• MoH: Political, technical and administrative staff</li> <li>• Representatives from other line Ministries, Departments and Agencies (MDAs), and Local Governments (LGs)</li> <li>• Health Semi-autonomous Institutions</li> <li>• National Referral hospitals</li> <li>• Regional Referral hospitals</li> <li>• District/City Health Officers</li> </ul>	<ul style="list-style-type: none"> <li>• Professional associations</li> <li>• Medical Bureaus</li> <li>• Health Development partners</li> <li>• Civil Service Organisations (CSOs) and communities</li> <li>• Professional Councils</li> <li>• Private Health Providers</li> <li>• Academia and Research Institutions</li> </ul>
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The target groups include the following categories of staff:

## 1.4 PROCESS FOR DEVELOPING THE GUIDELINES

The review and update of the guidelines were done using the following approaches:

- ❑ The MoH had an initiation meeting with The Centre for Rapid Evidence Synthesis (ACRES) at Makerere University, College of Health Sciences, to discuss the scope of the task.
- ❑ ACRES drafted the concept note for the task, and this was reviewed and consented to by the SCAPP-D, MoH.
- ❑ Setting up the team: Two teams were set up, including a technical team with SCAPP- D and ACRES staff. The teams continuously reported to the Acting Commissioner, SCAPP- Department for guidance.
- ❑ Methods for identifying the evidence: Included best-fit framework synthesis, reviewing minutes, key informant interviews, survey, policy dialogue, and participation in TWG meetings.
- ❑ Stakeholder engagement through different platforms, such as policy dialogue and presentation at the Governance Standards Policy and Regulation TWG, Senior Management Committee, and Health Policy Advisory Committee.
- ❑ Drafted and incorporated feedback from the different stakeholders
- ❑ Draft reviewed by Governance Standards Policy and Regulation TWG.
- ❑ The final draft was presented to the Senior Management Committee (SMC) and Health Policy Advisory Committee (HPAC) for endorsement and Top management Committee (TMC) for approval.

## 1.5 SITUATION ANALYSIS

MoH has elaborate governance and management structures with committed Senior Top leadership (MoH Guidelines for Governance and Management Structures, 2013). The implementation and coordination structure is clearly defined from the lowest level of the departments through TWGs, SMC, HPAC, and TMC to facilitate policy and strategy dialogue, formulation, development, implementation, monitoring and evaluation.

Most stakeholders are deemed to have faith and confidence in the organisation structures in the MoH. Representatives for the HDPs and CSOs have positive sentiments about these structures and are willing to participate more actively in supporting the organisational and management structures to make them more functional and productive.

However, most governance and management structures have been operating sub-optimally without reaching the expected performance levels.

The outcomes, particularly for the TWGs, have not been evident and are marked by poor and inconsistent attendance, documentation and reporting to SMC and HPAC. There have been less focused outcomes in terms of policy briefs and meeting minutes shared for the subsequent governance and management level.

There was restructuring at the ministry headquarters conducted in 2019/20 FY which expanded the number of departments from six to 18 to enhance the implementation of its mandate. In addition, the outbreak of COVID-19 interrupted the performance of most of the governance and management structures. The number of meetings increased both within and outside the MoH to address the current challenges, especially the COVID-19 response and other government priorities. Several meetings have conflicting schedules, which reduces the effective participation of the most senior officers at the MoH. In particular, TMC has not been able to meet monthly, affecting the approval of some policy and strategic documents.

Also, there appears to be inadequate knowledge of the roles and responsibilities of the responsible officers for some organisational structures, notably for TWGs. Inadequate budgeting and prioritising operations of the organisational structures to cater to basic requirements such as stationery, refreshments and space for holding meetings also appear to have negatively influenced the structures, more so the TWGs. Due to budget limitations, some partners facilitate meetings with refreshments, stationery, and other logistics. The increasing use of online meeting platforms such as Zoom has improved attendance and reduced the high operational cost of running these committees.

## 2

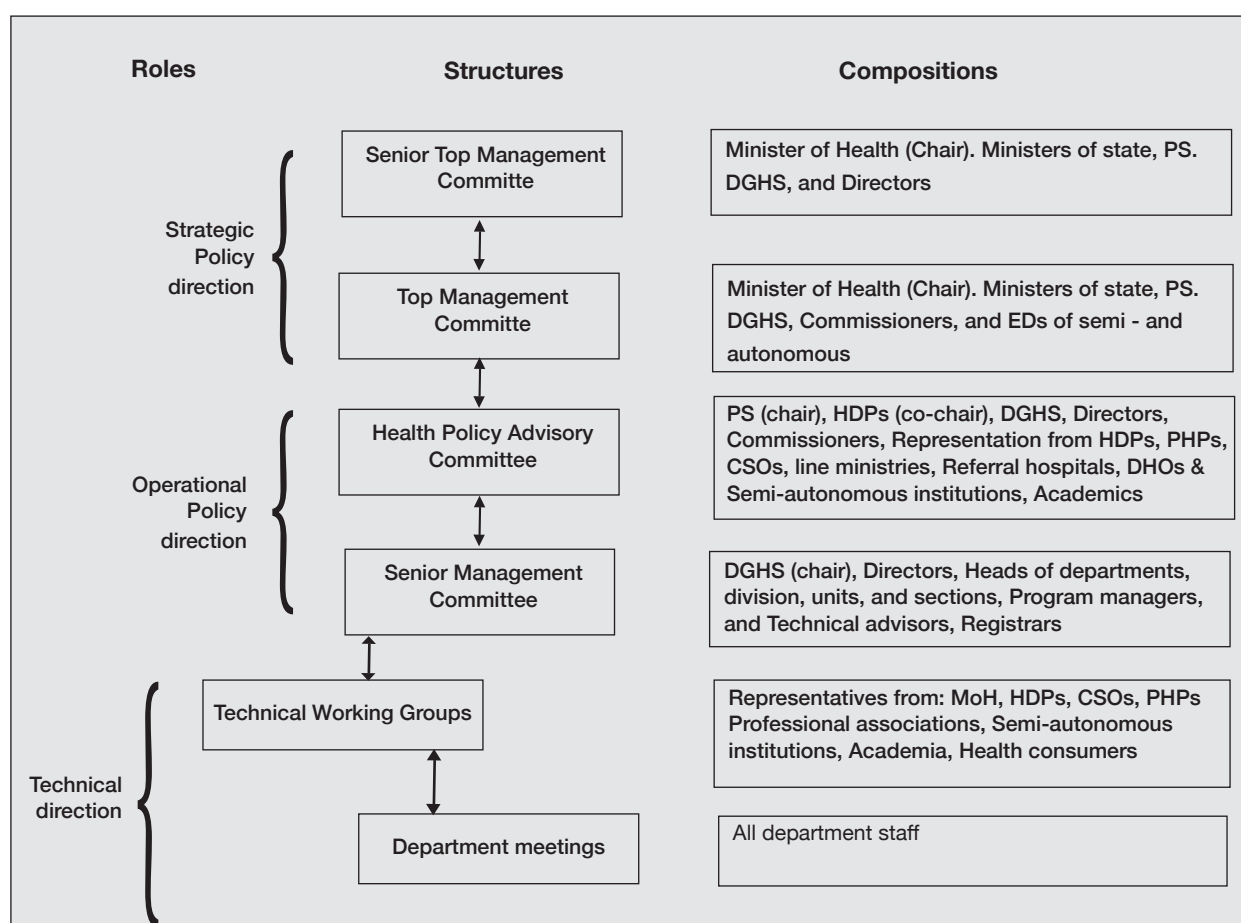
## MOH GOVERNANCE AND MANAGEMENT STRUCTURES

