



COVID-19: Summary Update for Uganda



THE UGANDA SP4PHC TEAM

DECEMBER 2020

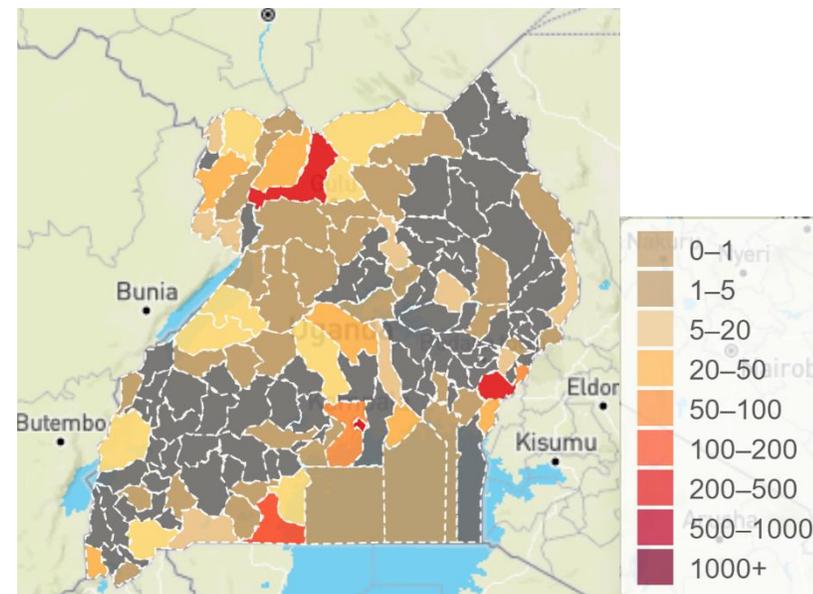


Context: COVID-19 in Uganda



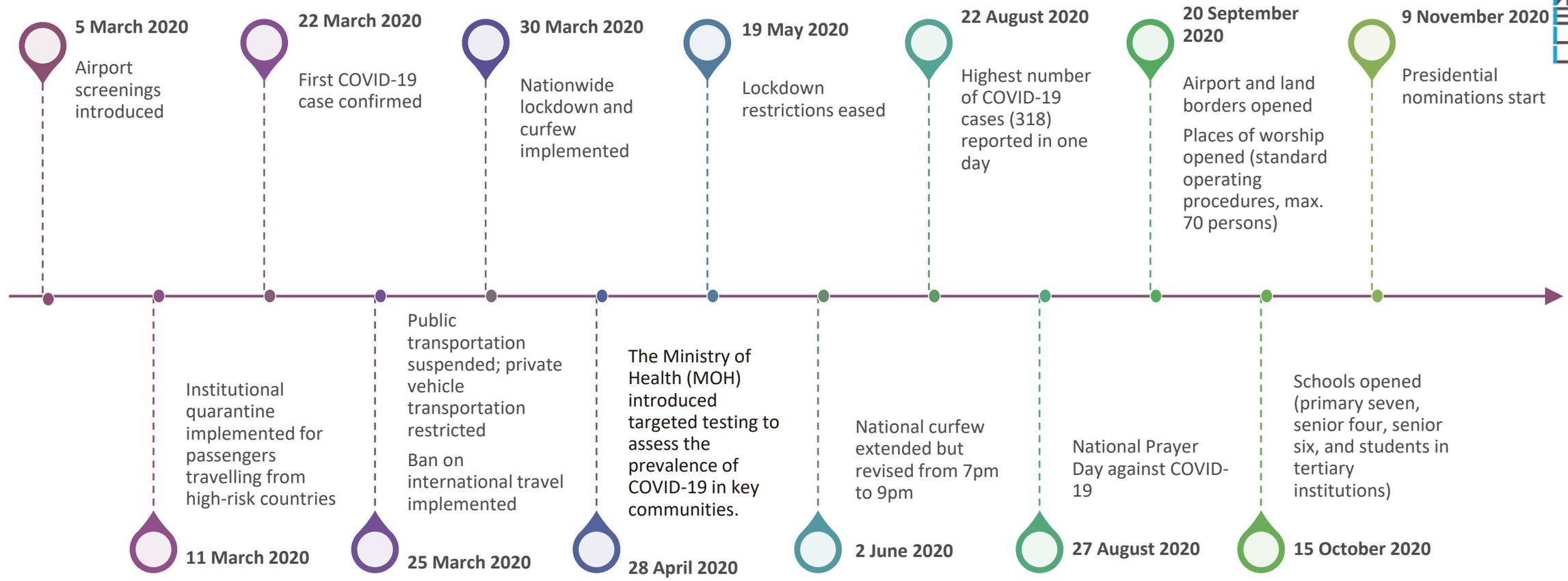
CRITICAL COVID-19 RESPONSE INDICATORS AS OF 4 DECEMBER 2020

- 21,612 cases of COVID-19 and 206 related deaths had been confirmed by the Government of Uganda (GoU) as of December 4, 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. With the easing of the lockdown in May, the number of cases has increased.



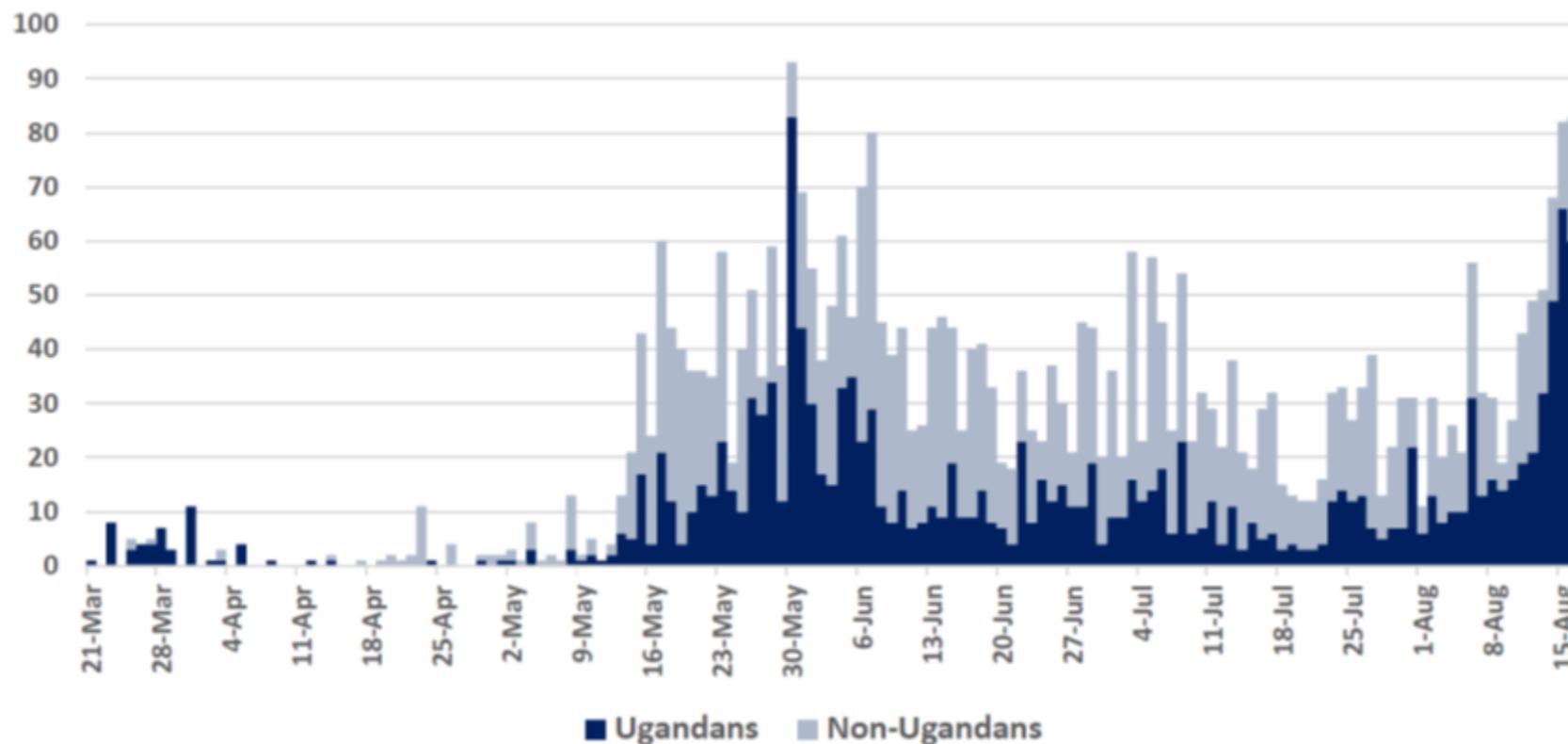
Confirmed cases	21,612
Recoveries	9,110
Confirmed deaths	206
Samples tested	633,932
Contacts listed	48,750
Contacts followed up	47,199
Masks distributed	24,997,096

