

PARLIAMENT OF UGANDA

REPORT OF THE COMMITTEE ON HEALTH

ON THE

UGANDA HEART INSTITUTE BILL, 2015

OFFICE OF THE CLERK TO PARLIAMENT

04TH MAY, 2016

Handwritten signatures:
1. *James*
2. *Joseph*
3. *Milton*
4. *Prisca*
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REPORT OF THE COMMITTEE ON HEALTH ON THE UGANDA HEART INSTITUTE BILL, 2015

1.0 Introduction

The Uganda Heart Institute Bill, 2015 was read for the first time on 07th July, 2016 and it was referred to the Committee on Health in accordance with Rules 117 and 118 of the Rules of Procedure of Parliament for scrutiny. In scrutinizing the Bill, the Committee was guided by Rule 118 of the Rules of Procedure of Parliament and hereby presents its findings and recommendations.

2.0 Methodology

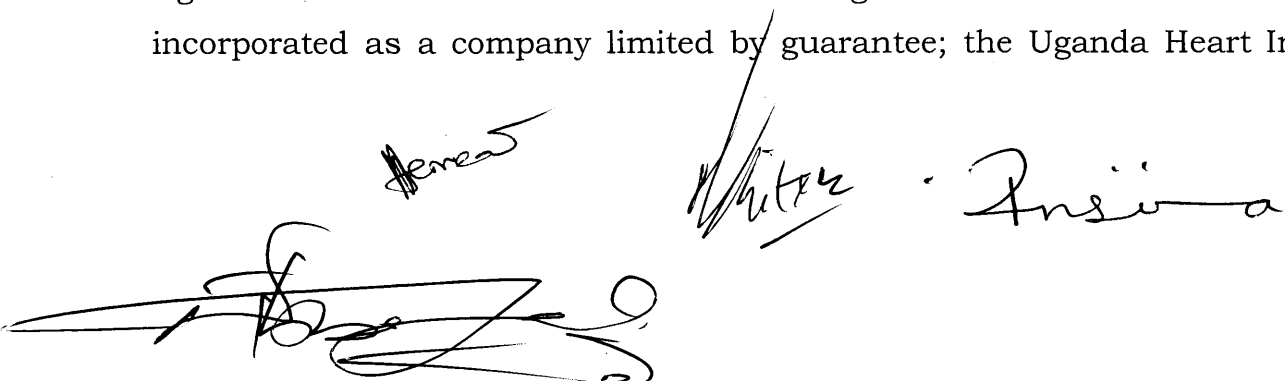
The Committee used two methods to gather data on the suitability of the Bill. These were:

1. Through public hearings and received views from the following stakeholders:
 - a. Ministry of Health
 - b. Uganda Heart Institute
 - c. The Uganda Cancer Institute Board
 - d. Palliative Care Association of Uganda
 - e. Public Procurement and Disposal of Public Assets Authority
 - f. National Medical Stores

2. Scrutinizing the Bill, clause by clause.

3.0 Background

The Uganda Heart Institute Limited was administratively established in 1988 with Makerere University, Mulago Hospital, the Ministry of Health and the Uganda Heart Foundation as the founding members. It was subsequently incorporated as a company limited by guarantee; the Uganda Heart Institute



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Limited (UHIL) under the Companies Act, with Memorandum and Article of Association duly signed and registered as required by the Companies Act on 29th August 2001.

The Auditor General's report on the financial statements of the Uganda Heart Institute Limited for the financial year ending June, 2010, noted that "the Act establishing the UHI as a government entity has not been put in place." And that "without such an enabling legislation, UHI may not discharge its functions. The Auditor General advised the management of UHI to liaise with the responsible authorities in order to have the matter addressed.

The Auditor General also made finding relating to managerial and operating challenges at UHI noting that the Memorandum and Articles of Association did not spell out the roles and responsibilities of each partner and stake holder which complicated matters even before the attainment of the vote status.

