

COVID-19 Summary Update for Uganda



THE UGANDA SP4PHC TEAM

MAY 2020

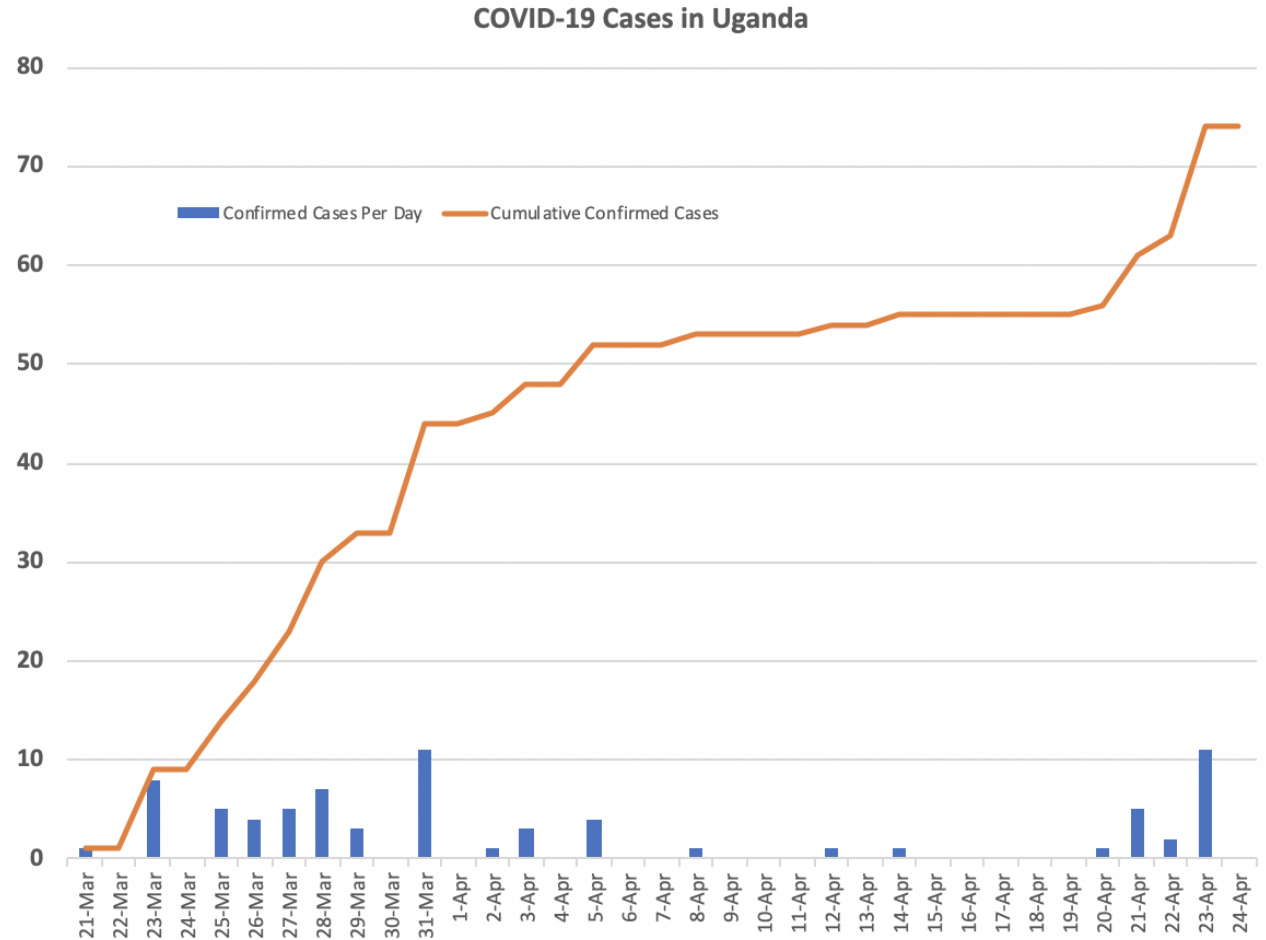


Context: COVID-19 in Uganda



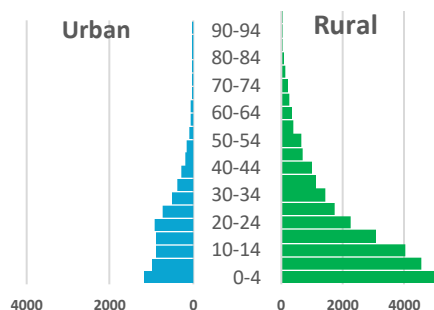
CRITICAL COVID-19 RESPONSE INDICATORS OF 24 APRIL 2020

Confirmed Cases	74
Recoveries	46
Confirmed Deaths	0
Institutionally Quarantines	231
Discharges from Quarantine	861
Self Quarantined	141
Individuals Tested	6,661
Travelers Identified	244
Contacts Listed	1,302



Source: Ministry of Health 2020

HEALTH SYSTEM CONTEXT



- Uganda has a **very young population** with 72% of the population aged 24 or less and only 25% of the population lives in dense urban areas.
- Current **testing capacity for the novel Corona virus is limited**
 - Tests only go to the labs at the Uganda Virus Research Institute; government has not yet tapped private labs
- **Health system is under-funded and fragmented**
 - With approximately ½ of system capacity in an uncoordinated private sector that could add capacity, facilitate proper testing and referral practices, and share essential data about potential cases and treatment
- **Shortage of human resources for health**
 - With a ratio of 1:24,000 doctors and 1:11,000 nurses within the population. Current staffing levels in public and faith-based facilities average 77%.
- Uganda has a capacity of **only 55 ICU beds**
 - which is equal to 1.3 ICU beds for every one million Ugandans.

Source: Ministry of Health 2020

THE RESPONSE

On March 18th, 2020, the President of Uganda announced

- Closed all schools, religious gatherings, public rallies, large meetings, weddings, bars, etc.
