

1.0 INTRODUCTION

Rt. Hon. Speaker and Hon. Members,

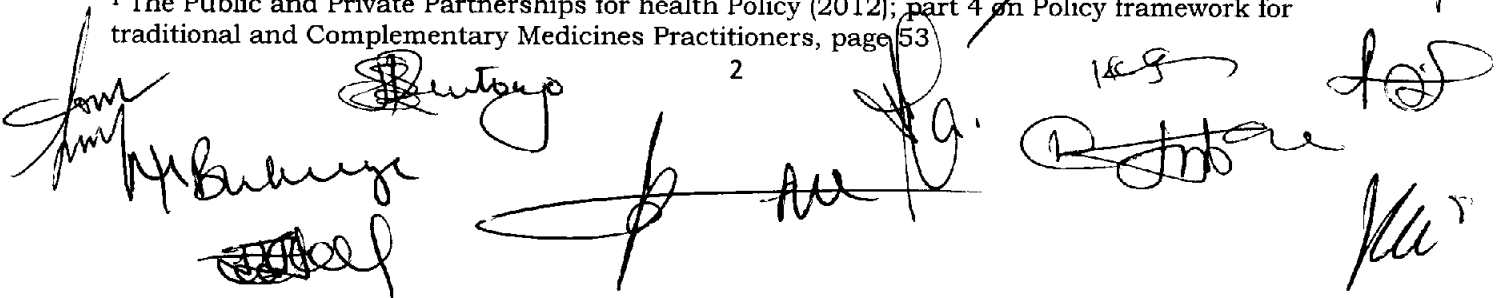
The Indigenous and Complementary Medicine Bill, 2015 was read for the first time on 12th March, 2015 and referred to the Committee on Health, for scrutiny. In accordance with rule 185(c), the committee considered the bill and now reports.

2.0 BACKGROUND TO THE BILL

According to the National Medicine Policy 2015, nearly 80% of the population in developing countries including Uganda use traditional medicine as a first call to treatment before visiting health facilities. Further, the Public and Private Partnerships for health Policy (2012) states that 60% of the population use Traditional and Complementary Medicine (TCM) for primary healthcare¹ and further that TCM continues to enjoy widespread usage in the national healthcare system due to the following reasons;

- It is much more widely available and accessible than conventional medicine;
- The ratio of Traditional Medicine practitioners (including traditional healers, bone setters and herbalists) to the population is between 1:200 and 1:400 respectively as contrasted with the availability of conventional practitioners for which the ratio is 1:20,000 (Natural Chemotherapeutics Institute, 2018) or less; and
- Traditional Medicine is sometimes the only affordable and available source of healthcare, especially among the poor and deprived members of the population.

¹ The Public and Private Partnerships for health Policy (2012); part 4 on Policy framework for traditional and Complementary Medicines Practitioners, page 53

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This notwithstanding, there was not until 2012, when the National policy on Public Private Partnership in Health (PPPH) was drafted, an explicit national policy framework to promote, guide and regulate the utilisation of TCM in the country. However, a number of issues relating to the scope of TCM practice, regulation of the TCM Practitioners and sanctions for misuse of the practice as well as safety, efficacy and quality have to be addressed in order to fully exploit the potential of TCM as a source of healthcare.

It is for this reason that Government through Ministry of Health acknowledged the necessity to have a legal framework to mitigate the mentioned concerns against the management of traditional and complementary medicines in order to avert health risks that come with the absence of the regulation.

In view of the above, Government of Uganda through the Ministry of Health, introduced the Indigenous and Complementary Medicine Bill, 2015 for better management of TCM practice.

3.1. OBJECTS AND BENEFITS OF THE BILL

The main object of the Bill is to establish a legal framework for the development of traditional and complementary medicine. The Committee observed that once the Bill is passed into Law, it will benefit the country significantly through;

- 1) Integration of traditional medicine into the national health care system.
- 2) Reduction of importation of medicines and attainment of universal health care coverage;
- 3) Influencing research and development to encompass protection, cultivation, propagation and conservation of medicinal plants;
- 4) The research done on traditional medicine will contribute to poverty alleviation through creation of employment and enhancing household incomes.
- 5) Strengthened collaboration between modern medicines, traditional and Complementary medicines

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- 6) Increased access to licensed ethical and acceptable traditional and complementary medicine units
- 7) Increased and sustainable production of agro-business medicinal plants.

4.0 METHODOLOGY

The Committee held consultative meetings and received written submissions from several stakeholders, reviewed relevant literature and undertook study visits to Ghana and India.

4.1 Meetings and written submissions

The Committee held meetings and received written submissions from the following stakeholders:

- i) Ministry of Gender, Labour and Social Development
- ii) Natural Chemotherapeutic Institute
- iii) Uganda Medical Association
- iv) Uganda AIDS Commission
- v) Uganda Communications Commission
- vi) National Drug Authority
- vii) Uganda Registration Service Bureau
- viii) Uganda Human Rights Commission
- ix) Uganda Law Society
- x) Uganda Association of Laboratory Technicians
- xi) Theta Uganda
- xii) National Council of Traditional Healers Associations
- xiii) Uganda N'eddagala Lyayo (The National Traditional Healers and Herbalists Organization)
- xiv) Homeopathic Society of Uganda
- xv) National Health Research Institute
- xvi) Pharmaceutical Society of Uganda
- xvii) Makerere University College of Health Sciences

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4.2 Literature Review

The Committee reviewed the following documents:-

a) Ugandan Literature

- 1) The Constitution of the Republic of Uganda
- 2) The Health Sector Strategic Development Plan II
- 3) National Development Plan
- 4) Uganda National Health Policy, 2000
- 5) Public-Private Partnership for Health Policy, 2012

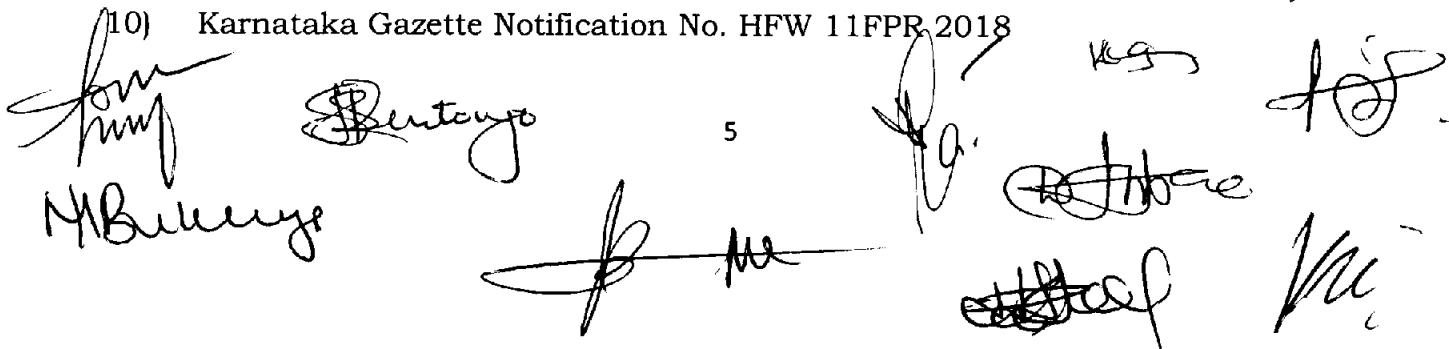
b) Literature from Ghana

- 1) The Traditional Medicine Practice Act, 2000 (Act 575)
- 2) Educational brochure on Traditional Medicine Practice, Act 2000 (Act 575)
- 3) The Specialist Health Training and Plant Medicine Act, 2011 (Act 833)
- 4) Guidelines for Traditional Healthcare Practice in Ghana
- 5) The Code of Ethics and Standards of Practice for Traditional & Alternative Medicine practitioners in Ghana
- 6) The proposed, 'Traditional and Alternative Medicine Bill, 2018'.

c) Literature from India

- 1) The Homoeopathy Central Council, Act (MSR),2013;
- 2) Regulation for opening of new Homoeopathy Colleges Act (Corrigendum);
- 3) Homoeopathy Central Council (Registration) Regulation, 1982;
- 4) Homoeopathy Central Council (Election) Rules 1975;
- 5) Inspectors' Visitors Regulations;
- 6) Professional Conduct, Etiquette & Code of Ethics Regulations 1982;
- 7) Minimum Standards of Education Regulations; and
- 8) The Homoeopathy Central Council Act, 1973
- 9) The Karnataka Act No.16 of 2007 and 2017

10) Karnataka Gazette Notification No. HFW 11FPR 2018

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4.3. Study Visits

The Committee constituted two delegations which undertook study visits concurrently from 13th to 20th October 2018 to Ghana and India, to bench-mark on the best practices in the legal and governance frameworks, regulating and managing the traditional and complimentary medicines subsector.