UGANDA'S COVID-19 RESPONSE TIMELINE



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

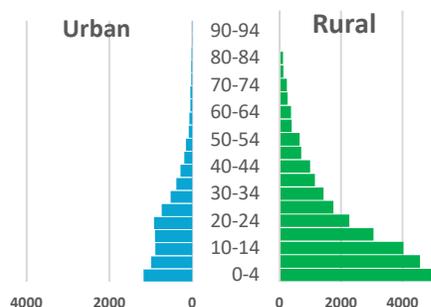
- An influx of refugees from South Sudan and DRC has continued in Uganda despite the border closure, posing unique challenges to disease containment and testing efforts.
- In late April 2020, the MOH began targeted testing and containment efforts in communities along popular truck routes and border crossing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



Source: Ministry of Health 2020

From August to December, local transmission has intensified and MOH stopped disaggregating confirmed COVID-19 cases by nationality.

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 Coronavirus 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:

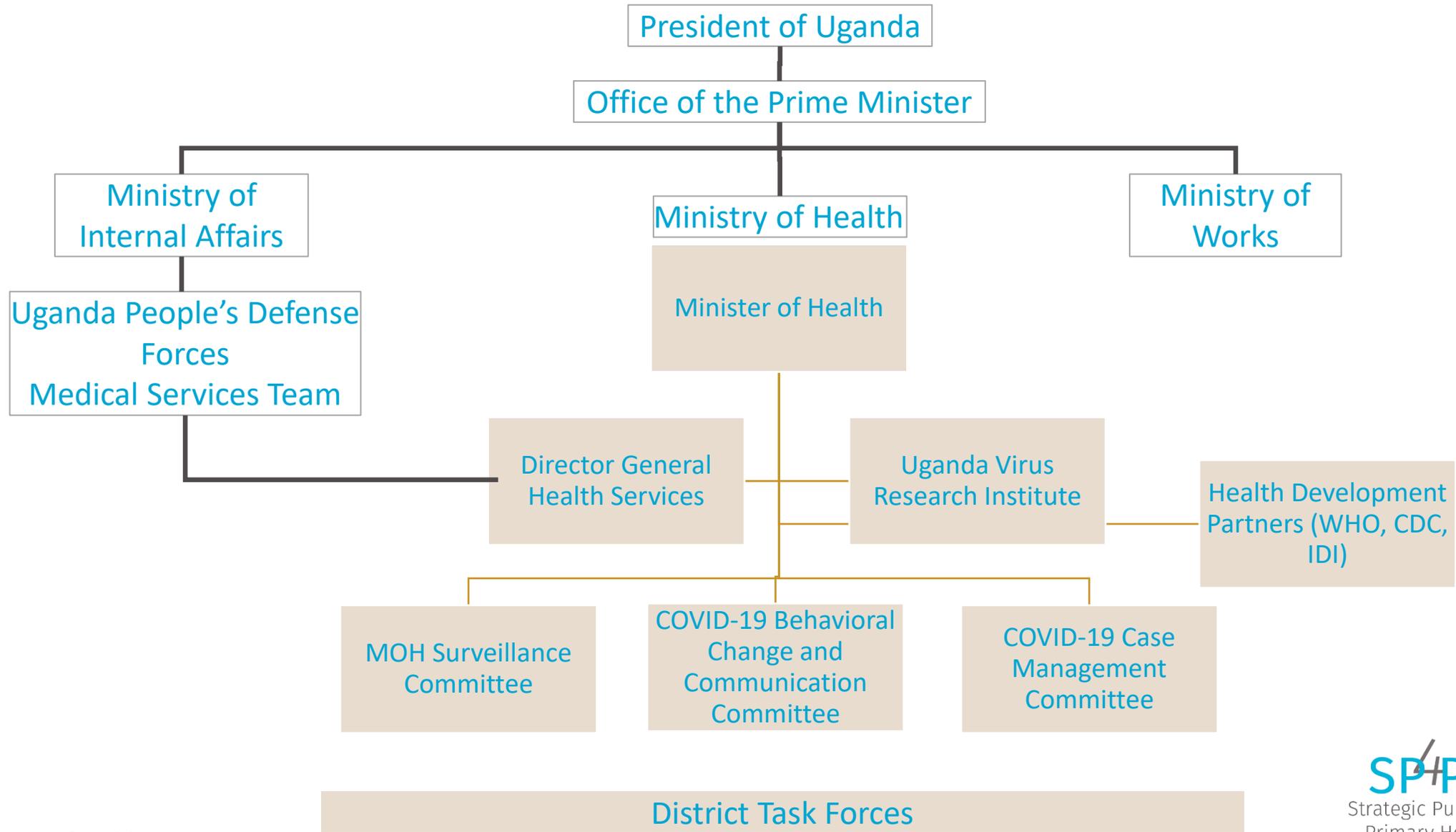
- MOH leads the technical responses - planning, strategies, budget estimates and mobilization, partner coordination, communication, and case management readiness.
- Office of the Prime Minister - leads on multi-sectoral response, focus is on resource mobilization and social support (e.g., food relief 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 Resident District Commissioner (RDC), 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-19-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



