

## CIVIL SOCIETY ORGANISATIONS PRESS STATEMENT

### CSOs Call for an End to the Persistent Stockouts of Essential Medicines and Health Supplies (EMHS)

**Theme: Adequate and Timely Distribution of Medicines Saves Lives**

**February 2023**

Over the last few weeks, the media has been awash with news of medicines and health supplies stockouts across the country. This has been corroborated by findings from a rapid assessment in districts where civil society has a presence. The assessment highlights that since November 2022, health facilities have faced stocks-outs of EMHS especially for SRH commodities, antimalarials, and antimicrobials. We note that, every time there is a crisis, emergency deliveries are made, but these efforts are not sustainable. In some of the health facilities, patients were reported to have abandoned public health facilities because of absence of essential medicines and health supplies (EMHS). The public outcry attention of the Parliament of Uganda which invited the Minister of Health to make a statement on the floor to explain the cause of the stockout of essential medicine and health supplies. The Minister of Health affirmed that there was indeed of stock-outs of EMHS which she attributed to delay in the release of funds by the Ministry of Finance Planning and Economic Development. The delay in release of funds affected the ability of National Medical Stores (NMS) to distribute drugs.

Stockout of essential medicine and health supplies has catastrophic consequences on the public health system. Because of stock out, families have lost loved ones. But also, for the health sector, this leads to drug resistance occasioned by rationing of drugs by health service user or failure to take drugs as scheduled by health worker. The persistent stockout of essential medicines and health supplies contribute to the high out of pocket expenditure share of the current 41%. It is also worth noting that stock outs of EMHS leads to worsening health inequities because a majority of poor people have no alternative to public health service delivery facilities.

#### **Causes of stockouts of essential medicines and health supplies**

Stock outs of essential medicines and health supplies are not a new phenomenon in Uganda's public health system. In the case of the lower health facilities, drugs last not more than a month after supply. Stockouts are occasioned by a number of factors including largely as a result of increasing the number of health service users which is not matched with increased supply, limited financing for medicines and supply chain challenges. The budget available for procurement of essential medicines has for most times remained stagnant at about 531Bn and not matched by increase in population.

## Supply chain management challenges

Currently there are 2 supply systems in the public sector supply chain; the pull-based system and the modified push system (District Kit). High level facilities (HC4 and above) are served on pull system where facilities place their medicines orders to NMS while Health Centre 2 and 3 are served on a district kit system. The district kit system has challenges in ensuring appropriate and equitable allocation of funds and these lead to difficulties in ensuring appropriate and equitable EMHS availability. The kit system presupposes a one size fits all and as a result, the forecasting for the most part is not accurate. It also leads to inaccurate planning for EMHS leading to over or under planning in health facilities. This explains why some health facilities will have expired drugs while another has stock outs.

## Funding gap for Essential Medicines and Health Supplies

The Ministry of Health together National Medical Store develop an annual needs analysis and quantification report for public health facilities in Uganda. This report provides up to date information on public health sector emergency medicines and health supplies planning and health facility requirements in terms of actual pharmaceutical needs and funding gaps. The report for 2020/21 demonstrated an increase in the funding gap for medicines from 13% in 2019/2020 to 15% in 2020/2021.

The funding gap for Credit Line commodities is higher at 38% while 10% for non-credit line commodities. In terms of level of care, HCIIIs have the highest funding gap of 62% followed by Health Center IVs at 49%, HC IIIs with 32% with Referral hospitals at 27%. It is important to note that most Ugandans receive health service delivery in Health Center II and III and yet these are the ones with the highest funding gap. The total need for Laboratory re-agents is 65Bn/= but 11Bn is available from Government of Uganda, leaving a funding gap of 54Bn. These funding gaps contribute significantly to the stock out of drugs in public health facilities.

The funding for EMHS has also greatly been affected by the dwindling external support for Life Saving HIV Drugs by core funding agencies like PEPFAR.

## Human Rights Implications of Stock-Outs of Essential Medicines and Health Supplies

As Civil Society Organisations, human rights observation is at the center of the work we do. Once we have reports of people dying due to stock outs, it freezes us. The right to health, like all human rights, imposes on States Parties the following obligations: to respect, protect and fulfil. These obligations are also stated under Article 20 of the Constitution of the Republic of Uganda.

The government of Uganda has not provided clear guidance on how the affected population especially those on life saving drugs will be managed by service providers over the period of such a crisis.

The obligation to respect for example requires duty-bearers to refrain from interfering directly or indirectly with the enjoyment of human rights. States have the obligation to ensure that no government practices, policies, programs, or legal measures violate human rights, paying particular attention to the vulnerable and marginalized groups. Clearly, once the government agencies including Ministry of Health, Finance and NMS fail to provide timely medicines to facilities, they fail on this obligation.

The obligation to fulfil: This requires the government to adopt appropriate measures towards full realization of the rights such as appropriate legislative, administrative, budgetary, judicial, promotional and other measures towards the full realization of human rights. This includes the obligation to provide accessible redress

mechanisms where health rights have been infringed by the government or other actors. The discussion of stockouts of essential medicines and health supplies is a clear indication of Uganda's failure to realize this obligation, which is also a constitutional mandate. It is thus important that we re-think about the actions and omissions of the responsible agencies and have people's rights upheld.

## **We therefore call on;**

### **The Government**

- To speak out and inform the affected population with clear guidance on how the patients will be managed by service providers over the period of such crisis.
- That rights of people are upheld: Timely disbursement of essential medicines and supplies needs to be a priority for all responsible agencies.
- Resolve operational challenges relating to supply of Essential Medicines and ensure that supply of EMHS runs seamlessly throughout the year.
- Strengthen Supervision of the alternative distribution systems within the supply chain.
- Increase allocation for procurement of medicines under NMS Vote 116 to cater for the ever-increasing number of morbidity cases treated at various levels of care and to match up with population increase.
- To invest in Primary Health Care. Investment in Primary health care which emphasises prevention as opposed to curative medicine has been proved to be cost effective.
- Ensure that the National Health Insurance Bill (2022) is approved by Cabinet, debated and passed by Parliament of Uganda in an effort to ensure social protection for the most vulnerable

### **National Medical Stores:**

- Strengthening inventory management practices and Optimizing supply chain management of medical and pharmaceutical products for commodity security with minimal stockouts of essential products.
- Timely delivery of supplies by NMS to mitigate the risk of stock outs of essential medicines and health supplies
- Deliver medicines with longer shelf life which will reduce on volume of expiries.

### **District Supply Chain Management Team**

- The Health Facility Managers need to ensure and provide close supervision on inventory management at all levels of care to promote traceability and accountability for medicines.
- Implementation of the alternative distribution mechanisms in place.

## **Conclusion**

As CSOs, we call on government to prioritize the above issues in the course of this year.