5.0 GENERAL OBSERVATIONS

5.1 Compliance with the Constitution of the Republic of Uganda

The Constitution of the Republic of Uganda provides that Uganda shall be governed based on principles of national interest and common good enshrined in the National Objectives and Directive Principles of State Policy.

Objective XIV mandates the State to fulfil the fundamental rights of all Ugandans and in particular to ensure that-

(b) *all Ugandans enjoy rights and opportunities and access to education, health services....*

Objective XX provides that; *The State shall take all practical measures to ensure the provision of basic medical services to the population.*

Article 30 of the Constitution provides that; *every Ugandan has a right to a clean and health environment.*


It is clear that the enactment of the Indigenous and Complementary Medicine Bill will ultimately operationalize the above provisions and will be within the scope of the *right to health.*

5.2 Compliance to International Health and Human Rights Frameworks

International frameworks on Health and Human Rights are important instruments with standards against which legislation focusing on health can be

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measured. For instance, the Universal Declaration of Human Rights in **Art 25 (1)** recognizes that, everyone has the right to a standard of living adequate for the health and well-being of the individual and the family, including food, clothing, housing and medical care among others.

In addition to the above, **Principle number five (5)** of the World Health Organization (WHO) emphasizes the promotion and protection of health. Therefore, the move by the Government to regulate Traditional and Complementary medicine is an attempt to ensure availability of alternative medical care depending on affordability, availability and accessibility.

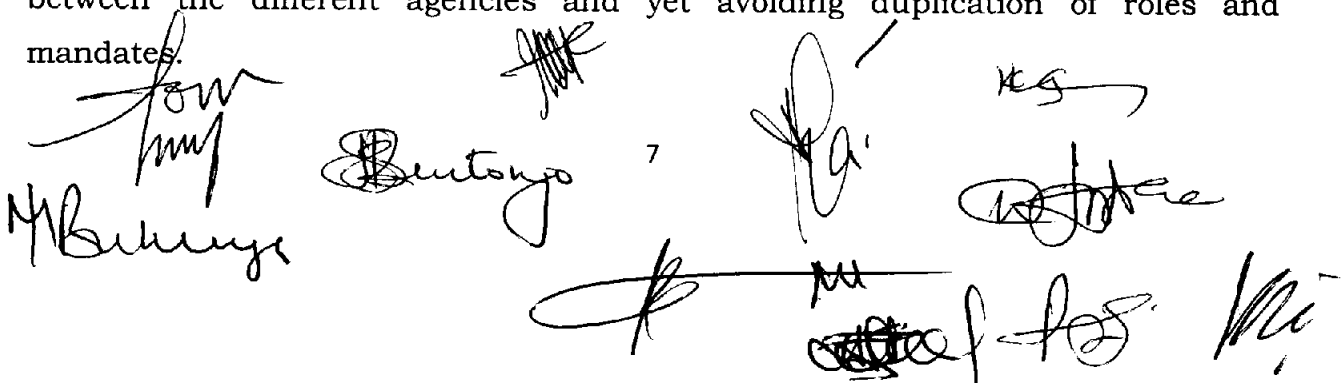
5.3 Alignment to the Uganda National Health Policy (2000)

The Uganda National Health Policy, 2000 recognizes the role of traditional medicine in the health care delivery system as a step towards improving health service delivery in Uganda. The enactment of the bill would be in line with the Uganda National Health Policy which emphasizes streamlining of the traditional/indigenous and complementary medicine sub-sector.

The enactment of the bill would unlock the potential of provision of traditional and complementary medical services for the population thus strengthening the national health care system.

5.4 Collaboration of the Council with other Ministries Departments and Agencies (MDAs)

The Committee noted that it is very important that collaboration is established between the Council, the unit and other government agencies such as the National Food and Drug Authority which is mandated to regulate medicines, the Ministry of Science and technology in charge of innovations, the Natural Chemotherapeutic Research Institute and the National Health Research Organization among others. This would go a long way in creating synergies between the different agencies and yet avoiding duplication of roles and mandates.



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5.5 Sustainable Development Goals (SDGs)

The UN Sustainable Development Goals are a new universal set of goals, targets and indicators that member states are expected to use to frame their agendas and political policies. **Goal number 3** provides for ensuring healthy lives and promotion of wellbeing for all at all ages.

The UN contends that to achieve the above goal, efforts should aim at specific targets through universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

The above targets can be fulfilled through realizing explicit indicators for goal 3 such as ; Coverage of essential health services (**defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, new-born and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population**) and; Number of people covered by health insurance or a public health system per 1,000 population.

The indigenous and Complementary Medicines bill, 2015, is providing for alternative medical services that enhance accessibility and affordability to medical care as per SDG 3.

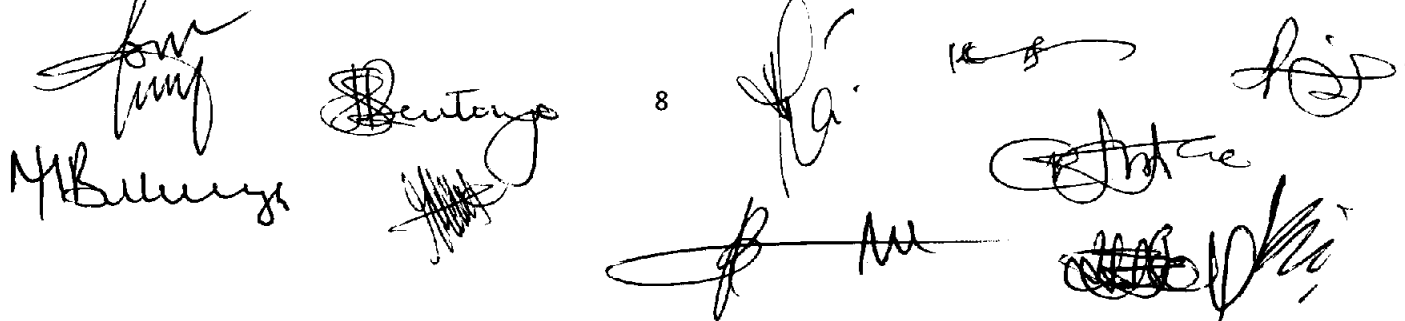
Recommendation

The Committee recommends that this bill be passed into law since it addresses critical concerns of Sustainable Development Goals, Goal 3.

