

By Prisca Baike

After carrying a healthy pregnancy for nine months, Florence Namugga, 24 did the right thing when she went into labour. She went to a health centre four that was, thankfully, less than three kilometres away. For hours, Namugga was in labour, but not a single health worker examined her. The facility was out of gloves.

She was not the only one facing the tough reality of drug and supply stock-out.

Five-year-old Ayub Musoke who had been rushed to hospital, convulsing with malaria did not get any medication, apart from first aid to calm him down.

Such are the circumstances that people face every day as the public health facilities are always out of essential medicines and supplies.

Sarah Nabirye, a resident of Bulubandi village in Iganga district, says although their leaders keep reassuring them that there are drugs in the health facilities, she hardly gets any drugs, most of the time.

"Every time I come here or bring my children, the most we get is panadol and malaria tablets once in a while," Nabirye says wondering where the rest of the drugs end up.

There has been a general

How artificial drug

DISTRIBUTER GOODWILL

Mark Wamala, the general secretary of the fellowship of Born-again is one of the people who visited the NMS warehouse recently as they marked 25 years of service.

He notes that contrary to what he has been hearing about the lack of drugs in government facilities being occasioned by NMS's negligence, drugs are in plenty at NMS.

"All we need is good will from the distributors and health workers to ensure that drugs get to the people who need them," Wamala says.

He notes that being a medical professional is a calling from God, which requires accountability and responsibility. As such, he urges health workers to perform their duty of saving lives.

Moses Kamabare, the NMS CEO, calls for increased community understanding of the concept of essential medicines and what should be available at different levels of health service delivery.

Lack of access to essential drugs is a violation of the right to access medicines. He urges communities to act and demand for their full entitlements in health service delivery and embrace health rights as a community value.

"Leaders should always ask for delivery notes to see what is available and sensitise their communities to demand for medicine from their facilities," Kamabare says.

countrywide concern about people dying of treatable diseases, such as malaria, arising from patients' failure to access drugs in public health facilities, yet drugs worth billions of shillings were reported to have expired

in National Medical Stores (NMS) facilities, stores of referral hospitals, district health offices and health units.

Moses Kamabare, the NMS CEO, says most of the drug stock outs are either fake or



Kamabare at the NMS stores showing a consignment of medicine

occasioned by poor planning on the side of the health facility management.

He explains that currently, NMS has 20 trailer loads awaiting Uganda Revenue Authority clearance in addition to the massive

stocks in their overflowing warehouses. The challenge, however, is health facilities are not ordering for the drugs, yet people need them.

"These are artificial shortages and we know it is a deliberate intention by health

workers," Kamabare says.

He explains that these shortages arise from health workers not requesting for priority drugs in their areas and prescribing medicine that the Government is not stocking, for selfish reasons.



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shortages can be checked



NMS has trailer loaded and awaiting Uganda Revenue Authority clearance, in addition to the massive stocks

Kamabare says NMS stocks drugs that are recommended in the standard treatment guideline, a document that spells out how health workers treat a disease including the medicines to be used and their right doses.

He explains that if a health worker recommends medicines that are not in

the store, yet there are drugs that can treat the ailment as recommended in the standard treatment guideline, then they are causing an artificial shortage.

"We give facilities medicine, but they prescribe those that are not in the stores and then after two or three years, they call us to come and pick

the medicines that expired because they were not taken by the people who needed them," Kamabare says.

He urges health workers to prescribe drugs that are indicated in the standard treatment guideline.

Kamabare notes that although they are not giving them 100% of what they

need, the Government is giving people a significant amount of resources that should be put to proper use.

"The other gap is filled by development partners. As such, the resources have to be utilised prudently to promote proper accountability," Kamabare says.

THE CHALLENGE IS HEALTH FACILITIES ARE NOT ORDERING FOR THE MEDICINE, YET PEOPLE NEED IT

He also notes that several health workers order for less drugs and supplies than they need.

"You find a hospital that needs 5,000 pairs of gloves requesting 2,000 pairs so that they leave a gap. And when they run out, they blame NMS for the shortage," says Kamabare.

He urges health workers to do the right quantification when making orders to avoid unnecessary shortages.

Citizen engagement

Kamabare urges members of the public not to only visit health facilities when they are sick.

"Please, you should not only visit the health facility when you are sick.

Find time to interact with your health workers, ask them what challenges they face and how they can be supported," Kamabare says.

He advises the public to identify the medical needs of their areas and let the health workers know about them so that they can order the right drugs in the right quantities.

For instance, if in your area, malaria is the problem, tell the health worker to request for more malaria drugs.

In the same way, if your problem is pneumonia, then ask your health worker to request for more pneumonia drugs, according to Kamabare.

This way, he says, artificial drug shortages can be stamped out.

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National Medical Stores (NMS)
upon reaching the silver
jubilee milestone.

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