

COVID-19 Summary Update for Uganda



THE UGANDA SP4PHC TEAM

AUGUST 2020

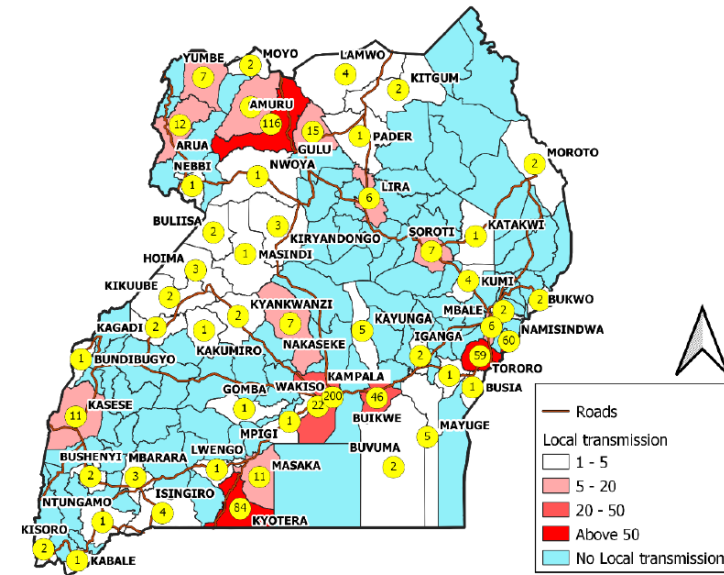


Context: COVID-19 in Uganda



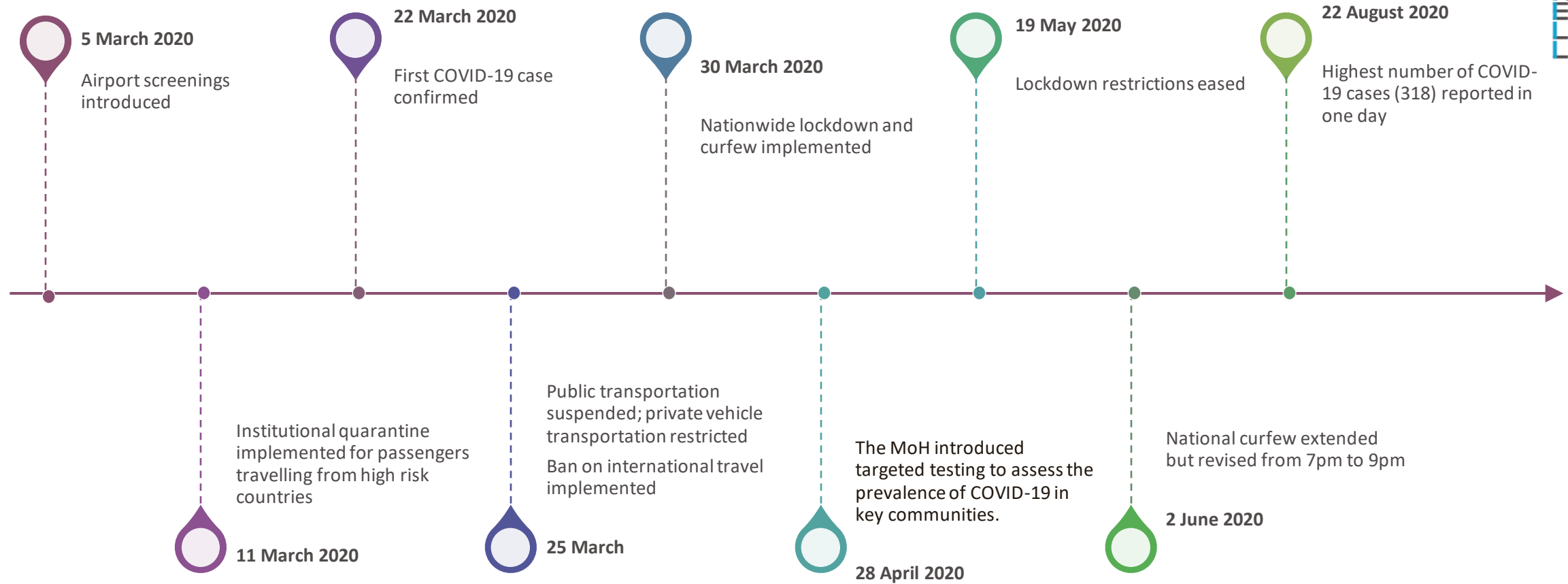
CRITICAL COVID-19 RESPONSE INDICATORS OF 25 AUGUST 2020