Governance structures derive their mandates from corresponding policies and laws of Uganda, such as the Constitution of Uganda 1995, the Public Service Act 2008, Public Service standing orders, guidelines, and international frameworks like the Busan Partnership, Universal Health Coverage (UHC) 2030, and the Accra Agenda.

The governance structures at the national and sub-national levels include:

### AT THE NATIONAL LEVEL

- Cabinet: The Cabinet is responsible for the overall leadership in the health sector.
- Parliament: The Parliamentary health committee provides overall oversight in the health sector.



At the MoH level, the structures include Senior Top Management Committee (STMC), TMC, HPAC, TWGs and Departments.

## 2.1 ROLES AND COMPOSITION

### 2.1.1 SENIOR TOP MANAGEMENT COMMITTEE (STMC):

Is responsible for governance and strategic political course of direction. The membership includes the Ministers, Permanent Secretary, Director-General of Health Services, and Directors of Health Services (DHS). The STMC meets every week.

### 2.1.2 TOP MANAGEMENT COMMITTEE (TMC):

Serves to review and approve MoH bills, policies, strategies, guidelines, standard operating procedures, operational plans, work-plan and budgets and oversees monitoring and evaluation. Top management includes the MoH Ministers, Director General of Health Services (DGHS), Directors of Health Services (DHS), Directors of other national-level institutions, Commissioners and the Registrars of Health Professional Councils. TMC meets once every month and is chaired by the MoH.

### 2.1.3 HEALTH POLICY ADVISORY COMMITTEE (HPAC):

This committee was established as a forum for the Government, Health Development Partners (HDPs) and other stakeholders to discuss health policy related and strategic issues and to advise on the implementation of the Sector Strategic plans and policies. HPAC is a stakeholder coordination and engagement mechanism which supports the functions of the Ministry of Health Top Management in policy related issues. HPAC facilitates effective collaboration, partnership and dialogue with the ministry and other stakeholders.

#### COMPOSITION OF HPAC

Chairperson: Permanent Secretary

Co-Chairperson: Chair of Development Partners

- Secretary: Commissioner Health Services Planning

#### MEMBERS:

- Director General Health Services
- Directors of Health Services
- Under Secretary - MoH
- MoH Commissioners
- Representative of the Health Service Commission
- Representatives of the Health Development Partners comprising bilateral and multilateral organisations (WHO, World Bank, UNICEF, UNFPA, UNAIDS, UNHCR) as well as International NGOs supporting the health sector.
- Executive Director Mulago National Referral Hospital
- Executive Director Butabika National Referral Hospital

- Representative of Makerere University School of Public Health
- Director Uganda Aids Commission
- Chairperson of the Hospital Directors for the Regional Referral Hospitals
- Representative of the District Health Officers
- Representative of the Medical Bureaus
- Representative of the Private Health Providers
- Representative of the Health Consumer Organisations
- Representative of the RMNCAH CSOs
- Representative of the HIV/AIDS CSOs
- Representative of the Malaria Consortium
- Representative of the NCD CSOs
- Representative of the Youth Coalitions
- Representatives of related MDAs; Ministry of Finance, Planning and Economic Development (MoFPED), Ministry of Local Government (MoLG), Ministry of Public Service (MoPS), Ministry of Education and Sports (MoES), Ministry of Gender, Labour and Social Development (MoGLSD), Ministry of Water and Environment (MoWE) and National Planning Authority (NPA)
- Other members shall be co-opted as need arises to address specific issues during HPAC proceedings.

### **FUNCTIONS OF HPAC**

- 1. Advise the MoH on policy and health strategy development issues.**
- 2. Review and discuss policy and health strategy implementation related issues from SMC.**
- 3. Receive and advise on the following monitoring reports:**
  - Implementation of the Health sub-program Compact
  - UHC2030 reports in support of the implementation of the SDGs
  - Quarterly Area Team supervision reports
  - Annual Health Sector Performance Report.
  - Progress report on implementation of JRM Aide-memoires - quarterly.
  - Technical Review meeting reports.
  - Quarterly sector performance review reports.
  - Other mandatory reports e.g., project or program reports
- 3. Participate in strategic planning for the sector.**
- 4. Harmonise resource mobilisation.**
- 5. Participate in joint monitoring and evaluation of health programmes.**

### **HPAC MEETINGS**

- HPAC meetings shall take place on a monthly basis.

- The schedule will be published annually.
- Pre-HPAC meeting (Chair, Co-Chair and Secretary) shall be conducted to decide the agenda.
- The Secretary to HPAC shall invite and communicate the agenda prior to the meeting.
- All relevant information will be provided to members prior to the meeting.

### **DURATION OF MEMBERSHIP TO HPAC**

- HPAC remains in operation for the duration of each 5-year Health Sector Strategic Plan. The HPAC membership will be reviewed during the Mid Term Review and End Term evaluation of the Sector Strategic Plan to reflect appropriate response to changing health needs.

### **FUNDING FOR HPAC ACTIVITIES**

- All HPAC activities including special assignments will be funded from the health sector budget and other agreed partner sources.

#### **2.1.4 SENIOR MANAGEMENT COMMITTEE (SMC):**

Creates a link between TWGs and HPAC and other structures above in the hierarchy of the organisational structures for the MoH. Members include senior staff members at the MoH Headquarters from the rank of Principal Officer and above. SMC reviews and adopts policy and strategy related matters for endorsement by HPAC or final approval by TMC. SMC meets once every month and is chaired by the DGHS.

The functions of SMC are summarised as below:

- Review and advise HPAC on MoH work plans, strategic plans, operational policies, budgets, interventions, and programme implementation reports for the health sector.
- Review and recommend to TMC the technical standards and guidelines for implementation
- Review and implement TMC decisions as may be directed/ communicated from time to time
- Guide the departments on technical and administrative issues
- Review and ensure that all operational policies, budgets, interventions, regulations, strategic plans, standards, and guidelines are informed by the best available evidence and data.



