

In June 2015, the Government of Uganda took a major step toward increasing access to and use of lifesaving commodities for women's and children's health.

After concerted efforts by stakeholders, the Uganda Ministry of Health (MOH) approved an addendum to the Essential Medicine and Health Supplies List for Uganda (EMHSLU) and the Uganda Clinical Guidelines (UCG). With this addendum, all 13 lifesaving commodities prioritized under the UN Commission on Life-



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Saving Commodities are now considered vital in Uganda, giving them priority in the national procurement process. The addendum's approval was driven by the hard work of development partners, program implementers, civil society organizations, and advocates dedicated to making reproductive, maternal, newborn, and child health (RMNCH) a priority in Uganda.

Advocacy for this policy change was spurred by the 2013 launch of the RMNCH Sharpened Plan, a commitment made by the Government of Uganda—alongside stakeholders—to improve the health of women and children. The plan prioritized high-impact, evidence-based interventions and mutual accountability among all partners working to advance maternal and child survival.

Despite the launch of the Sharpened Plan, access to and use of the 13 lifesaving commodities remained problematic in Uganda. Not all of the commodities were included on the country's EMHSLU and UCG, an important step in ensuring access and availability.

In April 2014, [PATH](#) hosted an advocacy strategy development workshop aimed at identifying opportunities for commodity-related policy change in Uganda. The workshop brought together 15 organizations and resulted in policy advocacy strategies to increase access to and use of the 13 lifesaving commodities. Participants also identified the need for alignment among partners and coordination with the MOH.

After the workshop, Samasha Medical Foundation received support from PATH to petition Uganda's MOH to update the EMHSLU and UCG to include all 13 lifesaving commodities. Samasha also led the formation of the RMNCH Advocacy Working Group, which connects

advocates and provides a platform for sharing information to improve the lives of women and children in Uganda.

The combined efforts of varied partners—through targeted stakeholder meetings and the development of new advocacy materials—generated momentum for Ugandan decision-makers to revise and sign the addendum in June of this year.

Today, Samasha and partners are disseminating the addendum to district officials and health care providers. Other implementing organizations are increasing the capacity of health workers to correctly use newly-approved commodities. The Association of Obstetricians and Gynecologists of Uganda, for example, partnered with the MOH to train approximately 400 health workers in 8 districts and 11 regional referral hospitals.

Though advocates have made great progress in ensuring an enabling environment for lifesaving commodities in Uganda, work is far from over. Samasha and partners continue to work with the government to guarantee the implementation of the addendum in health facilities nationwide. Through coordinated advocacy, the partners aim to achieve full access to the 13 lifesaving commodities for all women and newborns in Uganda.