- 2,363 cases of COVID-19 and 25 related deaths had been confirmed by the Government of Uganda (GoU) as of 25 August 2020.
- COVID-19 cases remain active throughout the districts of Uganda, while Kampala remains the hotspot.
- The Ugandan Government rapidly mobilized to respond to COVID-19 in early March, using their considerable previous experience with other outbreaks like Ebola.



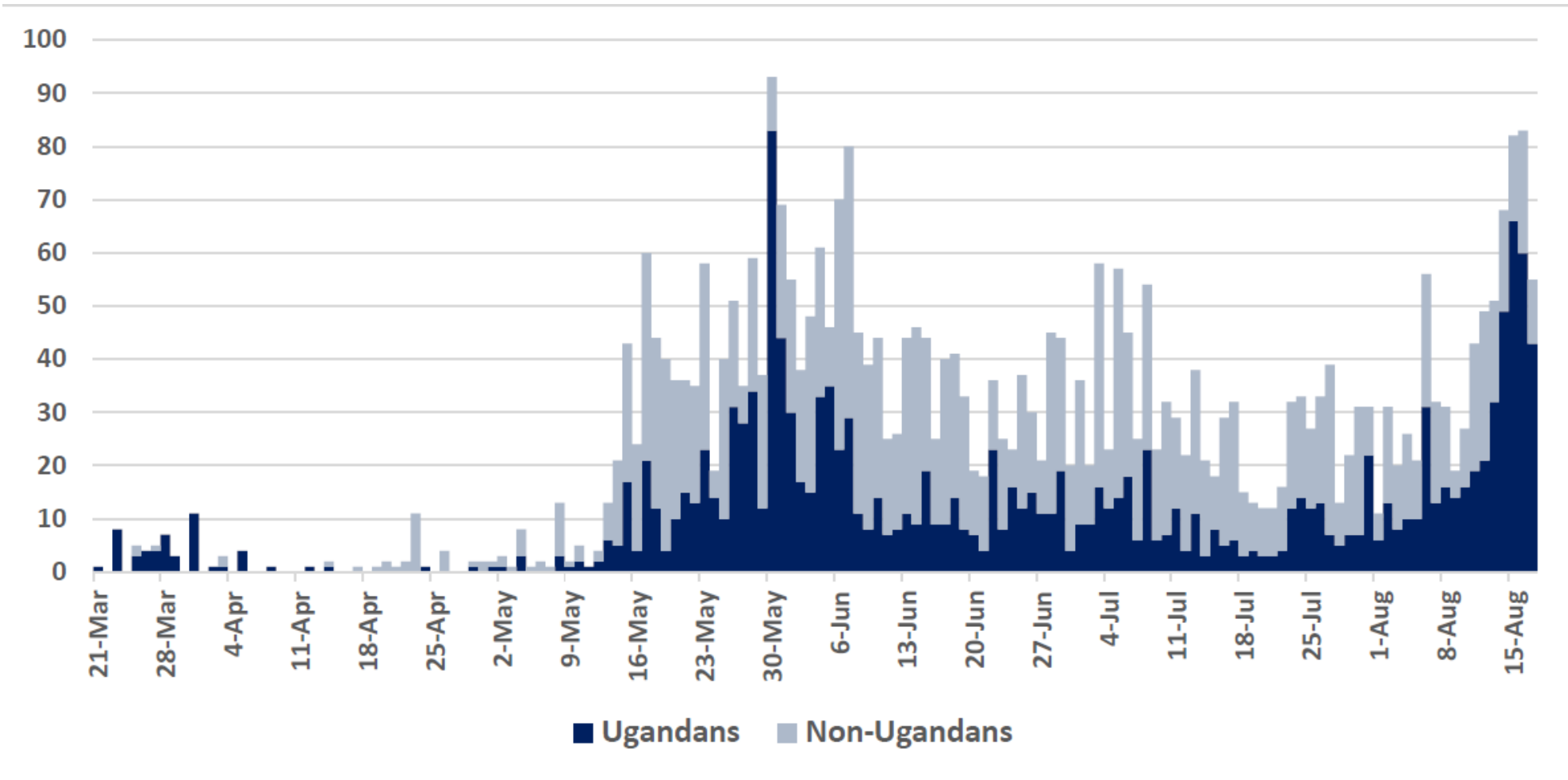
Confirmed Cases	2,426
Active Cases	1,016
Confirmed Deaths	25
Samples Tested	351,845
Contacts Listed	21,290
Under Quarantine	1,832
Masks Distributed	13,455,657