- Ban on Ugandans traveling to COVID-19 affected countries, and mandatory quarantine for travelers from those countries
- Ministry of Health (MOH) developed standard operating procedures for non-agricultural workplaces: factories, hotels, plantations, markets. etc. that continue to operate
- Urged Ugandans to avoid unnecessary travel, practice good hygiene, and improve nutrition.

On March 25th further measures were added that included

- Suspension of all public transport for 14 days
- Private vehicles still allowed but only with a maximum of 3 passengers
- Only markets selling food and agricultural products allowed to continue
- Non-essential government ministries directed to work from home and pool their vehicles to be managed by District/Municipal Health Teams in the response
- Emphasized creation of a nationwide reporting system for suspected cases

On April 14th

- Extended the lock down for an additional 21 days until May 5th, 2020.

On March 21st the President issued further guidance

- Prohibited all in- and out- bound travel by air, land, or water
- Cargo transportation by land and air allowed to continue with entry for only crew staff allowed

On March 30th, further measures

- A ban for 14 days on all personal transport and a 7 pm curfew for all movement.
- Closure of all businesses except for essential services. Market vendors, factory workers, and construction labor must camp on site to continue work.
- Ban on gatherings of more than 5 people
- Travel for urgent health issues must have permission from the Resident District Commissioner (RDC) using pooled non-essential govt transportation.