### 2.1.5 TECHNICAL WORKING GROUPS (TWG):

Serve as structures to deliberate on, review and advise on policy, strategic, and technical issues of the MoH. A summary of issues discussed at TWG is submitted to HPAC and TMC for action.

TWGs are reviewed and determined as guided by the MoH Strategic Plan every after five years or as may be advised by the Top Management of the MoH through HPAC. There are 12 TWGs established under these guidelines, namely:

- Governance, Standards, Policy and Regulation (GOSPOR)
- Private-Public Partnerships for Health (PPPH)
- Human Resources for Health (HRH)
- Strategic Planning, Financing, and Development (SPAFID)
- Medicines Management and Procurement (MMP)
- Clinical Services and Infrastructure (CSI)
- Health Information Innovations and Research (HIIRE)
- Community Health (CH)
- Nutrition
- Communicable and Non-Communicable Disease Control (CNCD)
- Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH)
- Monitoring and Evaluation (M&E)

TWG Membership includes representation from the user Department and other related Departments and Divisions, Health Development Partners, CSOs, Line Ministries, National Level Institutions and Academia. TWGs meet once every month and are chaired by the Director or Commissioner.

The User Department is the secretariat. Sub-Committees can be established according to need at the discretion of the members of the TWGs. Sub-committees can be established to handle specific assignments as agreed on by the TWG. The task should normally be short term, and the Sub-committee should report back to the TWG.

Each TWG should hold monthly meetings and keep records of the minutes and an action matrix with recommendations followed up and reviewed in the subsequent meeting.

To improve the functionality of the TWGs:

- The secretariat shall maintain an action tracker for the TWGs as a performance monitoring tool
- A summary of the strategic and policy-related issues submitted to the SCAPP-D monthly

### 2.1.5.1 CROSS-CUTTING TASKS FOR THE TWGS

TWGs have the main task of reviewing and giving advice on policy-related and strategic related issues from the user department and other stakeholders. The issues discussed are adopted and considered to be either implemented or forwarded to SMC for further deliberations. The tasks of the TWGs generally include reviewing and advising on the following:

- Policies, strategies, regulations, standards, and guidelines.
- Mid-term and end-of-term review of the Health Sector Policy and the Institutional Strategic Plans
- Annual Health Sector Performance Review Report (AHSPR)
- Recommendations/ priority actions from the Joint Review Mission (JRM), Aide Memoire, and Technical Review Meetings.
- Recommendations for SMC to address for further consideration by HPAC and TMC
- Operational research from user department(s) or stakeholders related to the MoH policy and strategic developments.

### 2.1.5.2 SPECIFIC TASKS FOR THE TWGS

The tables below give highlights of the specific tasks for the respective TWGs:

<b>GOVERNANCE, POLICY, STANDARDS, POLICY, AND REGULATION (GOSPOR)</b>	<b>PRIVATE-PUBLIC PARTNERSHIP FOR HEALTH (PPPH)</b>	<b>HUMAN RESOURCES FOR HEALTH (HRH)</b>
<ul style="list-style-type: none"> <li>• Support and guide the review/ development of evidence-informed policies, standards, regulations, strategies, plans, standards and guidelines</li> <li>• Discuss and guide the implementation of health sector governance (inter-and multisectoral coordination, accountability, community feedback), standards, policy, and regulation</li> <li>• Support and monitor functionality of the governance and management structures in the health sector (i.e., Hospital boards and Health Unit Management Committees)</li> <li>• Support and guide the processes for monitoring and evaluating of implementation of health service standards (quality of healthcare) and health sector performance.</li> <li>• Support and guidance on the functionality of the TWGs, including reviewing and endorsing specific studies and evaluations.</li> <li>• Review and endorse sector-specific studies and evaluations concerning GOSPOR and health sector performance.</li> </ul>	<ul style="list-style-type: none"> <li>• Support and guide the review/ development of evidence-informed strategies, plans, guidelines, and standard operating procedures related to PPPH and refugee health</li> <li>• Review and guide on financing mechanisms and projects for the PPPH.</li> <li>• Discuss and guide on implementation issues related to PPPH.</li> <li>• Provide a platform for private sector engagement and sustainability of partnerships for partners</li> <li>• Monitor and review functionality of the Private sector coordination structures and for a.</li> <li>• Support and guide the processes for monitoring and evaluating PPPH related policies, strategic plans, standards, regulations, and guidelines to be informed by evidence.</li> <li>• Review and endorse studies/ research concerning PPPH.</li> </ul>	<ul style="list-style-type: none"> <li>• Support and guide review/ development of evidence-informed HRH- related policies, regulations, strategies, standards, and guidelines</li> <li>• Discuss and guide on issues on implementation issues related to health workers' performance, deployment/ recruitment, and exit from the workforce</li> <li>• Provide a platform for engagement with the private sector, including Private Not-For-Profits in HRH development.</li> <li>• Support and participate in processes to monitor and evaluate HRH related policies, regulations, strategic plans, standards, and guidelines.</li> <li>• Review and endorse research/ studies for HRH.</li> </ul>

<b>STRATEGIC PLANNING, FINANCING AND DEVELOPMENT (SPAFID)</b>	<b>MEDICINES MANAGEMENT AND PROCUREMENT (MMP)</b>	<b>HEALTH INFORMATION INNOVATIONS AND RESEARCH (HIIRE)</b>
<ul style="list-style-type: none"> <li>• Support and guide the review/ development of evidence-informed health sector reforms, strategies and long, medium- and short-term development and investment plans, budgets and guidelines to ensure alignment with health subprogramme priorities and NDP.</li> <li>• Discuss and guide on implementation issues related to MoH Strategic Plan, Annual Operational Plans, Budget Framework Papers, and Ministerial Policy Statements.</li> <li>• Review and guide the health partner plan and funding to ensure alignment with health sector priorities.</li> <li>• Review and guide project proposals/ concept notes and profiles to ensure alignment with the financing framework and health sector priorities.</li> <li>• Review and discuss MoH bi-annual and annual sector budget performance reports, Joint Review Mission (JRM) Aide Memoires and recommend areas of improvement.</li> <li>• Review and endorse sector-specific studies and evaluations concerning health reforms and financing.</li> </ul>	<ul style="list-style-type: none"> <li>• Support and guide the review/ development of evidence-informed pharmaceutical supplies-related regulations, strategies, plans, standards, and guidelines.</li> <li>• Discuss and guide on implementation issues related to MMP.</li> <li>• Review and discuss sector performance on stock status for essential medicines and health supplies.</li> <li>• Provide a platform for coordinating stakeholder interventions in Medicines Procurement and Management.</li> <li>• Review and guide on implementation issues related to harmonisation and strengthening of medicines and health system, promoting Rational Use of Medicine.</li> <li>• Review and endorse operational research/ studies for MMP.</li> </ul>	<ul style="list-style-type: none"> <li>• Support and guide the review/ development of evidence-based health information-related policies, strategies, plans, standards, guidelines, and Standard Operating Procedures.</li> <li>• Discuss and guide on implementation issues related to Health Information Management, innovation, and research.</li> <li>• Provide a platform for HIS stakeholder engagement and feedback.</li> <li>• Discuss and guide on mechanisms for strengthening and embedding the systematic demand and use of health information, research, and other forms of evidence to inform policies.</li> <li>• Support and guide the monitoring and evaluation of HIIRE related policies, strategic plans, guidelines, and Standard Operating Procedures.</li> <li>• Review and guide policy and legislative frameworks to support the attainment of the goals of e-Health.</li> <li>• Review and guide on e-health innovations.</li> <li>• Review and endorse health research proposals, reports, and studies related to HIIRE.</li> </ul>