UGANDA'S COVID-19 RESPONSE TIMELINE



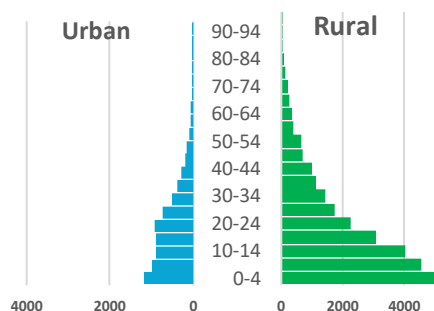
EVOLUTION OF CONFIRMED COVID-19 CASES, 21 MARCH – 15 AUGUST 2020

- An influx of refugees from South Sudan and DRC has continued in Uganda despite the border closure, posing unique challenges to disease containment and testing efforts.
- In late April 2020, the MoH began targeted testing and containment efforts in communities along popular truck routes and border crossing areas.



Source: Ministry of Health 2020

HEALTH SYSTEM CONTEXT



Source: Ministry of Health 2020

- 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.

COORDINATION MECHANISMS

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

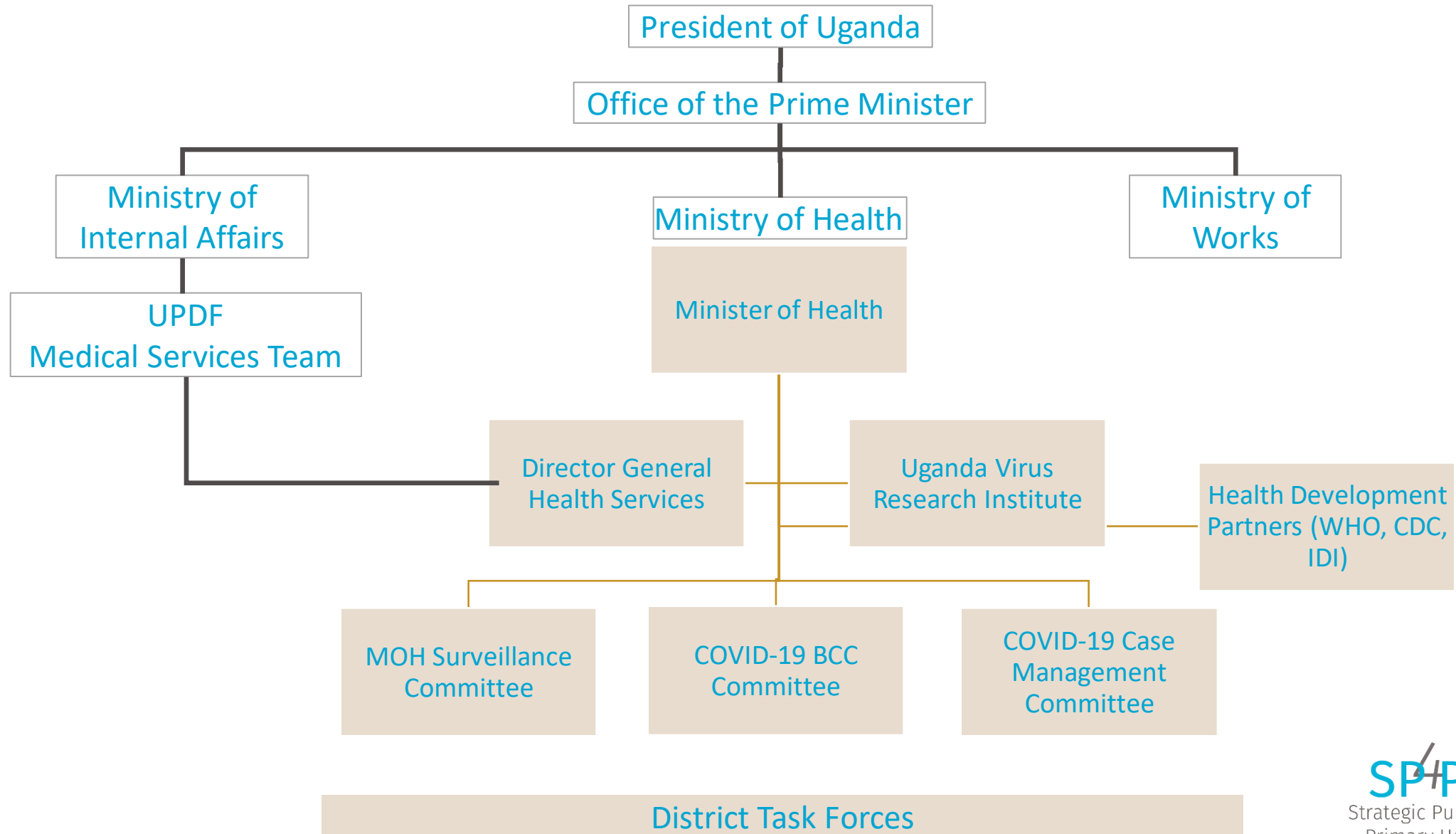
- MOH leads the technical responses - planning, strategies, budget estimates and mobilization, partner coordination, communication, and case management readiness.
- Office of the Prime Minister - leads on multisectoral response, focus is on resource mobilization and social support (e.g. food relief distribution).
- 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