Source: Ministry of Health 2020

COVID-19 BUDGET COMMITMENTS AND GAPS

- The GoU has requested **\$600,535,740 USD** for the COVID-19 response. **There remains a 65% gap in funding in the anticipated need for funding and commitments.**
- International partners have provided support primarily 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 GOVERNMENT COVID-19 STRATEGY



Screening at borders for all entrants and at National, Regional Referral, and Districts Hospitals. Some organizations (i.e., Uganda National Roads Authority; Ministry of Finance, Planning and Economic Development; Kampala Capital City Authority - KCCA) support sample collection sites.



Testing is done at National and Regional Referral Hospitals, the Uganda Virus Research Institute, as well as at border crossing points. Recently, testing began at private health facilities.



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. Recently, patients can seek treatment at private health facilities. In addition, home-based treatment is recommended for asymptomatic and patients with mild symptoms.



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

During lockdown, transport for **non-COVID-19 essential health care** required transportation approval by the Resident District Commissioner and was 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
- Synergies with our ongoing work to improve the strategic purchasing of primary health care (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 (UHF) 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 School of Public Health 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.

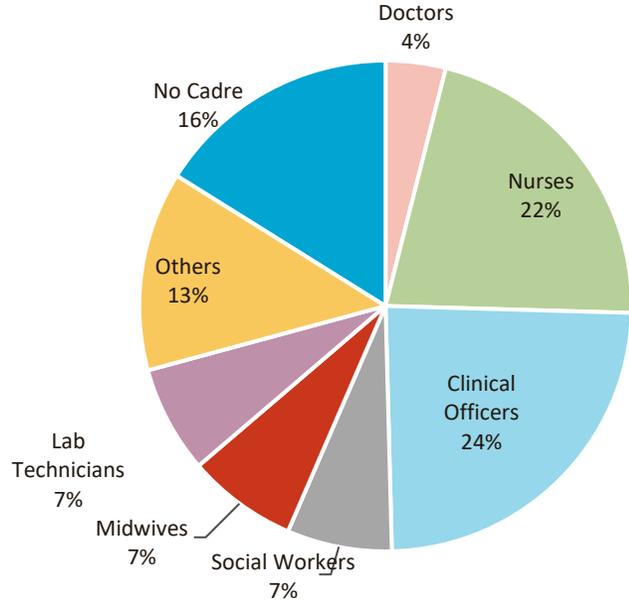
TRAINING FOR PRIVATE PROVIDERS ON COVID-19 CASE MANAGEMENT

- In the immediate response to COVID, ThinkWell worked with the UHF to develop **virtual trainings of private providers 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.