<b>CLINICAL CARE AND INFRASTRUCTURE (CCI)</b>	<b>COMMUNITY HEALTH (CH)</b>	<b>NUTRITION (NT)</b>
<ul style="list-style-type: none"> <li>• Support and guide the review/ development of evidence-informed clinical care, emergency medical services, and health infrastructure-related policies, strategies, plans, standards, guidelines, and operating procedures.</li> <li>• Discuss and guide on implementation issues related to clinical care, emergency medical services and infrastructure development.</li> <li>• Support and participate in processes for monitoring and evaluation of the implementation of clinical care, EMS and Health infrastructure-related policies, regulations, strategies, plans, standards, guidelines, and standard operating procedures.</li> <li>• Review and endorse proposals for health infrastructure development projects and innovations.</li> <li>• Review and guide on studies/ operational research concerning clinical services, EMS and health infrastructure.</li> <li>• Review and guide on proposals for health infrastructure development in the health sector</li> </ul>	<ul style="list-style-type: none"> <li>• Areas of focus shall include health promotion education, environmental health, disease prevention and community engagement.</li> <li>• Support and guide the reviewing evidence-informed Community Health-related regulations, policies, strategies, plans, standards, guidelines, and standard operating procedures.</li> <li>• Discuss and advise on implementation issues related to Community Health-related programs.</li> <li>• Review and advise on the monitoring and evaluation of the implementation of community health-related policies, regulations, strategies, plans, standards, guidelines, and standard operating procedures.</li> <li>• Review and endorse proposals for Community Health-related projects and innovations.</li> <li>• Review and endorse proposals for Community Health-related projects and innovations.</li> <li>• Review and endorse findings from related studies and operational research.</li> </ul>	<ul style="list-style-type: none"> <li>• Support and guide on review/ development of evidence-informed nutrition-related regulations, policies, strategies, plans, standards, and guidelines.</li> <li>• Discuss and advise on implementation issues related to the Nutrition strategic plan and interventions.</li> <li>• Support and guide on processes for monitoring and evaluation of the implementation of Nutrition-related policies, regulations, strategies, plans, standards, guidelines, and standard operating procedures.</li> <li>• Review and endorse proposals for nutrition projects and innovations.</li> <li>• Review and advise on the strategic directions for capacity building on nutrition-related national programmes.</li> <li>• Review and endorse cost-effective and high-impact studies and/or interventions regarding nutrition.</li> <li>• Review and endorse findings from related studies and operational research.</li> </ul>

<b>COMMUNICABLE AND NON-COMMUNICABLE DISEASE CONTROL (CNCD)</b>	<b>REPRODUCTIVE MATERNAL NEONATAL CHILD AND ADOLESCENT HEALTH (RMNCAH)</b>	<b>MONITORING AND EVALUATION (M&amp;E)</b>
<ul style="list-style-type: none"> <li>• Support and guide on review/ development of evidence-informed CDC/NCD policies, strategies, plans, standards, regulations, and guidelines.</li> <li>• Discuss and guide on interventions and projects in communicable/non-communicable disease prevention and control.</li> <li>• Review and advise on studies/ research related to CDC/NCD management of epidemics, disaster prevention, preparedness, and response in the health sector.</li> <li>• Support and guide on processes for monitoring and evaluation of the implementation of CDC/NCD and IDSR and related policies, regulations, strategies, plans, standards, guidelines and standard operating procedures.</li> <li>• CNCD related policies, strategic plans, standards, regulations, and guidelines to be informed by evidence</li> </ul>	<ul style="list-style-type: none"> <li>• Support and guide on review/ development of evidence-informed RMNCAH related policies, regulations, standards, guidelines, and standard operating procedures.</li> <li>• Review and advise on the performance of the RMNCAH interventions and provide recommendations for policy or action to the MoH.</li> <li>• Support and guide on implementation issues related to technical programmes in RMNCAH.</li> <li>• Review and advise on the interventions for RMNCAH and the related financing and give recommendations to the MoH.</li> <li>• Support and participate in processes for monitoring and evaluation of the implementation of RMNCAH related policies, strategic plans, standards, regulations, guidelines, and standard operating procedures</li> <li>• Review and endorse project proposals and innovations for RMNCAH</li> <li>• Review and advise on studies/ operational research for RMNCAH</li> </ul>	<ul style="list-style-type: none"> <li>• Support and guide on review/ development of evidence-based M&amp;E plans, standards, guidelines and standard operating procedures</li> <li>• Support and advise on review/definition of the health sector performance indicators and targets.</li> <li>• Discuss and guide on implementation issues related to sector M&amp;E.</li> <li>• Support and participate in preparing monthly, quarterly, annual, and mid-term Activity/plan/program performance monitoring reports containing summary data, reviewing overall performance against targets and making overall recommendations.</li> <li>• Review and endorse all mandatory reports before submission.</li> <li>• Support and guide on surveys and research to monitor and evaluate the MoH Strategic Plan.</li> <li>• Review and endorse dissemination of best practices that will contribute to scaling up quality and impactful Health services in the country.</li> <li>• Review and advise on system bottlenecks and identify appropriate solutions and recommendations to improve programming based on evidence.</li> </ul>

### **2.1.6 DEPARTMENT MEETINGS:**

Departments are the first level of governance and management structures and the link between governance structures to the operations within the MoH. Monthly meetings are held to deliberate on progress made toward implementing the activities as guided by their respective work plan. Departments should identify policy-related and strategic issues to be handled by the TWG.