5.6 Lessons Learnt from Study Visits

a) The Ghana Experience

Ghana has strengthened the Traditional and Complementary Medicine sub-sector through strengthening scientific research, promotion of production and



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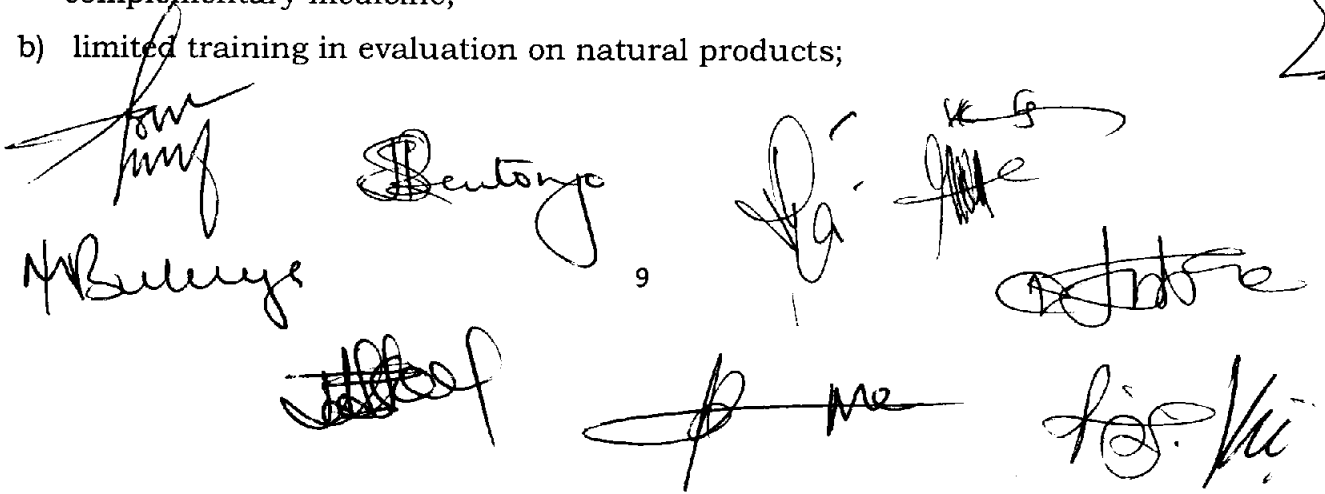
integration of Traditional, herbal and alternative medicine in the national health system through;

- 1) A BSc. Herbal Medicine course was introduced at the Universities and other Tertiary training institutions specifically to offer training in herbal medicine and research.
- 2) Promotion of Production of traditional, herbal and alternative medicine through encouraging large scale production of quality, efficient and safe herbal medicine.
- 3) Integration of Traditional / Herbal and Alternative Medicine in the National Health System. This involves integration of Herbal Clinic Pilot Centers in the government hospitals and also inclusion on the Essential National Drug schedule.

In comparison to Ghana, Uganda has an established research institute known as the Natural Chemotherapeutic Research Institute established by the Uganda National Health Research Organization Act, 2009. The institute is mandated to undertake Research in Natural Products (plants, animal and mineral substances) used by traditional medicine practitioners (in Uganda) with the view of justifying therapeutic claims of efficacy and safety in the management of human diseases.

The institute is expected to undertake research and development for improved health care delivery by applying both traditional and modern scientific technologies. Nonetheless, the institute is faced with the following challenges among others;

- a) absence of a major policy that guides the use and the trade of indigenous and complementary medicine;
- b) limited training in evaluation on natural products;



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Recommendation

The Committee recommends that;

- i) Government of Uganda should prioritize funding to the Natural Chemotherapeutic Research Institute so as to enable it carry out its mandate of promoting research in natural products and plant medicines;**
- ii) Introduction and inclusion of particular courses in Herbal Medicine and training in Universities and tertiary institutions. Such courses include BSc. In Herbal Medicine and basic education for all cadres in the national curriculum and;**
- iii) Integrating Traditional / Herbal and Complementary Medicine in the National health care system.**

b) The India Experience

TCM in India is fairly developed with a regulatory body known as Ayurveda Yoga Unani Sidha and Homocopathy (AYUSH) under the Ministry of Health. India's legal framework provides for; categorizations, standardization of practices, dual practice, integration of traditional & modern medicine practices, research & product development and basic minimum education requirements. All these are well articulated, aligned to the state and national health policies, and observed in the sub sector.

The Government of India has established international collaboration links with many foreign countries on TCM education and research from which Uganda can also benefit.

In view of the above, the Committee recommends that the bill should cater for the following;

(a) Legal Framework

Entrench serious sanctions to deter quacks and malpractices within the sector; and

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Provide for the application, registration and licensing of practitioners, process of inquiry and prosecution of perpetrators of malpractices in the TCM sector.

(b) Governance

- (i) Maintain the Council as proposed in the Bill
- (ii) Establish TCM structures at all levels to provide for effective supervision and monitoring of traditional medicine sub sector.
- (iii) Provide for the necessary and basic TCM academic, financial, efficacy, and quality assurance standards.

(c) Dual Practice


- (i) Provide alternatives for those trained in both medical fields for their practice.

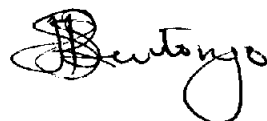
(d) Basic requirements/qualifications





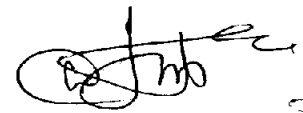
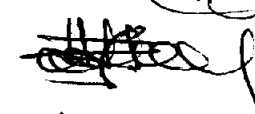
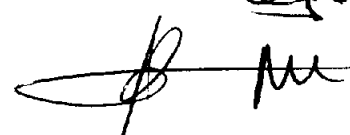

- (i) Facilitate the training in TCM in the training institutions.

(e) Research and Product Development

- (i) Support integrated large scale multi-centric clinical research and collaborations in initiatives such as research fellowships, Think Tanks for TCM and modern medical institutions with acceptable methods and designs.


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6.0 SPECIFIC OBSERVATIONS AND RECOMMENDATIONS

6.1.1 The Title of the Bill;

Various stakeholders expressed concern that the title of the bill is inadequate in that it refers to "Indigenous" instead of "Traditional" Medicine which is inconsistent with the Ministry of Health framework on TCM and WHO guidelines on Traditional Medicine. That the elimination of the word 'Traditional' changes and limits the scope of the bill and its applicability to capture holistic medicine health care practices.

The proposal from the stake holders in Uganda was that the title of the bill is amended to read '***The Traditional and Complementary Medicine Bill***.'

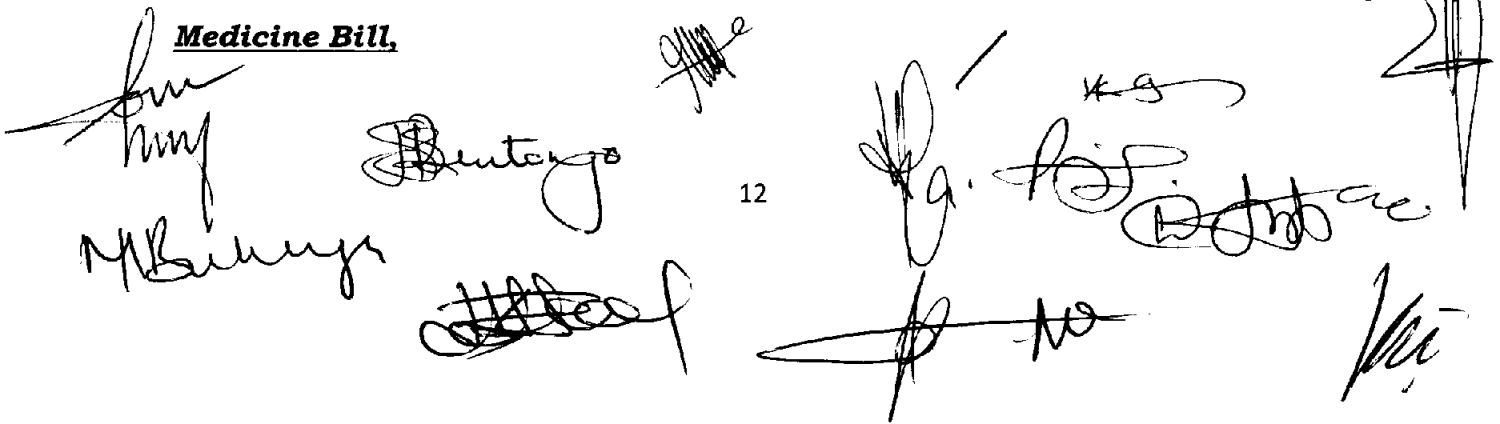
However, following the study visit to Ghana, the Committee learnt that Ghana was in the process of amending its "Traditional Medicine and Practice Act, 2000" to read as "Traditional and Alternative Medicine Act" with the aim of widening the scope of the bill to include any form of medicine that is outside the mainstream of allopathic and traditional medicines and involves management or treatment of diseases in co-operation with natural forces and the defensive mechanisms of the body. This definition is inclusive of Complimentary medicines and practices.