COVID-19 BUDGET COMMITMENTS AND GAPS

- The GoU has requested **\$600,535,740 USD** for COVID-19 response. **There remains a 65% gap in funding in the anticipated need for funding and commitments.**
- International partners provide support primarily in the form of funds for COVID-19 related commodities.
- At this stage, data on actual budget disbursements remains unclear.

Item	Budget Request for Health Sector*(USD)	Budget Commitment GoU		Budget Commitment HDPs		Funding Gap	
		USD	% by item	USD	% by item	USD	% Request
Leadership, Stewardship, Coordination and Oversight	85,483,978	23,152,457	22%	919,898	1%	61,411,623	72%
Human Resource	19,033,298	3,201,620	3%	6,915,620	7%	8,916,058	47%
Supply Chain Management	252,969,767	23,565,065	23%	53,823,228	52%	175,581,474	69%
Health Infrastructure	78,250,569	15,191,470	15%	14,161,829	14%	48,897,270	62%
Information, Communication and Technology	1,049,021	216,216	0%	754,968	1%	77,837	7%
Surveillance and Laboratory	22,190,988	5896283	6%	7,777,369	8%	8,517,336	38%
Case Management	29,668,867	4,429,144	4%	5,422,568	5%	19,817,155	67%
Strategic Information, Research & Innovation	3,928,390	0	0%	1,544,288	2%	2,384,102	61%
Risk Communication and Social Mobilization	15,963,524	3207597	3%	2,881,407	3%	9,874,520	62%
Community Engagement and Social Protection	62,691,406	16,054,054	15%	3,068,874	3%	43,568,478	69%
Logistics and Operations	21,656,063	9574916	9%	3,884,823	4%	8,196,324	38%
Continuity of Essential Health Services	7,649,869	0	0%	1,581,288	2%	6,068,581	79%
TOTAL	600,535,740	104,488,822	100%	102,736,160	100%	393,310,758	65%

Source: Ministry of Health 2020

CURRENT COVID-19 STRATEGY



Screening at borders for all entrants and at National, Regional Referral, and Districts Hospitals. Some organizations (i.e. UNRA, Finance, KCCA) conduct site sample collections.



Testing is done at National and Regional Referral Hospitals, as well as border satellite points and the Uganda Virus Institute.



Contact Tracing and testing of all contact with confirmed COVID-19 cases.



Quarantine at public health care facilities 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.



Implement interventions to **raise awareness and build partnerships** in preparedness and response throughout the country.



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
- Synergies with our ongoing work to improve the strategic purchasing of PHC services.