The activities to be handled and implemented by the Department shall include the following:

- Planning, implementing, and monitoring activities in the respective departments as guided by the work plan.
- Stakeholder coordination to identify and develop policy-related and strategic issues for approval for implementation by the MoH
- Accountability of resources in the Ministry of health.
- Update and share technical and administrative information on organisational changes and developments
- Utilise the Governance and management structures to develop, implement, monitor, and evaluate policies, strategic plans, standards, and guidelines.
- Hosting the secretariat of the respective TWG

### **2.1.7 OTHER COMMITTEES:**

- Other committees outside the governance and management structure described in this document can be created for various reasons. These are expected to handle short to long term assignments and can report to any level depending on the purpose for which they are established. Efforts should be made to minimise duplication of departments' responsibilities, which should always take stock of tasks handled by such committees.
- The established committee should have clear terms of reference to guide what is expected to be done over a given time.

## 2.2 COMPOSITION OF THE GOVERNANCE AND MANAGEMENT STRUCTURES

GOVERNANCE AND MANAGEMENT STRUCTURE	LEADERSHIP AND SECRETARIAT	MINISTRY OF HEALTH	STAKEHOLDERS
<b>SENIOR TOP MANAGEMENT COMMITTEE</b>	Chairperson: Minister of Health  Secretariat: Permanent Secretary	Minister of State for Primary Health Care  Minister of State for General duties  Director of General Health Services (DGHS)  Director Health Services (DHS) Governance and Regulation (G&R)  DHS Curative Services (CS)  DHS Public Health (PH)  DHS Policy, Strategy, and Planning (PSP)  Undersecretary	
<b>TOP MANAGEMENT COMMITTEE</b>	Chairperson: Minister of Health  Secretariat: Permanent Secretary	Minister of Health  Minister of State for Primary Health Care  Minister of State for General duties  Permanent Secretary  Director-General of Health Services  DHS G&R  DHS CS  DHS PH  DHS PSP	Executive Director(s) of the National Referral hospital(s)  General Manager National Medical Stores (NMS)  Executive Director of Uganda Virus Research Institute (UVRI)  Executive Director of Uganda Blood Transfusion Services (UBTS)  Executive Director of Uganda National Health Research Organization (UNHRO)  Executive Director of National Drug Authority (NDA)



GOVERNANCE AND MANAGEMENT STRUCTURE	LEADERSHIP AND SECRETARIAT	MINISTRY OF HEALTH	STAKEHOLDERS
<b>HEALTH POLICY ADVISORY COMMITTEE</b>	Chairperson: Permanent Secretary  Co-chairperson: Representative of Health Development Partners	DHS G&R DHS CS DHS PH DHS PSP  Undersecretary All Commissioners	Representative of Executive Director(s) of the National Referral hospital(s)  Secretary to the Health Services Commission  Ministry of Finance Planning and Economic Development (MoFPED): Assistant Commissioner Accounts,  Representatives of other relevant line ministries in the human capital development program.  Representatives of Academic and Research Institutions  Representatives of the National Planning Authority  Representative of Uganda Aids Commission  Representative of Health Development Partners  Representatives of Regional Referral hospitals  Representative of Private Health Providers (PHPs)  Representatives of CSOs;  Board chairperson of National Medical Stores (NMS)  Representative of District Health Officers (DHOs)
	Secretariat: Planning Financing and Policy Department		

GOVERNANCE AND MANAGEMENT STRUCTURE	LEADERSHIP AND SECRETARIAT	MINISTRY OF HEALTH	STAKEHOLDERS
<b>SENIOR MANAGEMENT COMMITTEE</b>	Chairperson: Director General of Health Services  Secretariat: Commissioner, SCAPP- Department	DHS G&R; DHS CS, DHS PH; DHS PSP. Under Secretary All Commissioners All Assistant Commissioners of Health Services All heads of sections and units Technical officers Registrars of professional councils	
<b>TECHNICAL WORKING GROUPS</b>			
<b>GOVERNANCE, STANDARDS, POLICY, AND REGULATION (GOSPOR)</b>	Chairperson: Director of Health Services G&R  Co-Chairperson CHS Health Partner & Multisectoral coordination  Secretariat: CHS SCAPP-D	Standards Compliance and Patient Protection Planning, Finance, and Strategy Policy Analysis Unit Health Partner and Multisectoral coordination Reproductive and Child Health Clinical Services Pharmaceutical and Natural Medicines Community Health Department Nutrition Division Finance and Administration	Representatives of HDPs Representatives of CSOs Representative of UNHRO Representatives of Academia Health Professional Councils

GOVERNANCE AND MANAGEMENT STRUCTURE	LEADERSHIP AND SECRETARIAT	MINISTRY OF HEALTH	STAKEHOLDERS
<b>PRIVATE-PUBLIC PARTNERSHIPS FOR HEALTH (PPPH)</b>	Chairperson: Commissioner, Multi-sector coordination and partnerships  Co-Chairperson Private Sector Representative  Secretariat: Ass. Commissioner PPPH	Health sector partnerships & multisectoral coordination and partnerships  Planning, Finance, and Strategy  Standards Compliance Accreditation and Patient Protection  Human Resources Management  Human Resources Development  Representatives of Health Professional Councils  Finance and Administration	Representatives of HDPs  Representatives of Medical Bureaus  Representatives for the CSOs  Representatives of Contemporary Medical Practitioners  Representatives of Private Health Providers
<b>MEDICINES MANAGEMENT AND PROCUREMENT (MPP)</b>	Chairperson: DGHS Co-Chairperson: HDP Representative Secretariat: Principal Pharmacist	Pharmaceutical and Natural Medicines  Planning, Finance, Strategy, and Policy  National Communicable Diseases  Non-Communicable Disease Control  Nursing  Finance & Administration  Clinical services  National Laboratory and diagnostics	Representative of UNCRI  Representatives of HDPs  Representative of MoFPED  Representative of National Drug Authority  Representative of National Medical Stores,  Representative of Joint Medical Stores  Representative of Pharmaceutical Society of Uganda (PSU)  Representatives of Medical Bureaus  Representatives of CSOs  Representatives of Academia:

GOVERNANCE AND MANAGEMENT STRUCTURE	LEADERSHIP AND SECRETARIAT	MINISTRY OF HEALTH	STAKEHOLDERS
<b>HEALTH INFORMATION INNOVATIONS AND RESEARCH (HIIRE)</b>	<p>Chairperson: Commissioner, Policy, Strategy, and Planning</p> <p>Co-chairperson: HDP Representative</p> <p>Secretary: Ass. CHS Health Information Management Division</p>	<p>Planning, Finance, Strategy &amp; Policy</p> <p>Integrated Epidemiology and Surveillance</p> <p>Community Health</p> <p>Health Promotion Education and communication</p> <p>Standards Compliance Accreditation and Patient Protection</p> <p>Environmental Health</p> <p>Clinical Services</p>	<p>Representative of UNHRO</p> <p>Representative of UVRI</p> <p>Representative of National Information Technology Agency (NITA)</p> <p>Representative of National Identification and Registration Authority (NIRA)</p> <p>Representative of Ministry of Information Communication and Technology</p> <p>Representatives of National Referral hospitals</p> <p>Representatives of Academia</p> <p>Representatives of HDPs</p> <p>Representatives of CSOs</p>
<b>COMMUNITY HEALTH (CH)</b>	<p>Chairperson: DHS Public Health</p> <p>Co-Chairperson: HDP Representative</p> <p>Secretariat: Commissioner-Community Health Department</p>	<p>Community Health</p> <p>Health Promotion Education &amp; Communication</p> <p>Environmental Health</p> <p>Integrated Epidemiology &amp; Surveillance</p> <p>Health Partner and Multisectoral coordination</p> <p>Reproductive Maternal Neonatal Child and Adolescent Health</p>	<p>Representatives of Line Ministries: Ministry of Local Government (MoLG); Ministry of Education and Sports (MoES); Ministry of Gender, Labour and Social Development (MoGLSD); Ministry of water and environment (MWE).</p> <p>Representatives of HDPs</p> <p>Representatives of CSOs</p> <p>Representatives of Academia</p>
<b>STRATEGIC, PLANNING, FINANCE, AND DEVELOPMENT (SFD)</b>	<p>Chairperson: DHS Planning, Strategy, and Development</p> <p>Co-Chairperson: HDP Representative</p> <p>Secretariat: Ass. CHS Budget and Finance</p>	<p>All Commissioners</p> <p>Under Secretary</p> <p>Hospital Director of National and RRHs</p> <p>Health Service Commission; Uganda AIDS Commission, UVRI</p> <p>UNCRI</p> <p>Project coordinators</p>	<p>Representatives of Line MDAs MoFPED; OPM, NPA</p> <p>Representatives of Medical Bureaus: UPMB, UCMB, UMMB</p> <p>Representatives of HDPs</p> <p>Representatives of CSOs</p> <p>Representatives of Academia</p>

GOVERNANCE AND MANAGEMENT STRUCTURE	LEADERSHIP AND SECRETARIAT	MINISTRY OF HEALTH	STAKEHOLDERS
<b>HUMAN RESOURCES FOR HEALTH (HRH)</b>	Chairperson: DHS Strategy, Policy, and Development  Co-Chairperson: 1. HDP Representative  Secretariat: CHS Human Resources Management	Human Resource Management Department Human Resource Development Planning, Financing, Strategy & Policy Nursing & Midwifery Department Clinical Services Department Finance and Administration	Representative of Health Service Commission Representatives of HDPs Representatives of Line Ministers: MoPS; MoES; MoGLSD Representatives of Professional Councils: UMDPC, PSU, UAHPC Representatives of Academia Representatives of Medical Bureaus: UMMB, UPMB, UCMB Representatives of CSOs
<b>CLINICAL CARE AND INFRASTRUCTURE</b>	Chairperson: Director of Curative Services  Co-Chairperson: HDPs Representative  Secretariat: Commissioner Clinical Services	Clinical Services Department Pharmaceutical and Natural Medicines National Health Infrastructure department National Laboratory and Diagnostic Services Emergency Medical Services Non-Communicable Diseases Standards Compliance Accreditation and Patient Protection Planning, Financing & Policy National Disease Control and Prevention Nursing & Midwifery	Representatives of Line Ministry: MoFPED; MoWT Representative of HDPs Representative of NDA Representative of NMS  Representative of Joint Medical Stores (JMS) Representatives of Medical Bureaus: UMMB, UCMB, UPMB Representatives of CSO Representatives of Academia

GOVERNANCE AND MANAGEMENT STRUCTURE	LEADERSHIP AND SECRETARIAT	MINISTRY OF HEALTH	STAKEHOLDERS
<b>NUTRITION</b>	<p>Chairperson: DHS Public Health</p> <p>Co-chairperson HDP Representative</p> <p>Secretariat: Ass. CHS Nutrition</p>	<p>Community Health Reproductive, Maternal, Neonatal &amp; Child Health Standards Compliance Accreditation and Patient Protection</p> <p>Health Promotion Education &amp; Communication</p> <p>Environmental Health Nutrition Division</p> <p>AIDS Control Division</p> <p>National Malaria Control Division</p> <p>Neglected Tropical Diseases Division</p> <p>Non-Communicable Disease Health Education Information and Communication</p>	<p>Representatives of Line Ministries OPM; MoLG; Ministry of Agriculture Animal Industry and Fisheries; MoES; MoGLSD;</p> <p>Representative of HDPs</p> <p>Representative of Uganda Paediatricians Association</p> <p>Representative of Centre of Excellence for Nutrition: Mwanamugimu Nutrition Unit</p> <p>Representatives of Academia</p> <p>Representatives of CSOs</p>
<b>COMMUNICABLE AND NON-COMMUNICABLE DISEASE CONTROL TWG</b>	<p>Chairperson: DHS Public Health</p> <p>Co-chairperson: HDP Representative</p> <p>Secretariat: CHS Communicable Diseases Control</p>	<p>Communicable Diseases Control</p> <p>Non-Communicable Disease Control &amp; Prevention</p> <p>Clinical Services</p> <p>Programmes: National Malaria Control Programme (MCP), Tuberculosis and Leprosy control program (NTLP), Uganda National Expanded Program for Immunisation (UNEPI). Guinea worm, Onchocerciasis</p> <p>Pharmaceutical and Natural Medicines Department</p> <p>Health Education, Promotion, &amp; Communication</p> <p>Environmental Health</p> <p>National Laboratory and Diagnostics</p> <p>Integrated Epidemiology &amp; Surveillance Department</p> <p>Divisions: AIDS Control Programme,</p>	<p>Representative of HDPs</p> <p>Representative of Uganda AIDS Commission</p> <p>Representatives CSOs</p> <p>Representatives of Academia</p> <p>Representative of Uganda Heart Institute</p> <p>Representative of Uganda Cancer Institute</p> <p>Representatives of Professional Associations</p>

GOVERNANCE AND MANAGEMENT STRUCTURE	LEADERSHIP AND SECRETARIAT	MINISTRY OF HEALTH	STAKEHOLDERS
<b>XI. REPRODUCTIVE MATERNAL NEONATAL CHILD AND ADOLESCENT HEALTH (MCH)</b>	Chairperson: DHS Primary Health Care  Co- chairperson HDP Representative  Secretariat: Ass. Commissioner Reproductive and Infant Health	Reproductive and Child Health Community Health Nursing & Midwifery UNEPI National Disease Prevention and Control Pharmaceutical and Natural Medicines Standards Compliance Accreditation and Patient Protect	Representatives of CSOs Representatives of HDPs Representatives of Professional Associations Representatives of Academia Representatives of Private Health Practitioners
<b>XI. MONITORING AND EVALUATION (M&amp;E)</b>	Chairperson: Commissioner Planning, Financing & Policy  Co-chairperson: HDP  Secretariat: Planning & Policy Division / M&E Section	Planning, Financing & Policy Finance and Administration M&E focal persons / Officers from all other departments and programs	Representative OPM Representative of MoFPED: BMAU Representative of MOES Representative of NPA Representative of Health Monitoring Unit Representatives of CSOs: Representatives of Academia Representatives of HDPs

## 3

## TASKS OF CHAIRPERSONS AND CO-CHAIRPERSONS

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The leadership shall include chairpersons and co-chairpersons (where applicable) of the GMS.