A similar Act in Tanzania is entitled 'Traditional and Alternative Medicine Act' and alternative medicine means the total sum of knowledge and practice used in diagnostic, prevention and elimination of physical, mental and social imbalance relying exclusively on various established alternative medicine system or respective disciplines.

Recommendation

The Committee recommends that,

a) The title of the bill is amended to read; 'Traditional and Complementary Medicine Bill,

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- (i) ***The justification for substituting the word 'Indigenous' with 'Traditional' in the title is to conform with the Ministry of Health framework on Traditional and Complementary Medicine (TCM) and WHO guidelines on Traditional Medicine;***

6.1.2. Objectives of the Bill

Stakeholders observed that the bill does not capture the regulation of herbal medicine and does not define the scope of TCM practice.

The Committee considered the proposal and recommends as follows;

Recommendation;

A clause on objectives of the bill be amended to include regulation of herbal medicine as well as to define the scope of traditional and complementary medicine practice.

6.1.3 Interpretation

The Committee noted that the bill as it is does not define certain terms and practices that are central to traditional and complementary medicine practice. Notably among these are the following; **alternative medicine, alternative health practitioner, herbal medicines, traditional medicines and traditional practitioner among others.**

Recommendation

The Committee recommends that the interpretation clause is amended to define the mentioned terms in order to avoid ambiguity in interpretation.

6.1.4 The Council

The Committee noted that all stakeholders who appeared before it were in support of the establishment of the council. The majority view was that the council should be a body corporate, a position the Committee is consider.

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Recommendation

The Council as established in the bill should be maintained, however it should be subjected to the supervision of the Minister.

6.1.5 Clause 5. Composition of the Council

Most stakeholders the committee interacted with wanted to be represented on the council. The committee considered the proposals and realized the number of members (9) as is in the bill to be very high and would attract high costs of maintenance. The Committee also noted that some Members who were included were not of much relevancy to the TCM sub-sector and therefore recommends as follows;

Recommendation

The Committee recommends that the composition of the Council should be Seven (7) members, constituted as follows;

- (a) Two representatives of Traditional medical practitioners as defined by this bill;***
- (b) Two representatives of complementary medical practitioners as defined by this bill;***
- (c) A representative from National Drug Authority;***
- (d) The Commissioner for Health Services (Clinical Services) or representative in the Ministry;***
- (e) The Director of Research, Natural chemotherapeutical Research Institute (in the ministry).***

6.1.6 Clause 20 Qualifications for Registration

Stakeholders who are practitioners of TCM indicated that they were uncomfortable with the proposed clause which provides that the applicant must have adequate proficiency in the practice of Traditional medicine; their concern was that the term proficiency had no definition or determinant factors. They proposed that the bill should clearly provide for the qualification that would be

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required of a practitioner for example a certificate, diploma or another qualification that the committee would chose.

They further argued that;

- i) The qualifications for practitioners of Indigenous and Complementary Medicine practitioners are not set.
- ii) The failure to set minimum education and training standards contradicts the objects of the bill in Clause 2 (c) (e) (f) and (g).
- iii) The regulation of practitioners under this bill would be greatly affected by lack of standards from training to dispensing of services by the practitioners which poses a danger of infiltration of the practice by unscrupulous and unskilled persons.
- iv) The components of research and training are key steps in product development through improving knowledge and skills of practice. Thus, the training curriculum and programme design should be developed for TCM practitioners' training at all levels.

The practitioners for Complementary medicine such as Homeopathy, Naturopathy, Ayurveda, and Reflexology observed that the bill under C. 20 (a) only mentioned proficiency in the practice of Traditional medicine and yet their practice requires different training. They therefore appealed to the committee to include training that is relevant to their various fields.

The committee in considering the different views observed that, for the start, the required training should be as minimal as possible for example a certificate in either Traditional or Complementary Medicine depending on the desired practice and proposes the following recommendations;

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Recommendations

The bill should be amended to reflect the following-

- a) The Council should be given the mandate in consultation with the minister to determine the courses that the different practitioners should train in;***
- b) The required training and knowledge in the practice should be specified and undertaken by all persons intending to practice Traditional and complementary medicine.***
- c) Upon conclusion of training, a certificate of proficiency should be issued to enable the trainees register for the relevant practice with the Council.***
- d) Practitioners should specify the kind of practice being registered, whether Traditional or complementary medicine practice.***
- e) The Council should make annual publication of registered Traditional or Complementary medical practitioners.***

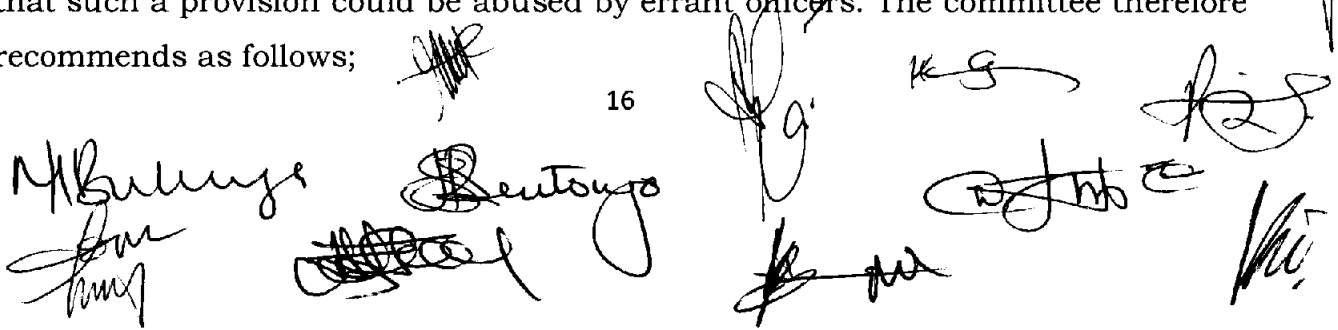
6.1.7 Clause 36 Powers of Entry and Inspection

The bill under clause 36 gives the powers of entry and inspection of a suspected place used as 'a place of practice or production' of herbal medicines for sale, to a police officer with authorization by the Council.

Stakeholders opposed this provision citing lack of skill by Police officers in determining standards of a practice during an inspection visit. The proposal was that inspection should be done by a representative of the Council who has knowledge and expertise of a practice and can therefore make informed judgment. It was noted that it is permissible for the inspector to be accompanied by a police officer.

The Committee concurs with the argument of the stakeholders and also noted that such a provision could be abused by errant officers. The committee therefore recommends as follows;

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Recommendation

The bill should be amended to provide for the mandate of inspection to be for a qualified staff of the council who has knowledge and expertise in TCM.

6.1.8 False advertisement and exploitation of patients.

The Committee noted that the general public has been subjected to false adverts and malpractices and therefore there is need to streamline the practice in terms of advertisement of the practice by practitioners.

Recommendation:

The committee recommends that a clause to prevent practitioners from advertising their practice, except where the contents of their adverts have been authenticated and authorized by the Council be included.

