



PHARMANET

Newsletter



COMMISSIONER'S MESSAGE

Foreword



Dr. Martha Grace Ajulong

Ag. Commissioner Health Services
Department of Pharmaceuticals
and Natural Medicine

It is with great pride that I present the PharmaNet Newsletter for the period January to June 2025, a comprehensive digest of key developments, achievements, and insights from both national and regional levels.

This issue captures our continued pursuit of excellence in pharmaceutical service delivery, accountability, and patient safety. The newsletter highlights the dynamic contributions of stakeholders across the country — from national coordination units to district and facility-level teams — who have worked tirelessly to enhance the performance of our health commodity systems.

"Through initiatives such as NPECAF, we have seen growing collaboration, stronger data use, and increased ownership of the health supply chain and pharmacovigilance functions."

Our achievements this semester are not without challenges. However, they underscore the resilience and innovation of Uganda's pharmaceutical sector in responding to evolving needs. Let us remain committed to transforming pharmaceutical systems for the betterment of health outcomes in Uganda.

STRENGTHENING NATIONAL PHARMACEUTICAL STEWARDSHIP & HEALTH SUPPLY CHAIN ACCOUNTABILITY · JAN–JUNE 2025



220

Health facilities with commodity accountability & supervision across 98 districts



11

Regional referral hospitals received MTC guideline & MR Surveillance Plan rollout



53%

Health facility attendance rate at NPECAF — highest stakeholder engagement group



3

Regions received oxygen user training: Bukedi, Teso, and Bugisu

NATIONAL HIGHLIGHTS

Key Achievements — Jan–June 2025

ACCOUNTABILITY

SUPPLY PLANNING

POLICY ROLLOUT

DIGITAL TOOLS

OXYGEN TRAINING

Key Achievements Included

- Commodity accountability and supervision conducted across 220 health facilities in 98 districts
- Regular oversight of health supply chain operations through monthly onsite and virtual meetings with JMS, NMS, and NDA
- Supply plan reviews completed for high-priority programs: HIV, TB, Malaria, EMHS
- Roll-out of MTC implementation guide and MR Surveillance Plan to 11 regional referral hospitals
- Digital innovations: development of a platform hosting training materials for emergency medical preparedness
- Oxygen user training delivered in Bukedi, Teso, and Bugisu regions to enhance safe use
- Successfully convened NPECAF meetings — health facility teams showed 53% attendance rate



Ag. CHS DPNM, Dr. Martha Grace Ajulong giving remarks at the launch of the Antimicrobial Stewardship Manual and Guidelines to implement activities of the MTC in Health Facilities



Ag. Assistant Commissioner — Quality Assurance Division DPNM, Dr. Harriet Akello giving remarks at the launch of the Antimicrobial Stewardship Manual and Guidelines to implement activities of the MTC in Health Facilities

REGIONAL HIGHLIGHTS

Strengthening Regional Pharmaceutical Stewardship & Health Supply Chain Accountability



PSM Capacity building and mentorship at Laroo HCIII, Gulu City — strengthening pharmaceutical management practices at facility level

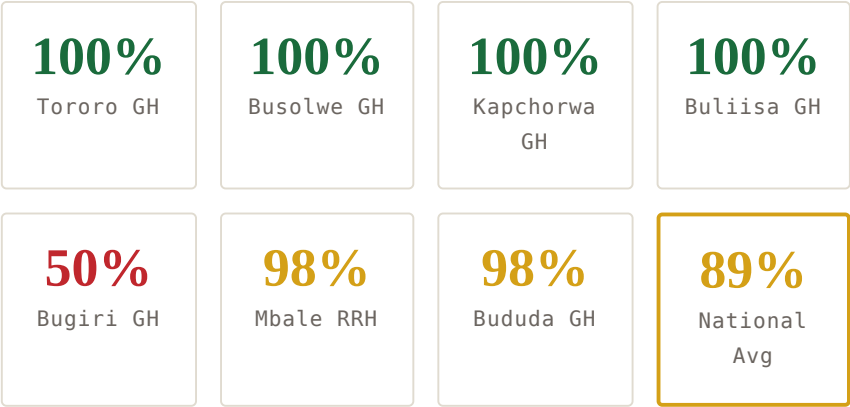


Eng. Ali Musoke (BEM) showing participants at Iganga GH how to use an electric CPAP machine — part of the oxygen and biomedical equipment training programme



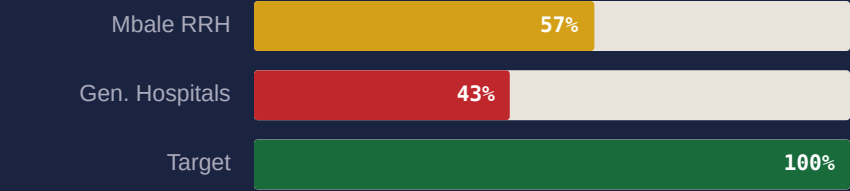
Participants at Ruteete HCIV demonstrate how to use an oxygen regulator — improving safe oxygen administration across regional facilities

Regional Budget EMHS Utilisation



- Top Performers: Tororo GH, Busolwe GH, Kapchorwa GH, Buliisa GH fully utilised or exceeded EMHS budgets
- Bugiri GH increased EMHS allocation by 50%, reflecting enhanced prioritisation
- Bugisu region facilities maintained utilisation between 98–100%