4.0 Object of the Bill

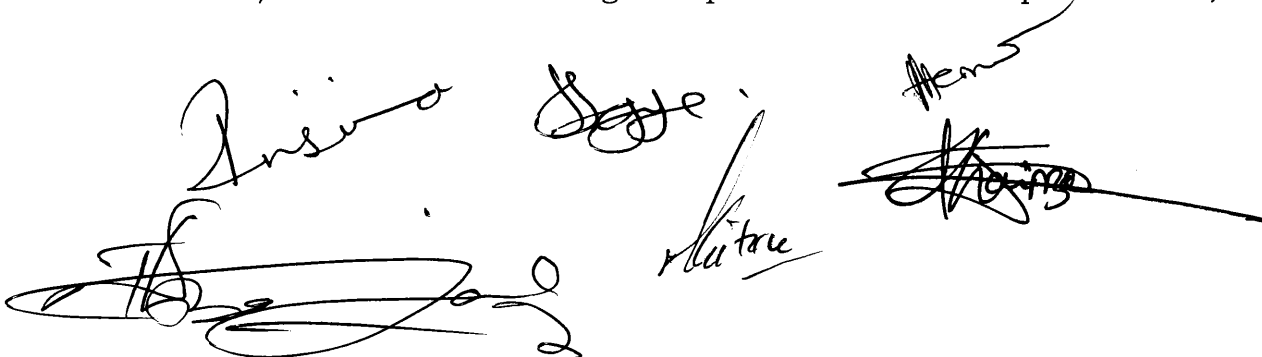
The object of the Bill is to establish the Uganda Heart Institute as an autonomous agency of Government mandated to undertake and coordinate management of cardiovascular diseases in Uganda.

5.0 Committee Observations and Recommendations

1. Composition of the Board

The Bill provides that the Institute shall have a Board of Directors, which shall be the governing body of the Institute responsible for the performance of the functions conferred on the Institute by this Act. The Bill provides that the Board of Directors shall consist of 7 members of high moral character and proven integrity and competence appointed by the Minister as follows;

- a) the Chairperson;
- b) the Director of Mulago Hospital or his or her representative;



- c) a representative from the Uganda Heart Foundation;
- d) one representative from the Ministry of Health;
- e) a representative of the colleges and schools of health science;
- f) one cardiovascular expert; and Ugandan with experience in financial management;
- g) the Executive Director, who shall be an ex officio member or his representative

The Committees observes that for proper functioning of the Board, there is need to have a Board that is multi skilled with members from diverse backgrounds. In that regard the representative from the Ministry of Health should be the Director Clinical services who is responsible for coordination of clinical services and a representative from College of Health Sciences should be specialised in cardiovascular.

The Committee furthers observes that the Board should have representatives from the Uganda Law Society, an experienced member in Financial Management and one form palliative care. This will guide the Board appropriately.

The Committee recommends that the Board should consist of persons of high moral character, proven integrity and competence as follows;

- a) the Chairperson;
- b) the Director, Clinical Services, Ministry of Health;
- c) the Executive Director of Mulago Hospital or his or her representative;
- d) a representative from the Uganda Heart Foundation;

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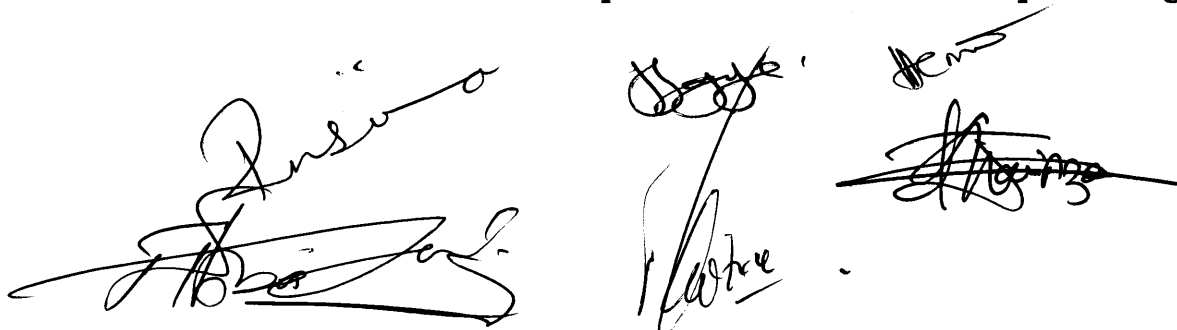
- e) a representative of the colleges and schools of health science with knowledge in cardiovascular disease;
- f) a lawyer who is a member of the Uganda Law Society;
- g) one eminent Ugandan with experience in financial management;
- h) one representative of the Palliative Care Association; and
- i) the Executive Director, who shall be an ex officio member.