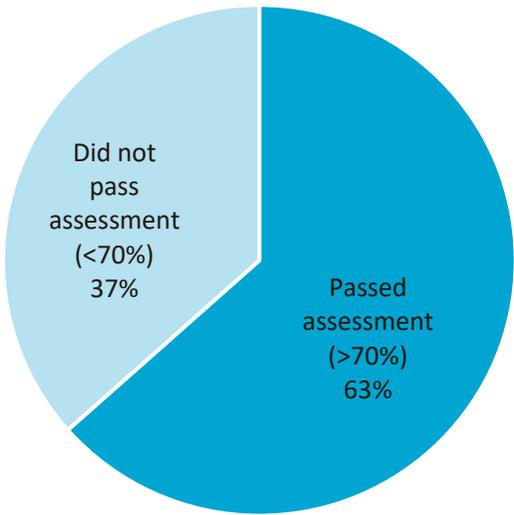
Private providers were trained by the UHF to:

- Activate screening and triage systems for all patients
- Form a response team for COVID-19, preferably led by the facility manager or in-charge
- Ensure appropriate personal protective equipment (PPE) for all health workers while on duty
- Set up isolation space for all suspect cases
- Network through telephone contacts with the response teams in their home districts

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

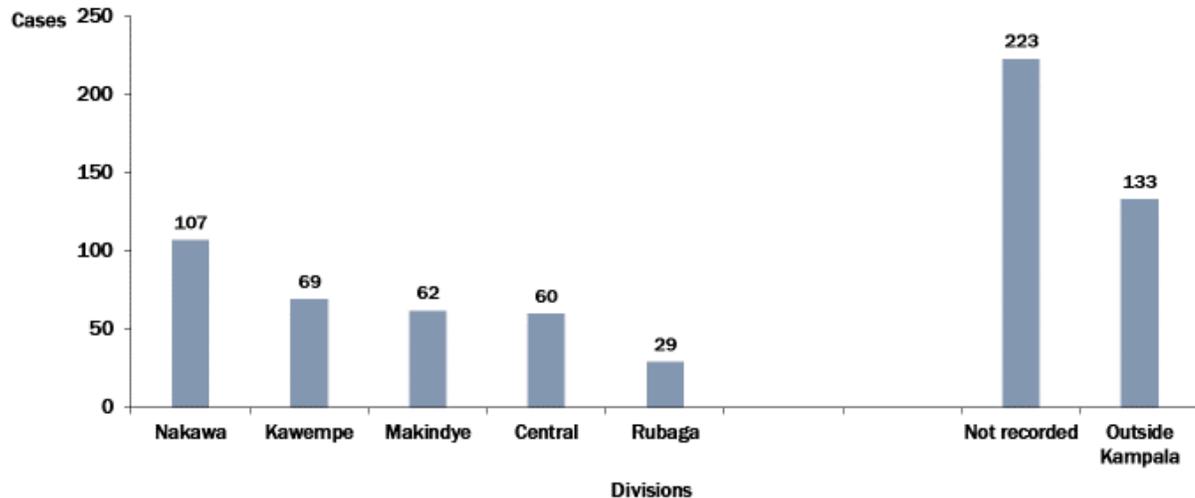
STRENGTHENING KCCA'S RESPONSE TO NON-COVID-19 HEALTH SERVICES

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

- In April, ThinkWell contracted and seconded a data analyst and a surveillance specialist to support the KCCA
- They supported the Joint Metropolitan Command Centre to collect and analyze COVID data in the greater Kampala Metropolitan Area. The results of the analysis are also included in the Open Data Kit report that is sent to the Incident Management Team (IMT) and the MOH on a weekly basis
- They prepared daily situation reports in the five administrative divisions of Kampala. They continue to utilize routine monitoring tools to track COVID-19 and non-COVID-19 health services usage.
- They supported the development and rollout of a new COVID-19 system, the City Health Information System, to collect and compile data from the field.
- ThinkWell facilitated meetings with KCCA and IMT as needed.