Pharmacy Staffing in Uganda Public Hospitals

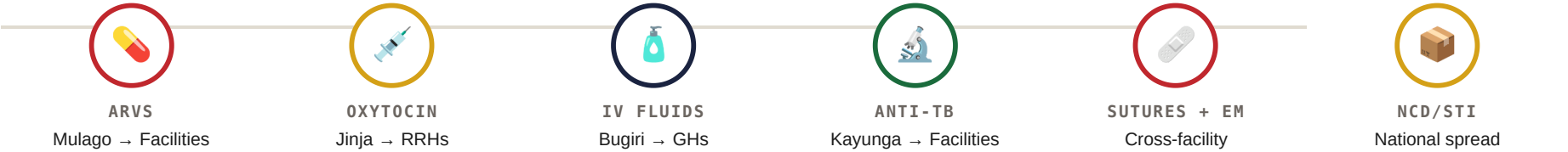


57%

Vacancies across general hospitals · urgent recruitment needed

- USAID stop-work order affected pharmacy staff in Mbale RRH
- Urgent recruitment needed: Bududa GH, Moyo GH, Busolwe GH

Redistribution of Commodities



COMMODITY	MULAGO NRH	JINJA RRH	BUGIRI GH	KAYUNGA RRH
ARVs	YES	YES	YES	YES
Oxytocin	YES	YES	YES	YES
IV Fluids	YES	YES	YES	YES
Anti-TB Drugs	YES	YES	YES	YES
Sutures	YES	YES	YES	YES
Emergency Medicines	YES	YES	YES	YES
NCD/STI Supplies	YES	YES	YES	YES

Redistribution and donations were pivotal in balancing stock levels. Key contributors: Mulago NRH, Jinja RRH, Bugiri GH, and Kayunga RRH. North Central's Kayunga RRH efficiently redistributed commodities to multiple facilities including Mulago NRH and children's homes.

PHARMACEUTICAL SERVICES

Medicines & Therapeutics Committees (MTC) Highlights



MULAGO NRH
SOP dev & budget gap ID



JINJA RRH
AMS & antibiogram gen.



BUGIRI GH
Active ADR reporting



TORORO & BUSOLWE
MTC guideline rollout



BUDUDA GH
Expiry reduction & formulary

MTC PERFORMANCE CHALLENGES

- Delayed deliveries and low order fill rates
- Budget constraints for commodities and MTC functions
- Staff turnover and awareness gaps
- Manual inventory systems limiting efficiency
- Staffing shortages including lack of secretaries

RECOMMENDATIONS

- Increase funding especially for high-cost items like dialysis
- Promptly appoint or replace committee members when transferred
- Promote inventory automation and integration
- Continuous mentorship on PPS, AMS, and PV
- Improve awareness on the importance of MTC functions

PHARMACEUTICAL SERVICES

Pharmacovigilance (PV) & Antimicrobial Stewardship (AMS)

50

ADR reports submitted by Mulago NRH after targeted staff training

6+

Facilities actively monitoring ADRs in TB & ART programs

15+

ADR reports from Hoima RRH after PV committee re-engagement

Pharmacovigilance Highlights

Antimicrobial Stewardship (AMS)

- Mulago NRH trained staff and submitted 50 ADR reports
- Jinja RRH actively monitored ADRs in TB/ART programs
- Gulu RRH maintained consistent ADR reporting
- Lira RRH improved awareness and AEFI updates
- Bududa GH resumed ADR reporting despite limited data
- Hoima RRH re-engaged PV committees with over 15 ADR reports

▲ PV CHALLENGES

- Limited Vigiflow access and reliance on paper systems
- Fear of incrimination affecting reporting culture
- Inactive PV committees and limited causality assessments

- Mulago NRH led AMS research, audits, and trainings
- Jinja RRH supported AMS studies, public awareness, and sanitizer production
- Gulu RRH reduced injectable antibiotic use and promoted antibiograms
- Lira RRH facilitated clinician-lab interface improvements
- Mubende RRH developed antibiograms and conducted audits

▲ AMS CHALLENGES

- Funding shortages for commodities and infrastructure
- Low culture and sensitivity testing uptake
- Staff shortages and limited AMS training

PHARMACEUTICAL SERVICES

Health Supply Chain Highlights

Health Facility Activities

- **Jinja RRH:** Conducted needs assessments and procurement planning, improved distribution, managed expiries
- **Bugiri GH:** Led redistributions but faced underutilisation of health supply chain tools
- **Gulu RRH:** Engaged in proactive stock reporting and supply planning
- **Mbale RRH:** Digitised transactions and trained key stakeholders on eLMIS
- **Bududa GH:** Performed self-audits on tracer medicines and supply accuracy

▲ HEALTH SUPPLY CHAIN CHALLENGES

- Withdrawal of donor funding impacting logistics
- Weak system adoption and inadequate data use
- Storage limitations and untracked redistributions
- Lack of coordinated communication between facilities

💡 RECOMMENDATIONS

- Integrate logistics costs in facility budgets; centralise redistributions
- Promote full eLMIS adoption and DHIS2/mTrac integration
- Conduct regular supervision and mentorship visits
- Establish WhatsApp communication groups across facilities

- Enhance storage infrastructure; implement reverse logistics

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