6.1.9 Dual Practice.

There was a strong objection by practitioners of TCM to this clause which deterred them from practicing both TCM and conventional medicine. The experience of India revealed that one could practice both conventional and TCM as long as they meet the requirements.

Recommendation

The Committee recommends that an individual qualified should be allowed to exercise their freedom to professionalism as long as they meet the requirements for both practices.

6.1.10. Clause 51: The Non-Use of Modern Medical Titles.

The committee noted that

The use of titles belonging to the practice of modern medicine such as 'doctors' or 'nurse' by practitioners of traditional and complementary medicine for which they are not qualified poses a great danger to the public. This is especially in

respect to quacks who claim to be traditional medical researchers, masquerading as 'doctors' and yet make concoctions of both conventional medicine and herbs for their clients.

The interaction with National Drug Authority revealed that some of the concoctions fronted by those who claim to be herbal researchers and as cure to several ailments and sickness were found to contain substances from conventional medicine and lacked the capacity to cure illnesses indicated.

The experiences from Ghana and India showed that the titles of 'Doctor' and 'Nurse', for Non-conventional Medical Practitioners are only acquired after undergoing the pre-requisite training in Bachelor of Science (BSc) in Herbal Medicine and Bsc.in Homeopathy.

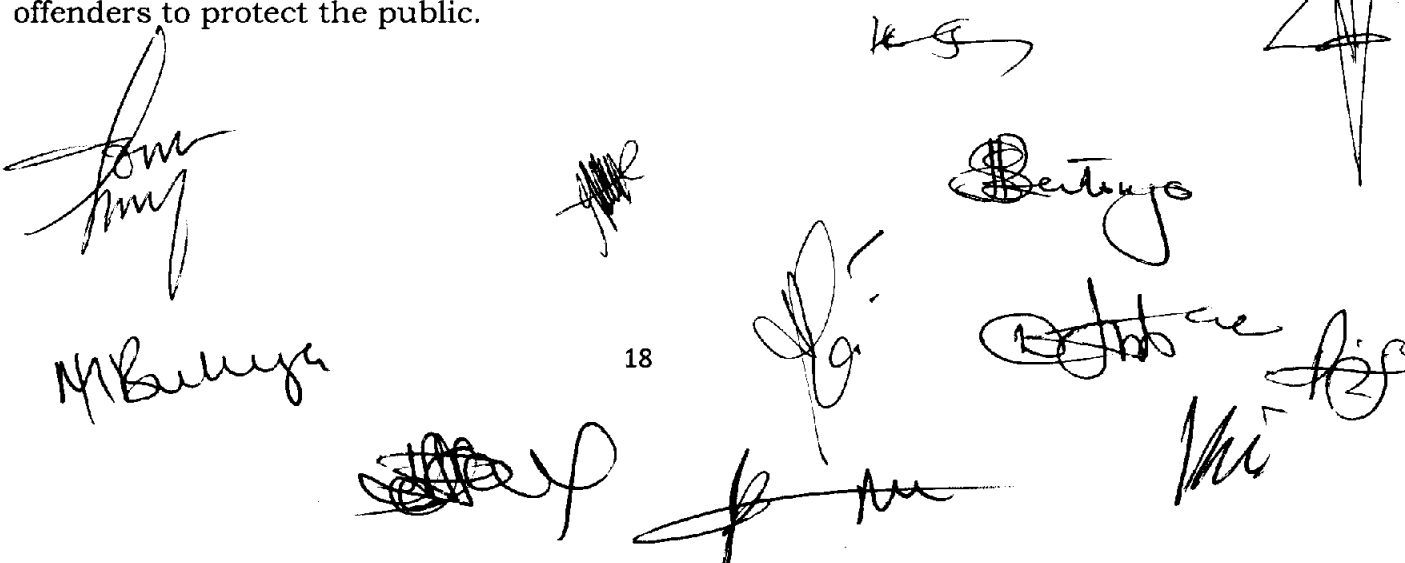
Recommendations

The committee recommends that practitioners of TCM should desist from using the title of 'Doctor' or 'Nurse' without the pre-requisite qualification as will be determined by the Council.

6.1.11 Clause 59: Offenses and Penalties

The committee noted that, several areas of concern that affect the public and individual persons that would provide justifiable grounds for offences were not provided for.

These include; advertisement and exposure to misleading information, herbal research, fake concoctions and adulterations among others *which are* some of the greatest problems in the practice that should call for very serious punishment for offenders to protect the public.



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Recommendation

The Committee recommends that;

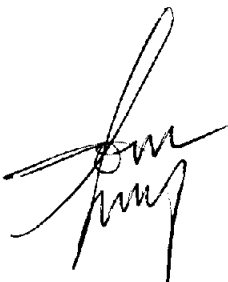
- i. The bill should be amended to provide for prohibition of advertisement of a practice and or referring to oneself as a **herbal researcher without authorization from the Council.*****
- ii. The bill should come out with sanctions against malpractices such as adulterations of traditional or herbal medicines.***

7.0 CONCLUSION

Considering the benefits of the bill such as integration of TCM into the health care system, creation of employment, research, training in clinical practice, sustainable development and protection of agro-business medicinal plants; and in pursuit of Sustainable Development Goals, Goal 3, this bill is vital.

The Committee therefore recommends that the bill entitled “the Traditional and Complimentary Medicine Bill, 2015 is passed into an act of Parliament subject to the following amendments.”

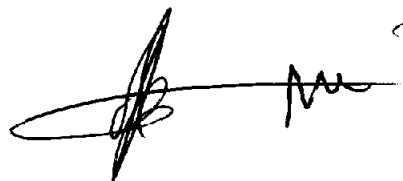
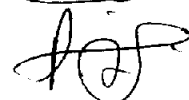
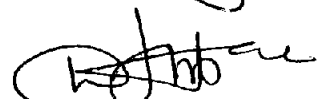
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PROPOSED AMENDMENTS TO THE INDIGENEOUS AND COMPLEMENTARY MEDICINE BILL, 2015.

The Committee therefore recommends that;

The Bill entitled Indigenous and Complementary Medicine Bill be passed into law subject to the following proposed amendments;

TITLE

Replace the word 'Indigenous' with 'Traditional'.

Justification

To conform to the Ministry of Health framework on Traditional and Complementary Medicine (TCM) and WHO guidelines on Traditional Medicine.

Clause 2. OBJECTIVES OF THE ACT.

- (i) Replace the word 'indigenous' with 'traditional'

Consequently, replace the word 'indigenous' with 'traditional' wherever it appears in the bill.

Justification

To conform to the Ministry of Health framework on Traditional and Complementary Medicine (TCM) and WHO guidelines on Traditional Medicine.

- (ii) in paragraph (c) insert the words 'scope and' between 'acceptable' and 'standard';

Justification

To provide for regulation of the scope of a practitioner of either traditional or complementary medicine. Scope sets limits of what a practitioner is allowed to do based on competence.

- (iii) in paragraph (e) delete the phrase 'such as indigenous knowledge in health, among its members'

Justification

To remove ambiguity in the sentence.

- (iv) replace paragraph (i) with the following;

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“(i) to promote collaboration and integration of traditional and complimentary medicine, with conventional Medicine.”

Justification

To provide for integration of indigenous and complementary medicine in the health care system of Uganda as is alluded to in the various Health policies.

(v) insert a new paragraph immediately after paragraph (i) to provide as follows;

“(j) to provide for the regulation of herbal medicine and herbal practice.”

Justification

Herbal medicine is a common practice in Uganda and yet it is unregulated, it is vital that a specific mention of it is made in the law.

Clause 3. INTERPRETATION.

(i) Replace the definitions of the words ‘association’ and ‘practitioner’ with the following;

“association” means an association or body of associations of traditional or complementary medicine practitioners recognized by the Minister;”

“practitioner” means a person registered and licensed under this Act to practice traditional or complementary medicine.”

