

DRUG WASTAGE COMES AMID FUNDING CONSTRAINTS AT NMS

AUDIT EXPOSES ROT IN MEDICINES, ICU EQUIPMENT SUPPLY

By Mary Karugaba

A review of operations at the National Medical Stores (NMS) by the Auditor General (AG) has revealed that by June 30, 2025, essential medicines valued at sh8.04b had expired or become non-viable. This has raised fresh concerns about the drug procurement and distribution system and the continued risk of stockouts in public health facilities.

NMS is the government agency responsible for procuring, storing and distributing medicines to public health centres.

Of the total, AG Edward Akol said expired drugs worth sh530m were government-funded stock, while sh7.5b was financed by development partners. These drugs were supposed to be supplied to 3,432 health centres at various levels across different parts of the country.

Stakeholders caution that any level of wastage remains costly in a system already struggling to meet demand.

For many patients relying on public health services, the stakes are high.

"When medicines expire, it's not just about the money lost. It can mean missed treatments, complications or even lives lost," Edward Mukaire, a drug shop owner in Kisaasi, Kampala, said.

The AG attributed the high number of expired drugs to poor alignment between what was procured and the country's actual treatment needs, as well as shifts in global treatment protocols after orders had already been placed.

Akol also noted that in some cases, medicines procured under older guidelines became obsolete after the World Health Organisation updated treatment recommendations, rendering existing stocks unusable.

"The above shortcomings in the procurement and distribution of essential medicines and health supplies increase the risk of stockouts at health facilities, treatment disruption and death for patients who cannot afford to procure the medicines from private pharmacies," the report states.

The losses come at a time when many public health facilities continue to report frequent stockouts of essential medicines such as antibiotics, antimalaria drugs and chronic disease treatments. Patients are often forced to buy medicines from private pharmacies at high costs or go without treatment altogether.

"Mismatches often lead to medicines

MINISTRY RESPONDS

On the issue of expiry of drugs in store, the director general of health services in the Ministry of Health, Dr Charles Olaro, said he needed to understand the matter just in case the expiry does not include drugs that expired during the previous years.

On the issue of hospital equipment, he said during the time of COVID-19, a number of equipment was urgently procured as an emergency to handle critical cases and they were placed anywhere.

"However, we have now built the infrastructure and progressively the equipment is being put to use. For example, we have built an ICU in Mbale, Kabale and other hospitals. But as a way forward, the ministry will, in future, first build the infrastructure to match the equipment," Olaro said.

He also noted the need for sufficient power supply to keep the equipment running, arguing that power shortages destroy the machines.

Olaro called for additional funding to procure transformers and other power backup systems to operate the machines.

On the staffing gaps, he said the structure has been expanded to allow promotion and recruitment.

sitting unused in warehouses, while patients elsewhere face shortages. The losses highlight deeper planning weaknesses when forecasting is inaccurate or procurement does not reflect real-time disease patterns, drugs either expire on shelves or facilities run out of stock," a health worker in a government hospital said.

FUNDING PRESSURES AT NMS

The drug wastage also comes amid funding constraints at NMS. Citing the National Annual Needs Analysis conducted jointly by the Ministry of Health and NMS, Akol said whereas the country requires sh1.574 trillion annually to adequately supply medicines to all public facilities, only



The interior view of the NMS in Kajjansi on Entebbe Road on August 5, 2025. NMS is the government agency responsible for procuring, storing and distributing medicines to public health centres

sh1.3 trillion was committed during the 2024/25 financial year, leaving an 11% funding gap of sh18tb.

The auditors said limited funding makes it difficult to balance quantities, respond quickly to changing needs and redistribute near-expiry stock in time.

Akol advised the Government to strengthen planning and quantification processes, improve co-ordination with health facilities and align procurement with current treatment guidelines to prevent further losses.

The recommendations also include tighter monitoring of stock levels and faster redistribution of medicines approaching expiry dates.

SH150B ICU EQUIPMENT IDLE

The AG also found that intensive care unit (ICU) and theatre equipment worth sh150b supplied to referral hospitals across the country remained underutilised or was lying idle due to persistent infrastructure and maintenance challenges.

According to the report, over the past five years, the Ministry of Health procured and distributed specialised equipment — including heating, ventilation and air conditioning systems, ventilators, patient monitors and neonatal intensive care unit machines — to 15 regional referral hospitals, three national referral hospitals and seven general hospitals.

But a review of hospital operations and interviews with administrators and biomedical engineers revealed that much of the equipment has not been fully installed or remains non-functional due to unreliable electricity, broken diagnostic machines, weak oxygen systems and limited maintenance funding.

The audit showed that in several hospitals, life-saving machines remain stored in boxes or

temporary rooms because facilities lack the basic conditions required to operate them.

Hoima, Jinja, Mubende, Fort Portal and Kabale regional referral hospitals were found without adequate backup power systems to run critical care equipment continuously.

"ICU machines require stable electricity to function safely, yet some hospitals either have generators with insufficient capacity, faulty switching systems or no alternative power sources at all. Without reliable power, hospital staff cannot install ventilators, monitors or oxygen plants, rendering the expensive equipment unusable," the report said.

According to the report, X-ray machines at Entebbe, Hoima and Jinja regional referral hospitals were found to be non-functional due to delayed servicing and technical faults.

Several hospitals lack fully installed oxygen pipeline systems, while others operate plants that are either faulty or not producing at full capacity.

The gaps were observed at Mubende, Fort Portal and Kabale regional referral hospitals, severely limiting oxygen supply in ICUs, theatres and emergency units.

"Only nine of 26 oxygen plants were serviced during the year. Maintenance funds covered just 21 of 59 X-ray machines. These gaps severely limited the hospitals'

ability to meet oxygen demand, particularly in ICUs, theatres and emergency units where continuous oxygen supply is essential to patient survival," the report revealed.

In addition, the AG said funds provided for

maintenance of X-ray machines could only cover 21 of the 59 machines stationed in the various regional referral hospitals.

"The budget for maintenance of this equipment has remained the same at approximately sh7.6b since the 2015/2016 financial year, despite the acquisition of sophisticated medical equipment for the regional referral hospitals. This is 23% of the required budget of sh33b," the report states.

According to the report, hospital managers attributed many of the functionality challenges to inadequate maintenance funding.

STAFFING GAPS

The report also revealed acute staffing shortages for all the staff categories in the critical care units, with some units reporting shortages of more than 90% and in some cases 100%.

Critical care units refer to specialised units that provide intensive care to patients with life-threatening conditions such as severe injuries or illnesses.

These include ICUs, high dependency units, coronary care units, neonatal ICUs, paediatric ICUs.

"These staffing gaps undermine the country's ability to provide high-quality critical care services, increase avoidable mortality, and increase the costs of treatment when a patient has to seek alternative treatment from private facilities," the report said.

In his review, Akol said he observed that public health facilities were grappling with the challenge of lack of health care specialists, such as consultant ophthalmologists, consultant pathologists, consultant psychiatrists and medical officer special grade in anaesthesia and emergency cases.

Akol advised the health ministry to work with the Ministry of Public Service and the Health Service Commission to develop a strategy to address these acute staffing gaps.



Akol urged stakeholders to address staffing gaps