COORDINATION MECHANISMS

Overall responses led by the President of Uganda, using a multisectoral coordination approach

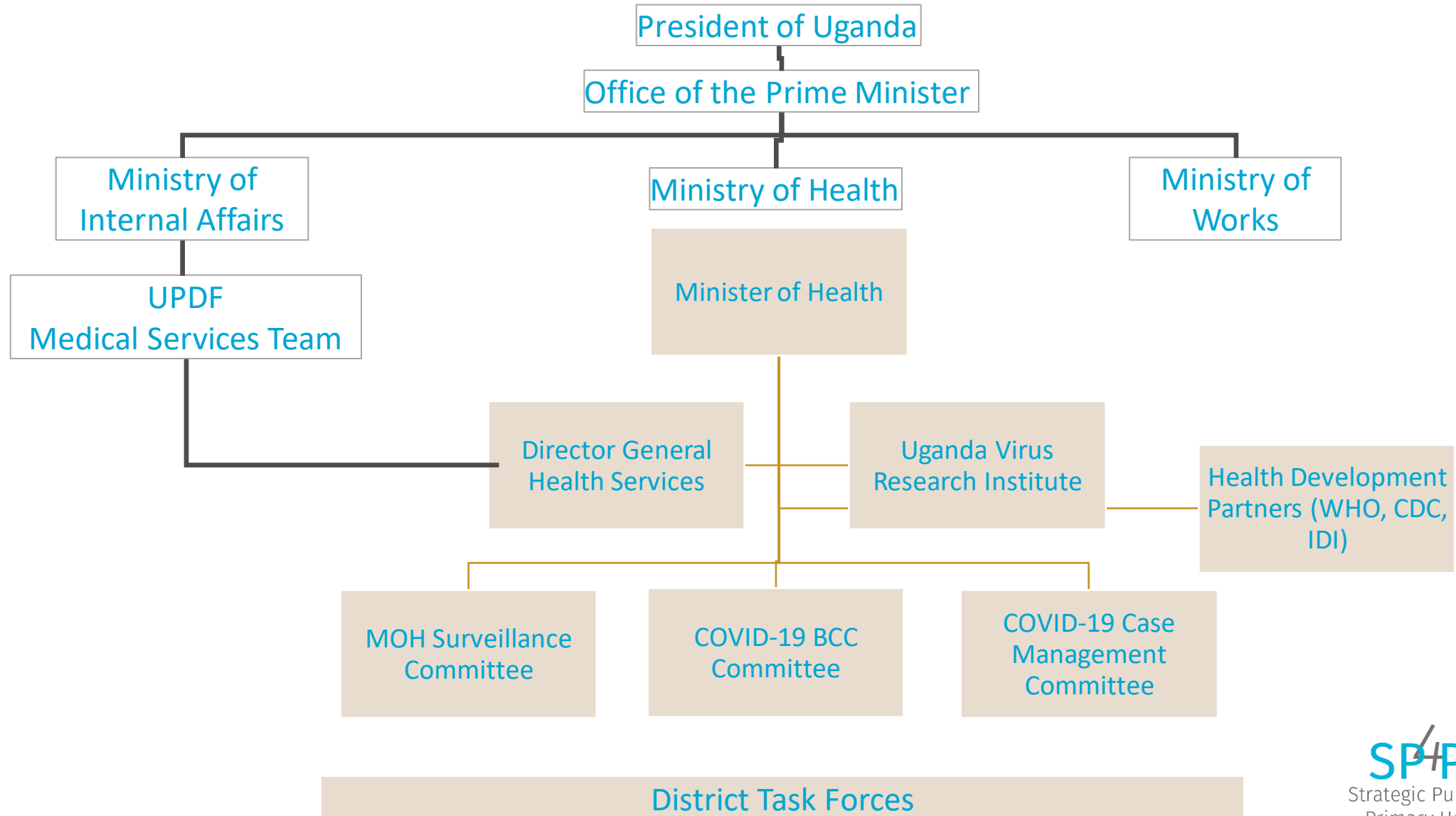
- ❖ MOH leads the technical responses - planning, strategies, budget estimates and mobilization, partner coordination, communication, and case management readiness.
- ❖ Office of the Prime Minister - leads on multisectoral response, focus is on resource mobilization and social support (e.g. food relief distribution).
- ❖ Ministry of Works and Transport - leads on traffic movement control, provision of vehicle movement stickers for essential staff and exempt categories
- ❖ Ministry of Internal Affairs - Defense/ Military coordinates and enforces compliance activities regarding national lockdown and curfew.