2. Procurement of Super Specialised Cardiac medicines

According to the National Medical Stores Act, Cap. 207, the National Medical Stores (NMS) is mandated to ensure efficient and economical procurement of medicines and medical supplies of good quality for the national and public benefit. However, NMS in the procurement and handling of cardiac medicines and medical supplies has experienced challenges due to their highly specific nature and the small quantities which do not meet the principle of economies of scale. As a result, it was agreed that a shift be made and NMS procures only the general medical supplies and medicines (essential medicines) while separate funds be provided to UHI through the Budget to cater for the super specialized medicines and supplies.

Consequently, during the FY 2013/14, Uganda Heart Institute was allocated UGX. 1,000,000,000 (Uganda Shillings One Billion) for the supply and delivery of highly specialized sundries for operationalisation of the Cardiac Catheterization Laboratory and Dedicated Operating Theatre. This shift so far has been successful.

The Committee observes the sensitivity in the procurement and storage of these highly specialised medicines and recommends that the Uganda Heart Institute continues to procure the chemotherapeutic Agents and

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devices related to cardiovascular treatments while other essential medicines should be procured by NMS.

3. Palliative care and Rehabilitation services

The Committee notes that the Bill does not mention the need for palliative care and rehabilitation for cardiovascular patients. According to the World Health Organisation (WHO) 2002, it defines palliative care as “an approach that improves the quality of life of patients (adults and children) and their families who are facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and correct assessment and treatment.

The Primary goal is to improve quality of life of patients and those around them by neither prolonging life nor hastening death.

The Committee recommends UHI establishes the appropriate departments that are responsible for the provision of palliative care and rehabilitation services.

5.0 Proposed Amendments

In light of the foregoing account, the Committee proposes the following amendments to the Bill.

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**PROPOSED AMENDMENTS TO THE UGANDA HEART INSTITUTE BILL 2015
BY THE SECTORAL COMMITTEE ON HEALTH.**

1. Clause 1: Short title and commencement.

Clause 1(2)

Delete the entire sub-clause (2).

Justification: To ensure that the commencement of the Act takes effect on its date of publication as notified in the Gazette rather than having to wait for the Minister to issue regulations appointing a date on which the Act is to come into force.

2. Clause 2: Purpose of this Act.

Clause 2 (d)

Insert the words '*public health*' between the words 'other' and 'centres' appearing in line three of paragraph (d).

Justification: For specificity since the Institute can only oversee public health centres and not privately owned health centres.

3. Clause 3: Interpretation.

Insert the interpretation of the following phrase immediately after the interpretation of the word "Minister";

"super specialised cardiac medicines, reagents, sundries and equipment" means highly specialised cardiac medicines or devices used in the management and treatment of heart diseases;

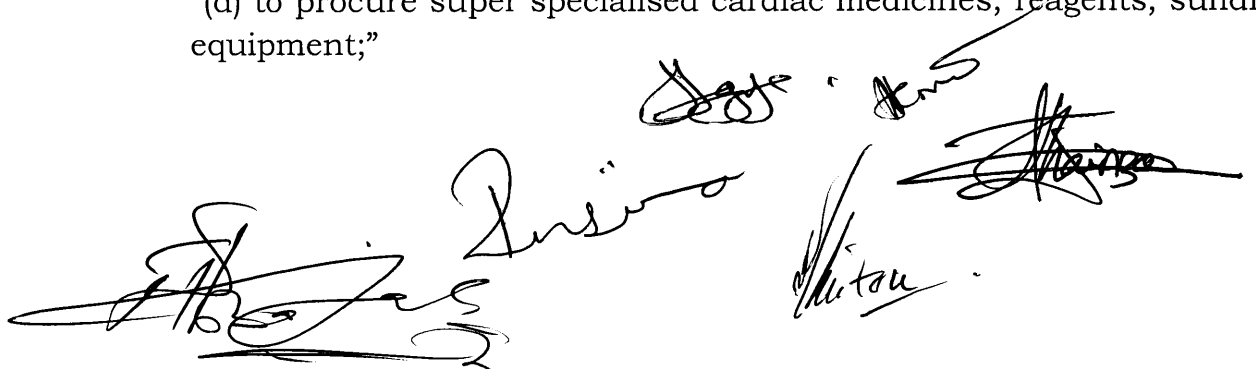
Justification: For clarity.

4. Clause 5: Functions of the Institute.

(a) Clause 5 (1)

Insert a new paragraph immediately after paragraph (c) to read as follows:

"(d) to procure super specialised cardiac medicines, reagents, sundries and equipment;"



Handwritten signatures of committee members, including names like 'Dennis', 'Milton', and others, written in black ink.