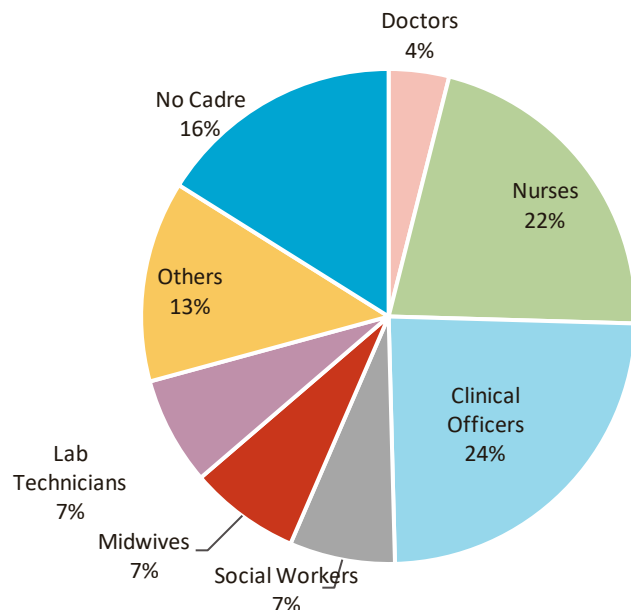
This includes:

- 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

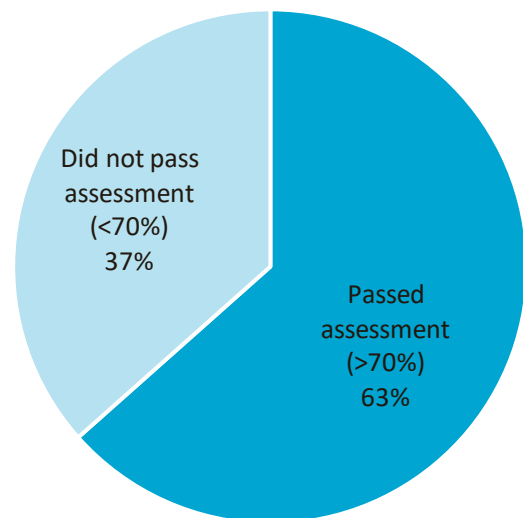
TRAINING FOR PRIVATE PROVIDERS ON COVID-19 CASE MANAGEMENT

- ThinkWell worked with the Uganda Healthcare Federation (UHF) to develop **virtual trainings based on the MOH's case management guidance.**
- ThinkWell provided technical and logistical support to the UHF to virtually train **680 private providers** from 128 districts of Uganda.

Private Provider Participant Cadres (n=680)



COVID-19 Case Management Post-Training Assessment (n=547)*



*80% of the trainees participated in the post-training assessment

With support from UHF, facilities and providers trained to:

- Activate screening and triage system for all patients
- Form a response team for COVID-19, preferably led by the manager or In-charge
- Appropriate PPE for all health workers while on duty
- Set up Isolation space for all suspects
- Obtain telephone contacts for the district response teams in their home districts

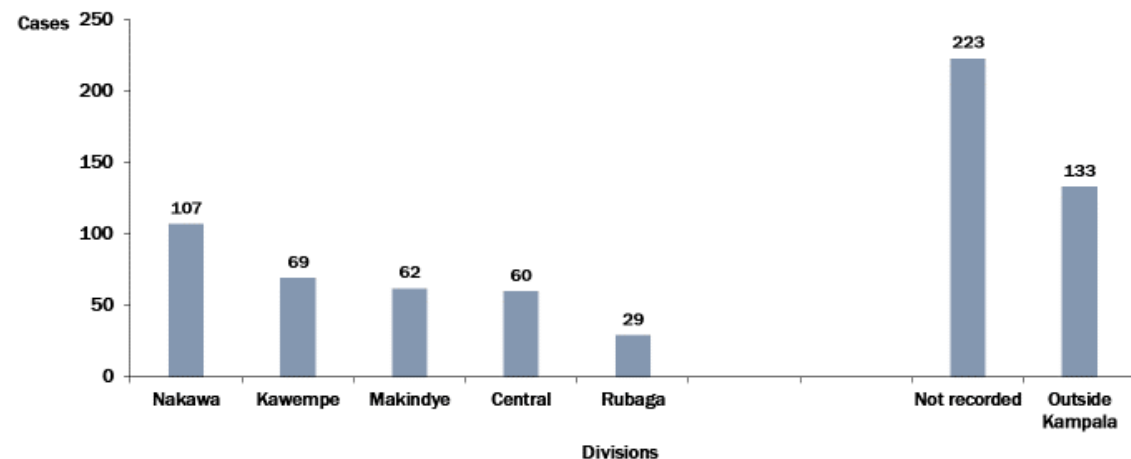
STRENGTHENING THE KAMPALA CAPITAL CITY AUTHORITY RESPONSE TO NON-COVID-19 HEALTH SERVICES