(ii) insert the following new definitions in the correct alphabetical order;

“adulteration” refers to an accidental or purposeful addition of an impure substance to a product resulting in an alteration of the properties and composition of the product or substance thereby diminishing its quality.”

“advertisement” includes any notice, circular, label, wrapper or other document, and any announcement made orally or by means of producing or transmitting light or sound;

“complementary medicine” refers to a set of health care practices that are usually not part of that Country’s own tradition or conventional medicine and can be used alone or along with conventional medicine, such as aromatherapy, homeopathy, naturopathy, reflexology and Ayurveda among others

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“complementary medicine practitioner” means a person registered under this Act to practise complementary medicine;

“conventional medicine; means a system in which medical doctors and other healthcare professionals (such as nurses, pharmacists, and therapists) treat symptoms and diseases using drugs, radiation, or surgery.

“inspector” means a person empowered under Part V of this Act to enter any premises;

“traditional medicine” means the sum total of knowledge, skills, and practices based on theories and experiences indigenous to different cultures, whether explicable or not, used to maintain health as well as to prevent, diagnose, improve or treat physical or mental illness.

“traditional medicine practitioner” means a person who uses any aspect of traditional medicine for the prevention, promotion and maintenance of health, diagnosis and treatment of diseases;

Justification

For clarity and to enhance understanding of the words used in the bill.

Clause 5. COMPOSITION OF COUNCIL.

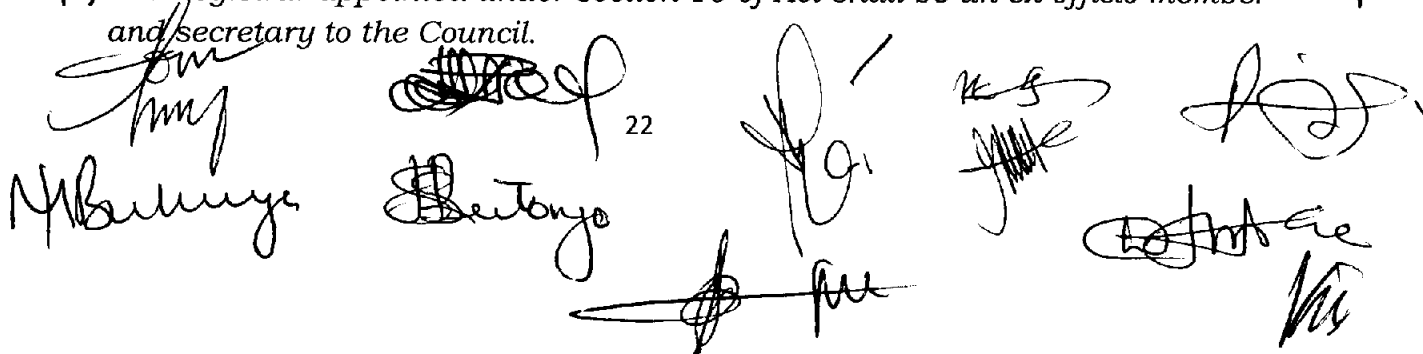
Replace the entire clause with the following;

5. Composition of Council.

(1) The Council shall consist of the following members-

- (a) two representatives of the traditional medicine practitioners association, one of whom should be a herbalist;*
- (b) two representatives of the complementary medicine practitioners association;*
- (c) a representative from National Drug Authority;*
- (d) the Commissioner for Health Services (Clinical Services) in the Ministry or his or her nominee;*
- (e) the Director of Research at the Natural chemotherapeutical Research Institute or his or her nominee.*

(2) The Registrar appointed under section 16 of Act shall be an ex-officio member and secretary to the Council.



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(3) The Minister shall appoint one of the members of the Council to be chairperson of the Council.

(4) The members referred to in subsection (1)(a) and (b) shall be appointed by the Minister.

Justification

A smaller Council is more effective in delivery of services and it will reduce on the expenditure associated with having a large Council

NEW CLAUSE.

Insert a new clause immediately after clause 5 to provide for associations of traditional and complementary medicine practitioners.

62. Associations of traditional and complementary medicine practitioners

(1) The Minister shall ensure that associations for traditional and complementary medicine practitioners are formed.

(2) Subject to subsection (1), where the Council is formed before the associations, the Minister shall appoint interim representatives for traditional and complementary medicine practitioners until such a time when the associations are formed.

Clause 6. OBJECT AND FUNCTIONS OF THE COUNCIL.

(i) in sub clause (2), insert new paragraphs immediately after paragraph (c) as follows;

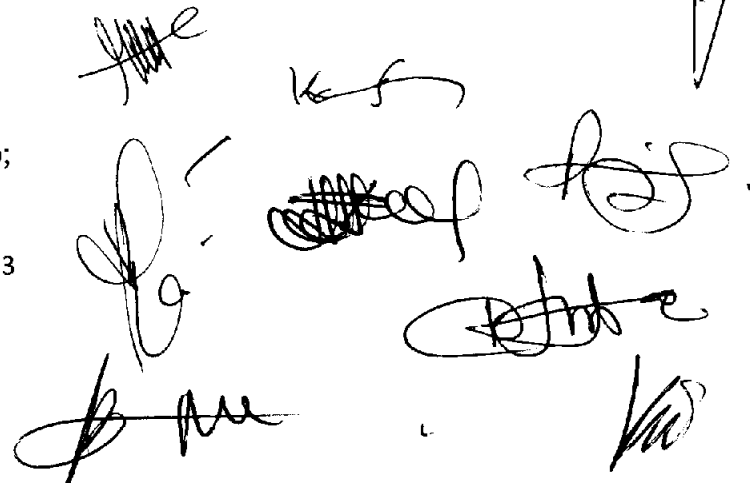
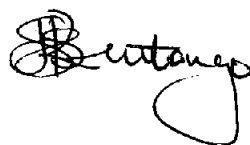
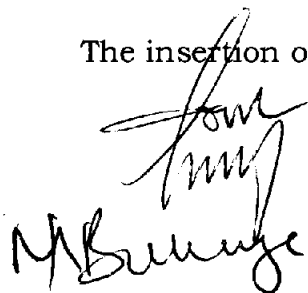
“(d) to set standards and quality control measures and assurances for traditional and complementary medicines and practitioners.”

“(e) to promote continuous training and skilling in traditional and complementary medicine”;

“(f) to approve, in consultation with the education and research institutions the curricula for training in traditional and complementary medicine in the institutions”;

Justification

The insertion of the new paragraphs is to;



- empower the Council to set standard and quality control measures in order to ensure a clean practice and eliminate quack practitioners;
- to encourage continuous training of the practitioners in order to keep them in check via new knowledge and procedures and update them with new skills;
- to avail special curricular for training in the practice.

(ii) Replace paragraph (f) with the following;

"to support the continuous growth and development of traditional and complementary medicine sector;"

Justification

For grammatical correction.

(iii) replace paragraph (h) with the following;

"(h) to receive complaints, investigate and discipline errant traditional and complementary medicine practitioners."

Justification

To empower the Council to discipline errant practitioners found in breach of the professional ethics.

(iv) insert a new paragraph immediately after paragraph (i) as follows;

'(l) to ensure the establishment of conservation areas and banks for medicinal plants'.

Justification

To ensure preservation and continuity of medicinal plants.

Clause 7- TENURE OF OFFICE OF MEMBERS.

Replace the entire clause with the following;

7. Tenure of office of Members

"A member of the Council other than a member appointed by virtue of his or her office shall hold office for three years and shall be eligible for re-appointment for only one more term."

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Justification

For clarity purposes as to who tenure of office applies and for how long it is.

Clause 12- ETHICS AND INTELLECTUAL PROPERTY RIGHTS COMMITTEE.