Justification: To ensure timely access to highly specialised cardiac medicines for efficient and effective service delivery of cardiac services.

(b) Clause 5 (1) (d)

Redraft paragraph (d) to read as follows;

“(d) to develop and promote educational programmes on the management and prevention of cardiovascular diseases and related diseases;”

Justification: For specificity.

(c) Clause 5 (1) (e)

Delete paragraph (e).

Justification: It is not practical for the Institute to conduct public training programmes on the promotion of prevention of cardiovascular diseases.

(d) Clause 5 (1) (f)

Insert the words *‘on their own or in collaboration or in collaboration with persons or institutions inside and outside Uganda’* immediately after the word *‘management’* appearing at the end of the provision.

Justification: For specificity.

(e) Insert a new paragraph immediately after paragraph (g) to read as follows;

“(h) to provide palliative care and rehabilitation services to heart patients;”

Justification: To broaden the mandate of the Institute to include provision of palliative care and rehabilitation services to heart patients with the aim of improving the quality of life of patients.

(f) Clause 5 (1) (h)

Delete paragraph (h).

Justification: It is redundant since it has been catered for in the amendment proposed under paragraph (f).

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(g) **Insert** a new paragraph immediately paragraph (i) to read as follows;

“to establish and manage regional heart centres for the provision of cardiac services and medical care to heart patients;”

Justification: To empower the Heart Institute to set up regional heart centres so improve service delivery of cardiac services.

5. Clause 7: Powers of the Minister.

(a) **Clause 7 (1)**

Delete the phrase ‘and the Institute shall comply with those directions’ appearing immediately after the word ‘Institute’ in line three.

Justification: To prevent situations where the Institute may have to comply with erroneous or impractical directives from the Minister.

(b) **Clause 7 (2)**

Redraft the provision to read as follows;

“(2) The directions given by the Minister under subsection (1) shall be consistent with the purposes and provisions of this Act with respect to the functions of the Institute.”

Justification: To ensure that the provision focuses more on the compliance with the purposes and functions of the Act rather than on independence of the Institute.

6. Clause 8: Independence of the Institute.

Delete the entire provision.

Justification: To ensure that the Institute does not circumvent directives of other bodies which are constitutionally or legally mandated to monitor, supervise or oversee it.

7. Clause 9: Board of Directors.

(a) **Clause 9 (2)**

Substitute for Arabic numeral ‘7’ appearing in line one, ‘nine’

Justification: For consistency with the amendment proposed under sub-clause (3) to increase the number of Board members to nine.

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(b) Clause 9 (3)

Redraft the entire sub-clause (2) as follows;

“(2) The Board of Directors of the Institute shall consist of-

- (a) the Chairperson;
- (b) the Director, Clinical Services, Ministry of Health;
- (c) the Executive Director of Mulago Hospital or his or her representative;
- (d) a representative from the Uganda Heart Foundation;
- (e) a representative of the public colleges and schools of health science with knowledge in cardiovascular disease;
- (f) a lawyer who is a member of the Uganda Law Society;
- (g) one eminent Ugandan with experience in financial management;
- (h) one representative of the Palliative Care Association of Uganda;
and
- (i) the Executive Director, who shall be an *ex officio* member.

Justification: To ensure that the Board is multi-skilled for effective governance of the Institute.

8. Clause 12: Tenure of office of Board members.

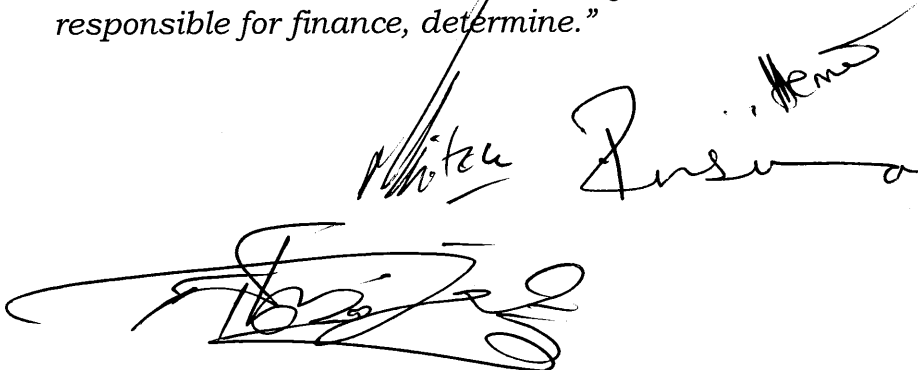
Delete the words ‘*except that of the first members to be appointed to the Board, three shall be appointed to hold office for two years*’ appearing after the word ‘*term*’ in line two.

