



**THE REPUBLIC OF UGANDA  
MINISTRY OF HEALTH**

# **ADDENDUM**

## **ESSENTIAL MEDICINES AND HEALTH SUPPLIES LIST FOR UGANDA 2023**

**December 2025**

## **Foreword**

The Ministry of Health remains steadfast in its commitment to ensuring that every Ugandan has access to safe, effective, and affordable medicines and health supplies. The prevention of maternal and neonatal mortality is central to this mandate, as these deaths are largely avoidable with timely access to proven, high-impact interventions. Over the years, Uganda has made notable progress in strengthening maternal and newborn health services; however, persistent gaps in the availability and utilization of essential commodities continue to undermine the quality of care.

This Addendum to the Essential Medicines and Health Supplies List for Uganda 2023 represents an important milestone in addressing these gaps. It incorporates six critical maternal and newborn health commodities: Multiple Micronutrient Supplementation, Caffeine Citrate, Pulmonary Surfactant, Calibrated Obstetric Drapes, the Non-Pneumatic Anti-Shock Garment, and the Uterine Balloon Tamponade, whose inclusion is supported by robust scientific evidence and national service delivery experience. These additions are vital for improving antenatal nutrition, managing complications of prematurity, and enhancing the early detection and treatment of postpartum hemorrhage, which remains the leading cause of maternal death in Uganda. The treatment guidelines for the respective departments, as well as the HMIS tools, have been updated to guide healthcare providers on the appropriate use of these commodities and on accurate reporting.

The Addendum was informed by extensive technical review and broad stakeholder consultation including the Nutrition Technical working group RMNCAII Product Introduction and Market Stewardship (RaPIMS) Committee and, and I extend my sincere appreciation to all partners and technical experts whose contributions were essential to this process.

The Ministry of Health is confident that this Addendum will strengthen the availability and rational use of maternal and newborn health commodities across all levels of care. It will also support government-led procurement, reduce reliance on emergency and donor-dependent supply channels, and contribute significantly to Uganda's efforts to achieve Sustainable Development Goal 3.

It is my pleasure to endorse and present the Addendum to the EMHSLU 2023 for adoption and implementation across the health sector.



Dr. Charles Olaro  
**DIRECTOR GENERAL HEALTH SERVICES**

## **Acknowledgements**

I extend my sincere appreciation to all those who contributed to the development of this Addendum. The process was led by the Department of Pharmaceuticals and Natural Medicines, with the support of the Clinton Health Access Initiative (CHAI), whose partnership has been invaluable.

I also acknowledge the RMNCAH Product Introduction and Market Stewardship (RAPIMS) Committee, participants of the 'technical review meeting of MMS documents', Nutrition Division, Maternal Child Health Division, midwives, and assistant DHOs maternal health, from districts scaling up Multiple Micronutrient Supplementation (MMS), for providing critical technical guidance during the review process. Your expertise and contributions were central to shaping the recommendations in this Addendum. In addition, I am grateful to the health workers who shared practical insights from service delivery settings, ensuring that the proposed updates are aligned with real-world needs and implementation realities.

To all partners and technical experts involved, thank you for your commitment and collaboration in strengthening maternal and newborn health in Uganda.



Dr Martha Grace Ajulong

**COMMISSIONER, PHARMACEUTICALS AND NATURAL MEDICINES**

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## Abbreviations

CHAI	Clinton Health Access Initiative
EMHSLU	Essential Medicines and Health Supplies List for Uganda
FY	financial year
HC	Health Center
MMR	maternal mortality ratio
MMS	Multiple Micronutrient Supplementation
NASG	Non-Pneumatic Anti-Shock Garment
PPH	Postpartum haemorrhage
RAPIMS	RMNCAH Product Introduction and Market Stewardship (RAPIMS)
SDG	Sustainable Development Goal
UBT	Uterine Balloon Tamponade
WHO	World Health Organisation

## **Executive summary**

This addendum to the Essential Medicines and Health Supplies List of Uganda (EMHSLU) 2023 introduces six high-impact maternal and newborn health commodities whose inclusion is supported by strong clinical evidence, global recommendations, and national feasibility assessments. The commodities include Multiple Micronutrient Supplementation (MMS), Caffeine Citrate, Pulmonary Surfactant, Calibrated Obstetric Drapes, the Non-Pneumatic Anti-Shock Garment (NASG), and the Uterine Balloon Tamponade (UBT). Each addresses a critical gap in the prevention or management of conditions that remain leading contributors to maternal and neonatal morbidity and mortality in Uganda.

MMS improves maternal nutrition and neonatal outcomes and is safe for use from preconception through all trimesters of pregnancy. Caffeine Citrate and Pulmonary Surfactant are globally recognized as gold-standard treatments for apnoea of prematurity and neonatal respiratory distress syndrome, respectively, and their proper inclusion in the EMHSLU will standardize dosing, formulations, and levels of care across facilities. Calibrated Obstetric Drapes, NASG, and UBT are essential components of effective postpartum haemorrhage detection, stabilization, and management, aligned with WHO recommended emergency obstetric care practices.