- (i) delete the word 'ethics and' appearing in the headnote

Justification

The disciplinary committee created under section 11 shall also work as the ethics committee.

- (ii) delete the word 'also' appearing on the first line.

Justification

To ensure clear legislative drafting language.

NEW CLAUSE.

Insert a new clause immediately after clause 13 to provide for collaboration with other agencies and institutions as follows;

It will read as follows;

14. Collaboration with other agencies.

In carrying out its functions, the Council shall collaborate with relevant agencies and institutions such the National Drugs Authority, Uganda National Council for Science and Technology, Uganda National Research Organization and Uganda Communications Commission among others.

Justification

To provide an avenue for collaboration between the council and other agencies doing similar or related work to avoid duplication of roles as well as interference in each other's functions.

Clause 15- MANAGEMENT OF TRADITIONAL AND COMPLEMENTARY MEDICINE AT THE LOCAL GOVERNMENT LEVEL.

- (i) Replace the entire clause with the following;
15. Regional and district offices of the Council

(1) The Board may establish regional and district offices of the Council in each region and in the districts as determined by Council

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(2) A regional or district office of the Council shall perform the functions of the Council in the region or district as the Council may direct.

(3) The regional or district office of the Council shall collaborate with the district health office of the district.

Justification

To facilitate the regulation and integration of TCM practice at the district and Regional levels.

Clause 19- REGISTRATION OF PRACTITIONERS

(i) Replace sub clause (1) with the following;

"(1) A person shall not operate, own or use premises as a practitioner, producer, manufacturer, supplier or seller of traditional, herbal or complementary medicine unless that person is registered as a traditional or complementary medicine practitioner in accordance with this Act."

Justification

To ensure registration of the various categories of persons or individuals that deal in traditional, herbal and complementary medicines at the different levels.

Clause 20- QUALIFICATION FOR REGISTRATION.

Replace the entire clause with the following;

20. Qualification for registration.

(1) A person is not qualified to practise as a traditional or complementary medicine practitioner unless-

(a) In the case of traditional medicine;

- (i) the person has the relevant training, knowledge and skill recognised by the Council in the practice of traditional medicine; and*
- (ii) the application has been endorsed by the following;*
 - (a) the district health office;*
 - (b) the district office of the Council; and*
 - (c) a person authorized by the village local council of the community.*

(b) In the case of complementary medicine practice;

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- (i) the person holds a valid qualification in the field of specialization of complementary medicine from a recognised institution by the Council to which the application relates;
 - (ii) has undergone an internship for a period determined by the council;
 - (iii) the application is endorsed by;
 - (a) the district health office;
 - (b) the district office of the Council; and
 - (c) a person authorized by the village local council of the community
 - (d) an association of complementary medicine practitioners.
- (2) Upon satisfaction by the Council that an applicant has fulfilled all the conditions for registration under this Act and has paid the prescribed fee, the Council shall direct the Registrar to enter the applicant's name in the register of practitioners and issue the applicant with a certificate of registration.
- (3) A person issued with a certificate under subsection (2) shall be known as a practitioner for the purposes of this Act.
- (4) Registration under this Act shall be in addition to registration required under any other law for the time being in force in respect of the practice.
- (5) The Council shall on an annual basis publish a list of all registered practitioners.

Justification

To clarify the requirements for registration and the procedure for registration.

Clause 21. TEMPORARY REGISTRATION OF NON-CITIZENS.

Replace the entire with the following;

(i) Replace the head note with the following;
"Registration of non-citizens and foreign-trained practitioners."

(ii) Replaces entire clause with the following;
"21. Registration of non-citizens and foreign-trained practitioners.

A person who is not a citizen of Uganda or a foreign trained practitioner may be registered as a practitioner where that person-

- (a) is the holder of a work permit or is to otherwise entitled to engage in gainful employment in Uganda;
- (b) has undergone internship training in an institution approved by the Council for a period determined by the Council;
- (c) has a good working knowledge of English or an indigenous language of Uganda;
- (d) has proof of qualification and registration to practice in his or her country of origin or where he or she was trained; and
- (e) has paid the prescribed fee."

Clause 22-DURATION AND RENEWAL OF CERTIFICATE OF REGISTRATION.

(i) Replace sub-clause (2) as follows;
 "for avoidance of doubt, the certificate shall be renewed annually."

Justification

The annual renewal of the practicing certificate is to put in place checks and balances for unethical practitioners and yet give them the ability to operate for three years without disturbance.

Clause 25-CANCELLATION OF REGISTRATION.

insert a new sub-clause immediately after sub-clause (2) as follows;

"(3) The Council shall within two weeks after cancellation of a certificate of practitioner notify the general public of the cancellation and the reasons for the cancellation."

Justification

To protect the unsuspecting public from practitioners whose certificates are cancelled but may continue to operate due to ignorance of the public.

NEW CLAUSE

Insert a new clause immediately after clause 26 to provide for restoration of name on register as follows;

RESTORATION OF NAME ON REGISTER.

(1) A practitioner whose registration is suspended may re-apply to the Council for restoration of his or her name on the register where the period of suspension has elapsed and the reasons for the suspension have been rectified.

(2) Subject to subsection (1), the Council may direct the Registrar to restore the name of a practitioner on the register.

Justification

To offer an opportunity to a practitioner who was suspended, but has put right his practise to be restored on the register.

Clause 26. REPRESENTATION TO THE COUNCIL.

Replace Clause 26 with the following;

"26. Right of a practitioner to be heard by the Council.

A registration shall not be cancelled or suspended unless the Council has given the practitioner at least fourteen days' notice of its intention to suspend or cancel his or her registration and has given the practitioner an opportunity to appear and be heard or to be represented, to the council."

Justification

For clarity purposes.

Clause 28-APPLICATION AND CONDITIONS

- (i) in sub clause (2) (a) add the words '*where applicable*' after the word 'practice'.

Justification

To provide for situations where the practitioner does not own the building.

- (ii) in sub clause (2) (b) substitute for the phrase "District Planning Authority" the phrase "Physical Planning Office" and insert the words '*where applicable*' after the word 'use'.

Justification

To provide for situations where the practitioner does not own the land.

Clause 29- ISSUE AND RENEWAL OF LICENCE.

in sub-section (2) substitute the phrase "and may be renewed subject to the provisions of this act" with "shall be renewed annually."

Justification

To specify the period within which to renew the licence.

29

Clause 33-NOTICE OF REVOCATION, SUSPENSION OR REFUSAL TO LICENCE.

Arrange the clause into sub-clauses and insert a new sub-clause (2) as follows;

'(2) Subject to sub-section (1) (a), the notice shall be given at least fourteen days before the intended action is done.'

Justification

To give the practitioner an opportunity to rectify his or her challenges before action is taken.

Clause 34- EFFECT OF SUSPENSION OR REVOCATION OF LICENCE.

At the end of the clause, add the phrase *'and such practitioner shall be barred from carrying out a related practice from any other place or location.'*

Justification

To protect the unsuspecting general public from such a practitioner who may choose to relocate to another place.

Clause 35. RIGHT TO BE HEARD

(i) Substitute the head note with the following;
"35. Right to be heard."

(ii) Replace subsection (1) with the following;
"(1) An applicant or licensee who receives a notice under section 33 may appear in person or by representation before the council within fourteen days from the date of receipt of the notice."

Justification

For clarity.

(iii) delete subsection (3), substitute for 27(2) the section 35(2)
Justification

For proper numbering.

Clause 36-POWER OF ENTRY AND INSPECTION.

Clause 36 is amended by-

(i) in sub-clause (1) substitute the word 'officer' the word 'inspector'.

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- (ii) in sub-clause (2) substitute for the word 'police officer' the word 'inspector'

Justification

To give the mandate of inspection to a qualified staff of the council who have knowledge of what to look out for in an inspection and to avoid abuse of power by errant police officers.

- (iii) Delete sub-clause (5).