Justification: To ensure fair application of the law by enabling the said members of the Board to serve for the same period.

9. Clause 14: Remuneration of Board members.

Redraft clause 14 to read as follows;

“*The Chairperson and members of the Board shall be paid such remuneration as the Minister may, in consultation with the Minister responsible for finance, determine.*”



Justification:

- (i) Since the remuneration of the members of the Board will be drawn from the Consolidated Fund, the Minister responsible for finance should be involved.
- (ii) The involvement of members of the Board in the determination of their remuneration will create conflict of interest.

10. Clause 16: Functions of the Board.

Clause 16 (2) (d)

Redraft paragraph (d) to read as follows;

“to determine rules and procedures for appointment, promotion, termination, discipline; and terms and conditions of service of the employees of the Institute, in consultation with the Health Service Commission;”

Justification: To ensure that the appointment, promotion, termination and discipline of the employees of the Institute are done in consultation with the Health Service Commission since it the body constitutionally mandated to appoint persons to hold any office in the health service.

11. Clause 17: Delegation of functions of the Board.

Delete the entire provision.

Justification:

- (i) To ensure that the Board itself performs the functions for which it is constituted to perform.
- (ii) To avoid abuse of the powers and functions of the Board.

12. Clause 19: Committees of the Board.

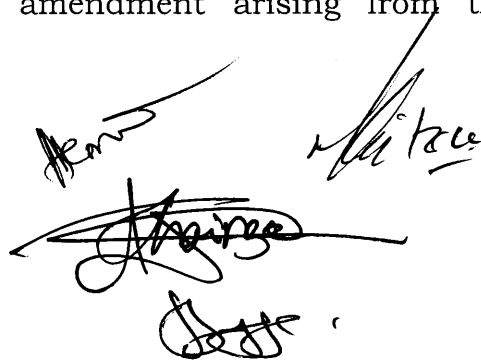
(a) Clause 19 (1) (b)

Delete paragraph (b).

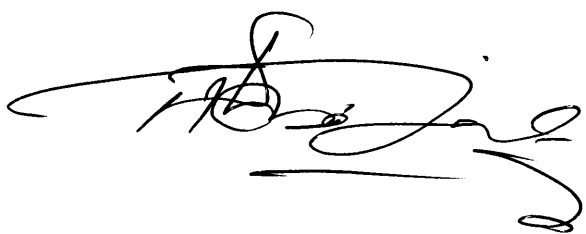
Justification: It is a consequential amendment arising from the proposed deletion of Clause 17.

(b) Clause 19 (2)

Redraft sub-clause (2) as follows;



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"(2) A committee appointed under subsection (1) shall consist of a chairperson, who shall be a member of the Board, and two other members of the Board."

Justification: To restrict the composition of the committee to only members of the Board.

(c) Clause 19 (4)

Redraft sub-clause (4) to read as follows;

"(4) Members of the Committee appointed under this section shall be paid such allowances as the Board may, in consultation with the Minister and Minister responsible for finance, determine"

Justification: To ensure that the determination of allowances of the committee members is not only left to the Board, but should be done in consultation with the Minister and the Minister responsible for finance.

13. Clause 26: Other employees of the Institute.

Clause 26 (2)

Substitute for the words 'on the advice of the Executive Director', the words, 'in consultation with the Health service Commission'.

Justification: For harmonisation of terms and conditions of service since the Health service Commission is constitutionally mandated to oversee the recruitment of persons to hold any office in the health service.

14. Clause 27: Protection from liability of members of the Board and officers of the Institute.

Delete the words 'or of an officer of the Institute' appearing after the word 'Board' in line two.

Justification: To avoid abuse of the provision.

15. Clause 28: Funds of the Institute.

Clause 28 (d)

Delete paragraph (d).

Justification: To ensure that borrowing is not taken primarily as a source of funds for the Institute but should be a last resort measure.

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16. Clause 45: Continuation of employment of employees of Uganda Heart Institute Limited.

Clause 45 (6)

Delete sub-clause (6).

Justification: It is redundant since it is already provided for under sub-clause (4).