A comprehensive technical review, supplier mapping process, and wide stakeholder consultations, confirmed the feasibility of introducing these commodities across designated levels of care. The updates in this addendum will enable government-led procurement, improve equitable access, reduce dependence on donor-driven supplies, and support adherence to evidence-based guidelines. Ultimately, this addendum strengthens Uganda's capacity to provide timely, evidence-based maternal and newborn care and advances progress toward achieving Sustainable Development Goal (SDG) 3.

## Background

Uganda continues to face significant maternal and neonatal health challenges despite gains in antenatal care, skilled birth attendance, and facility deliveries. Maternal and neonatal mortality remain unacceptably high. National data show a maternal mortality ratio (MMR) of 189 deaths per 100,000 live births, nearly three times higher than the SDG target of fewer than 70 per 100,000. The lifetime risk of maternal death stands at 1 in 66 women. Postpartum haemorrhage (PPH) remains the leading cause of maternal death, accounting for 40-46% of all maternal deaths in Uganda. Although antenatal care coverage is high (99%) and skilled birth attendance stands at 88%, early postnatal monitoring remains inadequate: only 58% of mothers and 62% of newborns are checked within two days of delivery. The burden of anaemia and micronutrient deficiency among pregnant women further contributes to poor outcomes. National data show moderate to severe anaemia at first ANC visit at 7% (FY 2021/22) and 2% (FY 2022/23), with widespread deficiencies in essential micronutrients.

PPH-related mortality remains persistently high due in part to delayed detection and inadequate stabilization. Uganda's HMIS data indicate that 46% of facility deliveries occur at HC III, where calibrated drapes and NASG, critical for early detection and pre-referral stabilization, are currently unavailable. UBT, a proven life-saving intervention for refractory PPH with success rates above 85% globally, is also not routinely available at the HC IV level despite its feasibility and alignment with Uganda's service delivery structure.

Neonatal mortality, though improved in Uganda, remains at 22 deaths per 1,000 live births, exceeding the SDG target of 12. Prematurity continues to be a major cause of neonatal mortality. At least 2.5% of babies are born preterm, and complications from prematurity including apnoea and respiratory distress syndrome, account for 18% of neonatal deaths nationally. Demand for neonatal respiratory care remains high, yet essential treatments such as Caffeine Citrate and Pulmonary Surfactant are inconsistently available, and levels of care for their safe administration have been unclear.

These gaps underscore the urgent need to revise the EMHSLU to include commodities with demonstrated efficacy and feasibility in the Ugandan health system. MMS addresses widespread micronutrient deficiencies and improves neonatal survival. Caffeine Citrate and Pulmonary Surfactant are essential for managing prematurity-related complications. Calibrated Drapes, NASG, and UBT are cornerstone interventions for reducing PPH morbidity and mortality. Integrating these commodities into the EMHSLU will standardize clinical practice, streamline procurement, reduce donor dependence, and strengthen efforts toward achieving national and global maternal and neonatal health targets.

## Addendum to Section A of EMHSLU 2023

### SECTION A: ESSENTIAL MEDICINES LIST 2023 (ADDENDUM)

MEDICINE	DS	STR	L	C
<b>10. MEDICINES AFFECTING THE BLOOD</b>				
<b>10.1 Anti anaemia medicines</b>				
Multiple micronutrient supplement (MMS)	Tablet	Vitamin A 800 µg+ Vitamin C 70 mg + Vitamin D 5 µg (200 IU) + Vitamin E 10 mg + Vitamin B1 1.4 mg + Vitamin B2 + 1.4 mg, Vitamin B3 18 mg + Vitamin B6 1.9 mg + Folic acid 680 µg (dietary folate equivalent 400 µg)+ Vitamin B12 2.6 µg + Iron 30 mg + Iodine 150 µg + Zinc 15 mg + Selenium 65 µg + Copper 2 mg	HC2	V
<b>29.1 Medicines administered to the neonate</b>				
Caffeine citrate	Solution for infusion and oral use	20 mg/ml or 10mg/ml	HC4	V
<b>Specialist medicines</b>				
Pulmonary surfactant	Suspension for intratracheal instillation	25 mg/mL or 27mg/ml or 35mg/ml or 45mg/ml	H	V

## Addendum to Section B of EMHSLU 2023

### SECTION B: GENERAL HEALTH SUPPLIES (ADDENDUM)

ITEM DESCRIPTION	SPECIFICATION	L	C
<b>9. WARD AND THEATRE SUPPLIES AND ACCESSORIES</b>			
<b>9.9 Obstetric care supplies</b>			
Calibrated Obstetric Drapes	With graduations marked at 50ml intervals up to 500 ml, then at 100ml intervals between 500-1000ml, non-sterile, single use	HC3	V
Non-Pneumatic Anti-Shock Garment (NASG)	Washable, reusable Sizes medium/large	HC3	V
Uterine ballon tamponade (UBT)	500–700 mL capacity balloon	HC4	V