COORDINATION MECHANISMS (continued)

Decentralized Approach

- Coordinated by the RDC (Resident District Commissioner), working with district political and technical leadership
- District COVID-19 task forces led by RDC draw representation from essential sectors
- Pooling of all district vehicles under the District Health Office's division for COVID-related activities
- Key activities include provision of movement permits in response to emergencies, including health care emergencies
- Initially, maternity services needed to be authorized by the RDC's office which caused service delays.
 - This has subsequently been revised and now local police and army at roadblocks allow medical cases to move without permits

COVID-19 RESPONSE GOVERNANCE



SUPPLEMENTARY BUDGET ALLOCATIONS

- **The MOH requested a total of UGX 463 billion**, in response the Parliamentary Budget Committee recommended approval of UGX 104 billion.
 - UGX 50 billion as a recurrent budget is for a surge of 250 staff for three months, allocates for surveillance, staff quarantine accommodation, blood supply and basic protective equipment
 - UGX 54 billion as a development budget to purchase 18 ambulances, PPE, beds for ICUs, and ventilator and oxygen plants for regional and national referral hospitals.
- In addition to the allocation of resources to the Ministry of Health, **other key sectors also received supplementary allocations for COVID-19** as per the table below.

Beneficiary	Purpose	Amount (UGX Billion)
Security Sector	To conduct surveillance, case detection case management, and enforcement of population control measures	77.497
Local Governments	To strengthen coordination and surveillance	36.199
Disaster preparedness	To cater for the needs of the most vulnerable urban population	59.4
Kampala Capital City Authority (KCCA)	To strengthen surveillance, case detection, case management, and staff capacity building	30.181
Ministry of Information and Communications Technology (ICT)	To scale up awareness campaigns	6

Source: Ministry of Health 2020

CURRENT COVID-19 STRATEGY

- **Screening** at borders for all entrants and at National, Regional Referral, and Districts Hospitals.
- **Testing** is currently being done centrally at the Uganda Virus Research Institute with two mobile testing units being prepared.
- **Contact Tracing** and testing of all contact with confirmed COVID-19 cases
- **Quarantine** at a government established facility is required for all confirmed cases with multiple negative tests required before release.
 - Known contacts of confirmed cases that test negative are requested to remain in self-quarantine for 14 days.
- **Treatment** centers have been established at National, Regional Referral, and Districts Hospitals
- Transport for **non-COVID-19 essential health care** require transportation approval by the Resident District Commissioner and can be facilitated using non-essential government department vehicles pooled under health departments to support referrals



ThinkWell Uganda: Contributions to COVID-19 response



THE THINKWELL COVID-19 SUPPORT STRATEGY IN UGANDA

ThinkWell is providing support

- Based on requests from the Ministry of Health,
- Our core technical capacities, and
- In line with our ongoing work to improve the strategic purchasing of PHC services.

This includes:

- 1. Operations Support:** Supporting KCCA initiatives to organize facilitated access for priority primary health care services and coordinate national level referrals
- 2. Communications Support:** Facilitating direct training of 300+ private providers in COVID-19 case identification and management with our partner Uganda Healthcare Federation and production of a video for private drug shops, pharmacies, and clinics on COVID-19 identification, isolation, and referral.
- 3. Learning:** Working with our partner Makerere University to conduct analytics on how the COVID-19 response affects routine MNCH and FP services and the impact of supplementary budget allocations on the health system with lessons learned for future epidemics

COVID-19 LEARNING PRODUCTS

— BLOGS

- A necessity, not a choice: the case for purchasing COVID-19 services from the private sector in Uganda (*access the blog [here](#)*)



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SP4PHC is a project that ThinkWell is implementing in partnership with government agencies and local research institutions in five countries, with support from a grant from the Bill & Melinda Gates Foundation. For more information, please visit our website at <https://thinkwell.global/projects/sp4phc/>. For questions, please write to us at sp4phc@thinkwell.global.