Justification

The Police is empowered to enter any place under the Police Act where there is suspicion of crime being committed.

- (iv) in sub-clause (7) insert the phrase '*except where such patient has given written authorization to the Council to inspect the medical record.*'

Justification

To allow the Council get evidence in case required from patient's medical records and to ensure that practitioners keep medical records of their patients.

Clause 38- NOTIFICATION OF LOCAL GOVERNMENT COUNCILLOR.

Substitute for the words 'a local government councillor' the words '*the chairperson of the local council in that area*'

Justification

To widen the scope of those to be informed in order to avoid high expenses of looking for local government councillors who may be hard to find especially in the rural setting.

Clause 39- FUNDS OF THE COUNCIL.

- (i) insert new paragraphs immediately after paragraph (c) to provide as follows;

"(d) *Fees from registration and licensing services offered by the Council.*"

"(e) *Fees derived from fines and penalties instituted by the Council.*"

Justification

The Council is mandated to offer the said services that attract a fee as well as fines and other charges.

Clause 40- POWER TO OPEN AND OPERATE BANK ACCOUNTS.

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Substitute sub clause (1) with the following;

"(1) The Council may, with the authority of the Accountant General, open and maintain such accounts as are necessary for the performance of the functions of the Council."

Justification

To conform to the Public Finance Management Act, 2015

Clause 46 –COMPLIANCE WITH PUBLIC FINANCE AND ACCOUNTABILITY ACT, 2003

Substitute for the words 'public Finance and Accountability Act, 2003' the words "Public Finance Management Act, 2015";

Justification

This is the correct title of the relevant law.

NEW CLAUSE

Insert a new clause immediately after clause 49 to provide for procedure of advertisement of a practice as follows;

50. Procedure for advertisement of a practice

- (1) A person or a practitioner shall not advertise traditional, herbal or complementary medicine or his or her practice without authorization of the content of the advertisement by the Council.*
- (2) The Council reserves the right to refuse, dis-continue or revoke an advertisement if in the opinion of the Council, the advertisement misleads the general public and is likely to cause harm to the public.*
- (3) A person who commits an offence under this section is liable on conviction to a fine not exceeding one thousand currency points.*

Justification

To empower the Council to have checks and balances in regard to the nature of adverts that practitioners make as a means of protecting the public from false adverts and to guide Uganda Communications Commission as to which adverts have been authorized.

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- (ii) Substitute for the word 'forty eight' appearing on the second last line of the clause the words 'three hundred'.

Justification

To provide for a deterrent sentence in order to deter would-be offenders

NEW CLAUSE.

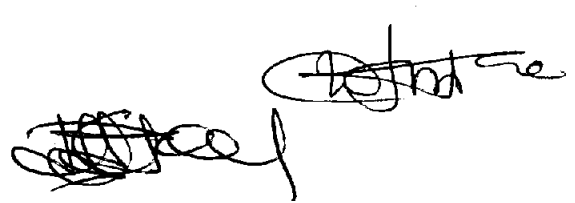
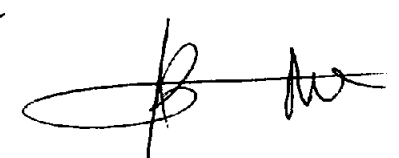
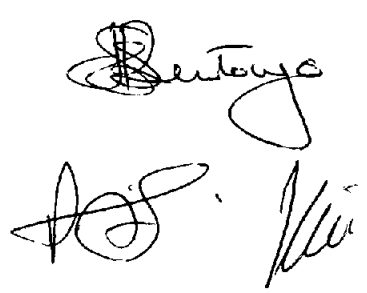
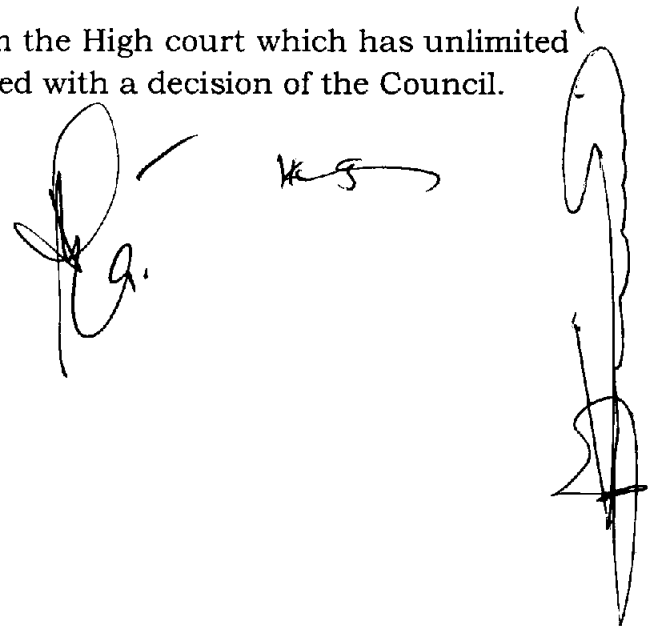
Insert a new clause immediately after clause 59 to provide for appealing a decision of the council. It will read as follows;

60. APPEALING THE DECISION OF THE COUNCIL.

'(60) A practitioner who is dissatisfied with a decision of the Council regarding registration, cancellation or suspension of a certificate or license or closure of premises of practice, may apply to the High court to review the decision of the Council.'

Justification

To avail an avenue of seeking for justice from the High court which has unlimited jurisdiction to practitioners in case dissatisfied with a decision of the Council.



**SIGNATURE SHEET FOR THE COMMITTEE ON HEALTH ON THE
INDIGENOUS AND COMPLEMENTARY MEDICINE BILL, 2015**

6th - 8th Dec 2018

NO	NAME	CONSTITUENCY	PARTY	
1	Hon. Bukuya Iga Micheal—Chairperson	Bukuya County	NRM	<i>M. Bukuya</i>
2	Hon. Baguma Spellanza—Vice Chairperson	DWR Kyenjojo	NRM	<i>Baguma</i>
3	Hon. Ssebikaali Yoweeri Joel	Ntwetwe County	NRM	<i>Yoweeri</i>
4	Hon. Atyang Stella	DWR Moroto	NRM	
5	Hon. Kamusiime Innocent Pentagon	Butembe county	NRM	<i>Innocent</i>
6	Hon. Ayaka Rose Atim	DWR Maracha	NRM	<i>Ayaka</i>
7	Hon. Alyek Judith	DWR Kole	NRM	
8	Hon. Kemirembe Pauline	DWR Lyantode	NRM	
9	Hon. Muheirwe Daniel	Buhaguzi county	NRM	<i>Daniel</i>
10	Hon. Mugeni Milly	DWR Butaleja	NRM	<i>Mugeni</i>
11	Hon. Ssembatya Edward N	Katikamu South	NRM	<i>Ssembatya</i>
12	Hon. Nayebale Sylvia	DWR Gomba	NRM	
13	Hon. Ayebazibwe Justine	DWR Isingiro	NRM	
14	Hon. Bebona Babungi Josephine	DWR Bundibugyo	NRM	
15	Hon. Lyomoki Sam	Workers Rep	NRM	
16	Hon. Rwakimari Beatrice	DWR Ntungamo	NRM	<i>Rwakimari</i>
17	Hon. Aol Betty Ocan	DWR Gulu	FDC	
18	Hon. Sizomu Gershom Wambede (Rabbi)m	Bungokho North	FDC	<i>Sizomu</i>

19	Hon. Ssentongo Robina Nakasirye	DWR Kyotera	DP	<i>Ssentongo</i>
20	Hon. Baseke Fred	Ntenjeru south	INDEP	<i>Baseke</i>
21	Hon. Kinobere Herbert	Kibuku county	INDEP	<i>Ki</i>
22	Hon. Mirembe Lydia Daphne	DWR Butambala	INDEP	