- The Co-chairperson should have more tasks within a Governance and Management structure, e.g., mobilising other stakeholders
- Facilitating the meetings and other activities of the GMS.
- Reviewing and approving the agenda of the GMS meetings.
- Reviewing and approving the work plan of the GMS.
- Reviewing and endorsing strategies for resource mobilisation for the GMS.
- Equipping themselves with the skills necessary for good facilitation.
- Reviewing and guiding the discussions of policies, strategies, standards, interventions, and guidelines in the GMS is informed by the best available evidence and data.
- Reviewing and endorsing the implementation of incentives required to improve the members' engagement, capacity, and motivation within the GMS.
- Establishing a network with other chairpersons and co-chairpersons to improve the coordination of activities within the GMS.

### 3.1 TASKS OF THE SECRETARIATS

The secretariats include the host department for the TWG and the Standards Compliance Accreditation and Patient Protection (SCAPP) department, the coordinator of the TWGs.

- Generating and sharing the meeting dates, agenda, and other necessary materials ahead of time.
- Maintaining an updated record of minutes and attendance for every meeting.
- Liaising with the administrators to build their capacity to take and maintain minutes during the meeting.
- Inviting and reminding members to the meeting.
- Assessing the satisfaction of the members of the GMS attending the meetings annually.
- Coordinating with the presenters to ensure that the materials are available ahead of time.
- Coordinating with the partners to ensure the GMS have the necessary



logistical support to hold activities.

- Maintaining an updated list of the members for each GMS in each financial year.
- SCAPP department shall coordinate capacity building initiatives for the GMS
- SCAPP department shall coordinate monitoring and evaluation of the GMS.

### **3.2 MEMBERSHIP**

- The members are critical for quality discussions within the GMS through their consistent participation.
- The membership includes the standing and active groups. The standing group includes all members invited to a meeting, and the active group includes the members who attend the meeting.
- The secretariat maintains an annually updated list of members in the standing.
- The TWGs shall decide the composition of the standing group.
- The active group might include any members co-opted as technical experts.
- The active group should have at least 20 members to make a quorum for the meeting.
- The members of the active group should include representatives of the departments

### **3.3 ORDER OF BUSINESS**

- The GMS shall conduct its business in scheduled monthly meetings and at least one deliberative policy dialogue or retreat annually.
- A TWG should have a costed work plan and be approved by the respective TWG.
- The Secretariat shall share the date, time, agenda, and materials at least two weeks before the meeting with the members.
- TWGs shall present monthly meetings and policy briefs to the SMC and HPAC.
- The minutes of the meetings should be structured according to standardised templates for all GMS. SCAPP-department shall guide on the structure and templates of the minutes.
- The policy briefs shall inform discussions of policy, strategies, interventions, standards, and guidelines.
- The policy briefs shall be structured to clarify the policy problem, recommendations, and implementation considerations.
- The secretariats shall coordinate with the members of the GMS to review

material and send feedback before the meeting.

- ❑ The presentations to the TWG should have the backing of a relevant department.

### **3.4 DECISION-MAKING**

- ❑ Decisions, where necessary, shall be by consensus agreement
- ❑ Where there is no consensus in a meeting, the decision shall be referred to the next meeting
- ❑ The chairperson shall allow for debates before a decision is taken
- ❑ The chairpersons shall ensure that the different voices are heard in a healthy discussion
- ❑ Chairpersons shall ensure that the best available evidence informs discussions before a decision is taken

### **3.5 EVIDENCE-INFORMED DECISION MAKING**

MoH has reiterated its intention to ensure that all policies, standards, regulations, guidelines, and decisions are informed by the best available evidence that is specific, relevant, and timely to Uganda and aligned with the values, norms, and practices.

- ❑ The evidence to be used to clarify problems set the agenda, and identify recommendations for policies, standards, guidelines, and implementation considerations by all governance structures
- ❑ The HIIRE TWG shall advise and support the Ministry in embedding mechanisms to embed evidence-informed planning and decision-making efforts. The measures for EIDM shall seek to improve access, assess, and apply relevant and timely evidence, e.g., knowledge management portals, policy briefs, guidelines, checklists, incentives, research agenda, stakeholder engagement, and access to knowledge brokers.
- ❑ The HIIRE TWG shall review and evaluate efforts to systematically demand and use evidence by facilitating and embedding mechanisms through the application of evidence use guidelines and checklists for planning and decision-making in all Ministry of Health documents endorsed at SMC.
- ❑ All GMS have a direct effort in facilitating EIDM within the Ministry. The GMS will regularly ensure that priority setting exercises are conducted to inform their working agenda for a defined period.

### **3.6 CRITERIA FOR SETTING UP TWG**

TWGs shall be reviewed regularly to ensure that they are relevant to the Ministry and still functional. New TWGs can be considered under the following criteria:

- ❑ A proposal being considered during a review period, more so for the Policy and Strategic Plan for the MoH after the ten-to-five-year period as appropriate
- ❑ Insufficient or unsatisfactory functionality of a given TWG. TWGs shall be deemed poorly functioning considering the monitoring system in place for TWGs
- ❑ Technical need arising from a user Department of Programme where the area of focus for the proposed TWG cannot be accommodated within the existing TWGs
- ❑ Proposed TWG should have clear Terms of Reference, including tasks and composition, and meeting schedule to be cleared by SMC and HPAC