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 conducting analytics, assessing the impact of the budget reform on public health financing, and documenting 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 how COVID-19 response funds are flowing to the district and facility level.

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

UGANDA REPORT 1

SP4PHC
Strategic Purchasing for
Primary Health Care

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

BREAKING GROUND



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

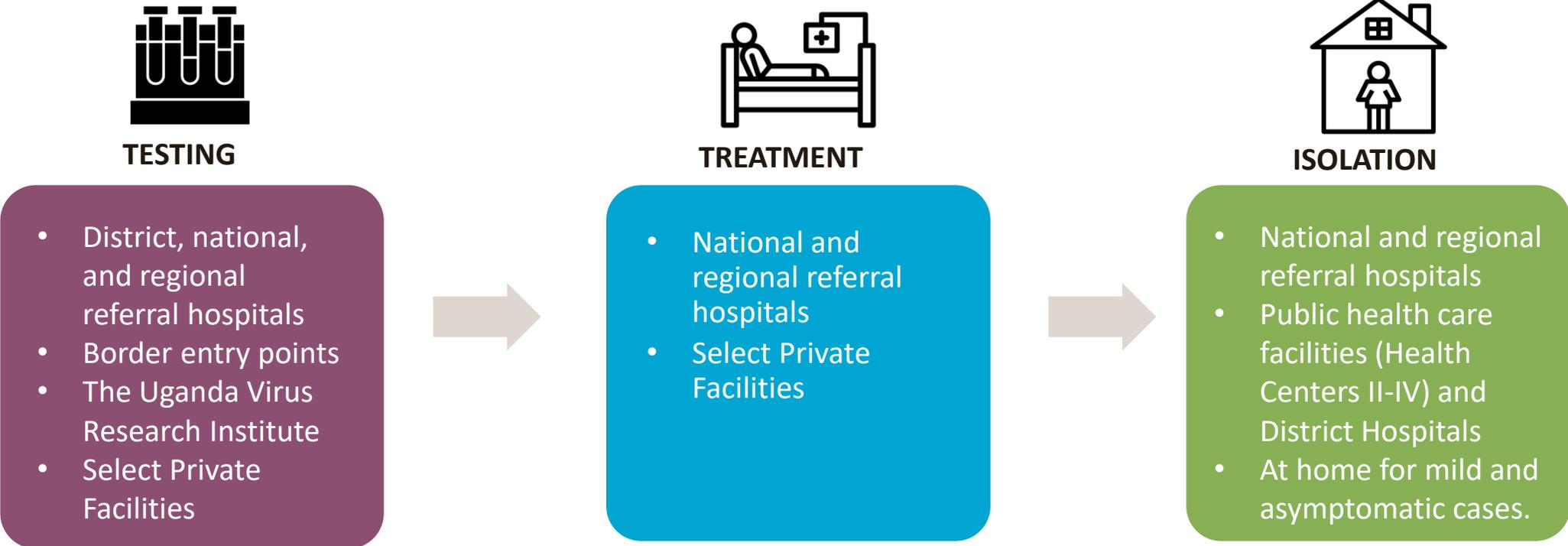
MoH
<ul style="list-style-type: none"> • Primary purchaser of COVID-19 services in Uganda. • Provided a supplementary budget allocation for COVID-19 services. • Purchases testing treatment and isolation services. • Purchases COVID-19 services through a mix of input based supplementary allocations and in-kind contributions.

Districts
<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.

Health and Development Partners (HDPs)
<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

Renumeration, Revenue, and Procurement



Health worker renumeration 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 health workers 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 through government purchasing mechanisms.
- Facilities are able to retain and spend funds from performance-based financing (PBF) and other HDP support.
- However, COVID-19 has diminished the flow of funds from PBF schemes.



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.