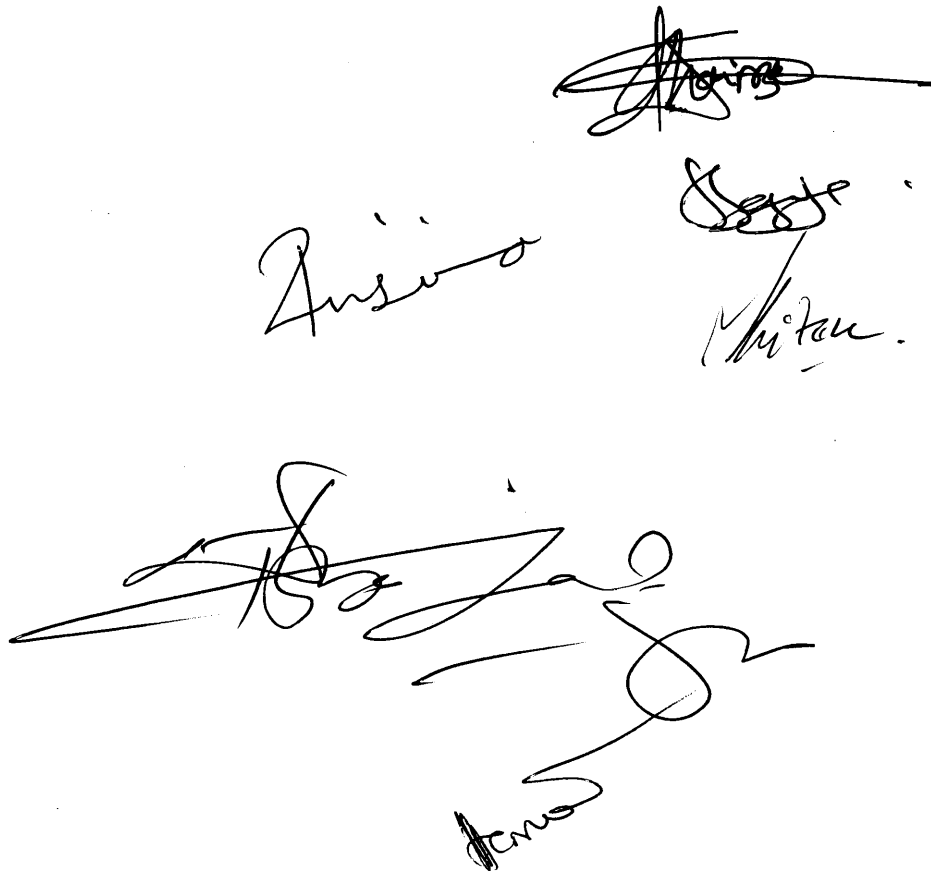
17. Schedule 2

Meetings of the Board.

Sub-paragraph 1 (3).

Substitute for the word 'fourteen' appearing in line two, the word 'seven'.

Justification: To ensure practical implementation of the provision since it is not feasible to call a special meeting under subparagraph (2) within fourteen days and at the same time notify members of the meeting within fourteen working days before the day of the meeting.



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**MEMBERS OF THE COMMITTEE ON HEALTH THAT ENDORSED THE REPORT OF
THE COMMITTEE ON THE HEALTH ON THE UGANDA HEART INSTITUTE BILL, 2015**

NO	NAME	CONSTITUENCY	PARTY	SIGNATURE
1	Hon. Dr. Bitekyerezo Medard	Mbarara Muni	NRM	
2	Hon. Lematia Ruth Molly	Maracha	NRM	
3.	Hon Atim Joy Ongom	Lira	Ind	
4	Hon Barumba Rusaniya	Kiruhura	NRM	
5	Hon Betty Aol Ochan	Gulu	FDC	
6	Hon Dr. Michael Bayigga Lulume	Buikwe South	DP	
7	Hon Dr. Patrick Mutono Lodoi	Butebo	NRM	
8	Hon Dr. Twa-twa Mutwalante. J	Iki-Iki	NRM	
9	Hon Egonyu Nantume Jennifer	Buvuma	NRM	
10	Hon Femiar Wadada	Sironko	FDC	
11	Hon Khainza Justine	Bududa	NRM	
12	Hon Rhona Ninsiima	Kabale Mun	Indep	
13	Hon. Iriama Margaret	Moroto	NRM	
14	Hon. Kabasharira Noame	Ntungamo	NRM	
15	Hon. Katwesigye Oliver Koyekyenga	Buhweju	NRM	
16.	Hon. Omona Kenneth	Kaberamaido	NRM	