## 4

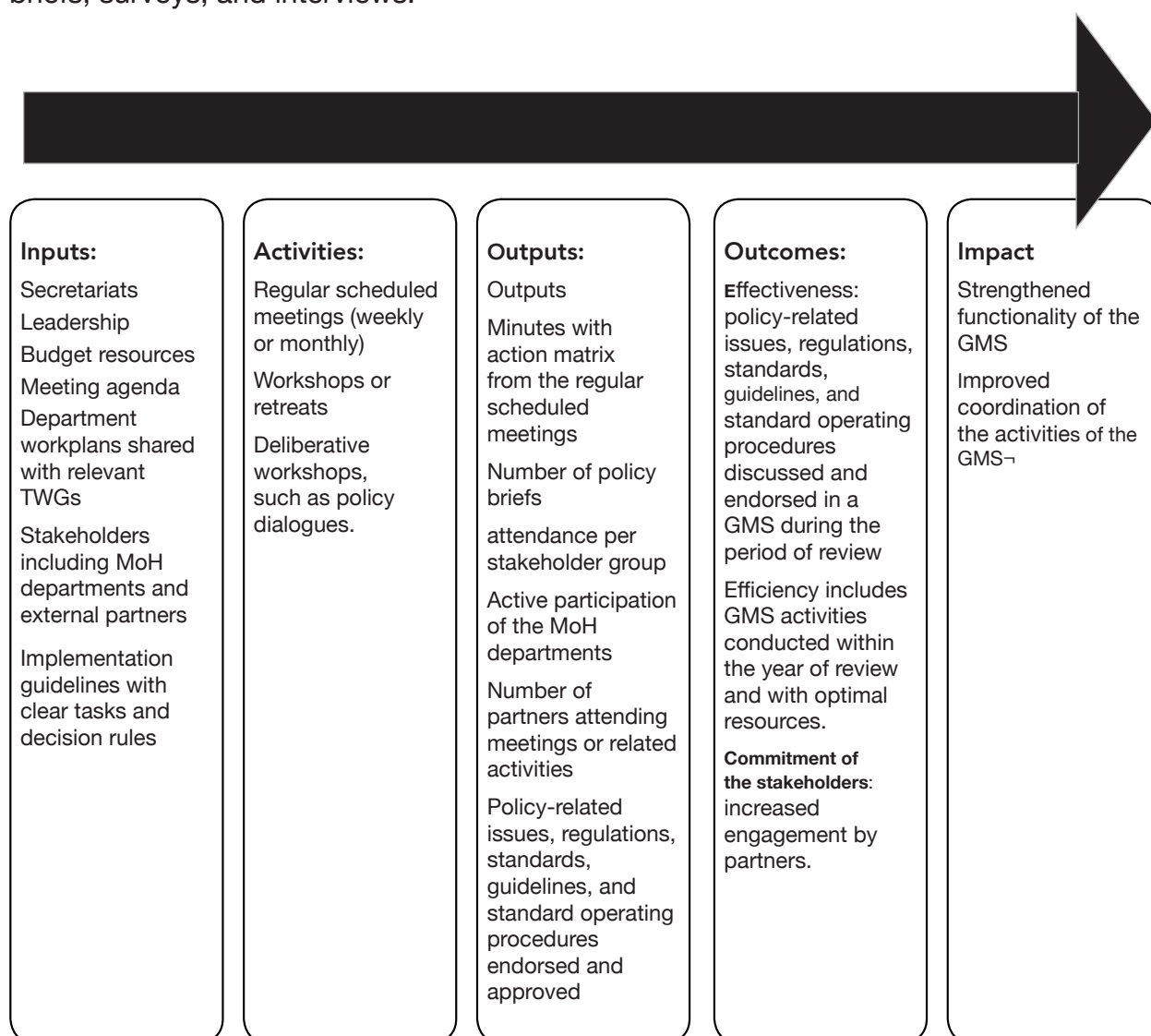
## MEETING SCHEDULES

GOVERNANCE STRUCTURE	MEETING DATE
Senior Top Management Committee	Every Thursday
Top Management Committee	TBD
Health Policy Advisory Committee	1 <sup>st</sup> Wednesday of the month
Senior Management Committee	Last Thursday of the month
<b>Technical Working Groups</b>	
Governance, Standards, Policy and Regulations (GOSPOR )	3 <sup>rd</sup> Tuesday of the month
Strategy, Planning, Finance, and Development TWG	1 <sup>st</sup> Tuesday of the month
Human resources for Health (HRH) TWG	4 <sup>th</sup> Wednesday of the month
Public Private Partnerships for (PPPH) TWG	3 <sup>rd</sup> Wednesday of the month
Medicines Management and Procurement (MPM) TWG	2 <sup>nd</sup> Wednesday of the month
Health Information Innovation Research (HIIRE) TWG	3 <sup>rd</sup> Friday of the month
Clinical Care and Infrastructure TWG	1 <sup>st</sup> Friday of the month
NUTRITION TWG	2 <sup>nd</sup> Thursday of the month
COMMUNICABLE DISEASES AND NON-COMMUNICABLE DISEASES TWG	4 <sup>th</sup> Friday of every month
Community Health	3 <sup>rd</sup> Tuesday of the month
Reproductive, Maternal, Neonatal, Child, and Adolescent Health TWG	1 <sup>st</sup> Friday of every month
Monitoring and Evaluation	2 <sup>nd</sup> Friday of every month

## 5

## MONITORING AND EVALUATION OF GMS ACTIVITIES

The section below illustrates the monitoring and evaluation logical framework for the GMS (figure below). The M & E framework below assumes that each of the preceding indicators causes the subsequent hands: a strengthened secretariat's effective leadership (inputs) are necessary for regularly scheduled meetings (activities), and therefore the outputs occur. Each of the inputs, activities, outputs, outcomes, and the impact necessary in assessing the GMS. Future assessments of the GMS can utilise this framework to determine its effectiveness and efficiency of the GMS. The means of verification include documents, such as department work plans, minutes, a summary of activities, policy briefs, surveys, and interviews.



## 5.1 SUMMARY OF THE MEETING

The section below illustrates a summary of the information from a meeting or activity held by a GMS. Each TWG should attach an activity summary to the minutes and policy briefs submitted to the SMC.

Month/year: \_\_\_\_\_/\_\_\_\_\_

### GOVERNANCE AND MANAGEMENT STRUCTURE

#### Senior Top Management Committee

- Top Management Committee
- Health Policy Advisory Committee
- Senior Management Committee
- Technical Working Group, state
- Department meeting, state

#### Agenda shared before the meeting:

- Yes
- No

**State date of meeting** Click or tap to enter a date.

#### Action matrix of the meeting

- Yes (Attach the matrix)
- No

#### Stakeholders present (show number)

- Ministry of Health representatives (other than the secretariat)
- Other line ministries, departments, local governments, or agencies
- Health Development or implementation Partners
- Civil Service Organisations
- Academia or Research institutions
- Private sector

#### Minutes of the meeting submitted to SCAPP-D

- Yes
- No

#### Policy brief or issues brief submitted to SCAPP-D

- Yes
- No