ThinkWell is working with KCCA to support operations of a referral network system and provide analytics to advance their response efficiently

- ThinkWell contracted and seconded a data analyst and a surveillance specialist to support the KCCA
- ThinkWell conducted an analysis of regional distribution and socio-demographics factors of COVID-19 cases in Kampala. Results from this analysis, which are meant to establish a better tracking system and profile of risk factors for COVID-19 cases in Kampala, have been shared with the KCCA COVID-19 Task Management Force
- The data analyst and surveillance specialist have created a series of routine monitoring tools for the KCCA to track COVID-19 and non-COVID health services

Name of Pillar 1: Coordination and leadership				Month number			
No	Indicator	Target	Data source	Div Name	Lessons learnt	Achievements	Challenges
1	% of monthly GKMA COVID 19 co-ordination meetings covering the neighbouring districts of Mukono and Wakiso conducted	100%(6/6)	Action points/ Minutes of meetings				
2	% of monthly surveillance co-ordination meetings held with the POE management at Port bell	100%(6/6)	Action points/ Minutes of meetings				
Name of Pillar 2: Case management, Infection prevention and Control							
No	Indicator	Target	Data source		Lessons learnt	Achievements	Challenges
1	Number of health workers attending refresher trainings in critical and acute medical care including COVID 19 case management.	1,500 health workers	Training reports				
2	Number of health workers attending IPC and WASH refresher training and onsite mentorship on standard and transmission-based precautions.	1,500 health workers	Training reports				
Name of Pillar 3: Water, Sanitation & Hygiene							
No	Indicator	Target	Data source				
1	Number of clean-up exercises conducted in informal settlements	15 clean-up activities per month per Division	Activity Reports				
Name of Pillar 4: Strategic Information and Innovation							
No	Indicator	Target	Data source				
1	% of monthly bulletins and summarized reports for management decision making and policy formulation.	3	Approved and disseminated bulletins				
2	Number of expected weekly analytical reports prepared disseminated	24	Approved weekly Reports				
Name of Pillar 6: Surveillance and laboratory							
No	Indicator	Target	Data source				
1	% of health facilities with screening points at the gates and isolation tents to hold those with symptoms	60%	Reports				
2	% of special areas/points such as Port bell point of Entry and Bus terminals with 24-hour surveillance teams presence	100%	Assessment reports				
Name of Pillar 7: Risk communication, Social Mobilization and Community engagement (RCSM-CE)							
No	Indicator	Target	Data source				
1	Number of film vans deployed within the city including the CBD targeting persons	6	Reports				

COVID-19 Cases by Division, Kampala, 23 March – 24 August 2020



DOCUMENTING COVID-19 LEARNINGS (SO FAR)


- ThinkWell is working to conduct analytics, assess the impact of the budget reform on public health financing, and document lessons learned for future epidemics. Thus far, the team has produced:
 - A [blog](#) on the case for purchasing COVID-19 services from Uganda's private sector
 - A [blog](#) on how the government can learn from its efforts with Ebola to apply them to COVID-19
 - An analysis of the immediate COVID-19 response in Uganda to provide recommendations that will strengthen the response as the pandemic evolves to other stages
- ThinkWell is working with the Makerere University School of Public Health to assess COVID-19 response funds to the district and facility level.

UGANDA REPORT 1

SP4PHC
Strategic Purchasing for Primary Health Care

Case Study: The Initial COVID-19 Response in Uganda
August 2020

BREAKING GROUND



in Thinkwell
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Health Systems Governance Collaborative

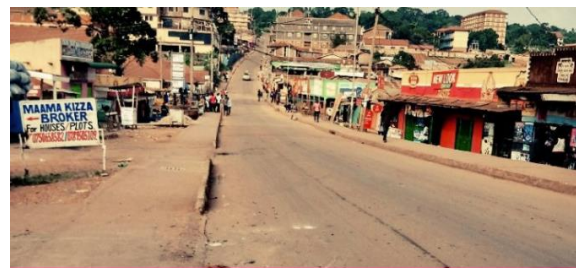
ABOUT ▾ VOICES ▾ CHAPTERS ▾ TH

25 May 2020 | PSE/Covid

A necessity, not a choice: the case for purchasing COVID-19 services from the private sector in Uganda

Anooj Pattnaik, Tapley Jordanwood, Angellah Nakyanzi, Federica Margini, and Nirmala Ravishankar

As country governments execute their COVID-19 response, the World Health Organization and other stakeholders have stressed the importance of **engaging the private sector**. One critical part of that is **purchasing health services** from



From Ebola to COVID-19: How Uganda Can Adapt its Response to the Current Crisis

By phpnsal · June 24, 2020 · [health policy](#) · [health systems](#) · [low-income countries](#) · [No comments](#)
Tags: [COVID-19](#) · [Ebola](#) · [fundings](#) · [Uganda](#)

By Federica Margini, Anooj Pattnaik, Angellah Nakyanzi (authors affiliated with ThinkWell)

In this blog series we are giving a voice to practitioners, implementers and policy-makers involved in national COVID-19 responses in low- and middle-income countries. These posts seek to facilitate timely cross-learning by sharing opinions, insights and lessons on the challenges and actions taken by those on the COVID-19 front line.

How countries are responding to the COVID-19 pandemic is not only driven by technical and sociopolitical considerations, but also by their recent histories. Uganda is an example of a country whose government's response has been greatly informed by their [recent battles with Ebola](#). This influence can be tracked through how they have funded and channeled money for their COVID-19 response through

LEARNINGS ON HOW COVID-19 FUNDS ARE FLOWING TO FRONT LINE PROVIDERS

- ThinkWell’s analysis offers insights into:
 - Purchasing arrangements for COVID-19 services in Uganda
 - Provider payments for COVID-19 services
 - Procurement of key inputs for COVID-19 services
 - Health worker remuneration

Purchasing Arrangements for COVID-19 Services in Uganda

MoH	Districts	Health and Development Partners (HDPs)
<ul style="list-style-type: none"> • Primary purchaser of COVID-19 services in Uganda. • Provided a supplementary budget allocation for COVID-19 services. • Purchases testing treatment and isolation services. • Purchases COVID-19 services through a mix of input based supplementary allocations and in-kind contributions. 	<ul style="list-style-type: none"> • Their role is more around coordination than purchasing (i.e. isolation centers, surveillance). • Districts received additional funds to strengthen coordination capacities, create district isolation centers and surveillance centers. 	<ul style="list-style-type: none"> • Committed a total of \$102 million USD • Providing contributions across response, mostly via project-based support (supplies and funds). • Provide most contributions (76%) off budget, thus creating challenges to the harmonization of purchasing arrangements.

COVID-19 LEARNINGS ON DIRECT FUNDS TO FRONT LINE PROVIDERS

Providers of COVID-19 Health Services in Uganda



The current policy is that COVID-19 cases are handled at public regional and national referral hospitals, in order to make sure Ugandans can access non-COVID essential services at lower level health facilities.

COVID-19 LEARNINGS ON DIRECT FUNDS TO FRONT LINE PROVIDERS

Remuneration, Revenue and Procurement

Health worker remuneration in the public sector

- Public health worker wages are paid from the central government directly to health worker accounts.
- District governments pay wages for District Health Offices and District Health Management Teams.
- Supplementary funds were provided for HWs at national and regional referral hospitals and those at border posts due to higher risk.

Revenue at public facilities

- Public facilities primarily receive revenue through input-based financing, in-kind contributions, and informal user fees.
- Facilities are able to retain and spend funds from PBF and copayments
- However, COVID-19 has diminished flow of funds from user fees and PBF.

Procurement of key inputs

- Procurement of most supplies has been centralised.
- Lower level facilities receive in-kind transfers.
- PPE and other key supplies are procured through the National Medical store for all public facilities and the Joint Medical Store for private-not-for-profit facilities.

Recommended Citation: ThinkWell Strategic Purchasing for Primary Health Care. 2020. "COVID-19 Summary Update for Uganda." Washington, DC: ThinkWell.

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.

