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.

Source: Ministry of Health 2020

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
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<tbody>
<tr>
<td>Confirmed cases</td>
<td>21,612</td>
</tr>
<tr>
<td>Recoveries</td>
<td>9,110</td>
</tr>
<tr>
<td>Confirmed deaths</td>
<td>206</td>
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<tr>
<td>Samples tested</td>
<td>633,932</td>
</tr>
<tr>
<td>Contacts listed</td>
<td>48,750</td>
</tr>
<tr>
<td>Contacts followed up</td>
<td>47,199</td>
</tr>
<tr>
<td>Masks distributed</td>
<td>24,997,096</td>
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</tbody>
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UGANDA’S COVID-19 RESPONSE TIMELINE

- **5 March 2020**: Airport screenings introduced
- **11 March 2020**: Institutional quarantine implemented for passengers travelling from high-risk countries
- **22 March 2020**: First COVID-19 case confirmed
- **25 March 2020**: Public transportation suspended; private vehicle transportation restricted
- **30 March 2020**: Nationwide lockdown and curfew implemented
- **28 April 2020**: The Ministry of Health (MOH) introduced targeted testing to assess the prevalence of COVID-19 in key communities.
- **19 May 2020**: Lockdown restrictions eased
- **22 August 2020**: Highest number of COVID-19 cases (318) reported in one day
- **22 September 2020**: National Prayer Day against COVID-19
- **20 September 2020**: Airport and land borders opened
- **27 August 2020**: Places of worship opened (standard operating procedures, max. 70 persons)
- **21 September 2020**: National curfew extended but revised from 7pm to 9pm
- **20 October 2020**: Schools opened (primary seven, senior four, senior six, and students in tertiary institutions)
- **28 October 2020**: National curfew extended to 10pm
- **2 November 2020**: Public transportation allowed
- **9 November 2020**: Presidential nominations start
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.

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

Source: Ministry of Health 2020
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

President of Uganda

Office of the Prime Minister

Ministry of Health

Minister of Health

Director General
Health Services

Uganda Virus
Research Institute

MOH Surveillance
Committee

COVID-19 Behavioral
Change and
Communication
Committee

COVID-19 Case
Management
Committee

Ministry of Internal Affairs

Uganda People’s Defense Forces
Medical Services Team

Ministry of Works

District Task Forces

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.

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

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 Provider Participant Cadres (n=680)
- Doctors 4%
- Nurses 22%
- Clinical Officers 24%
- Lab Technicians 7%
- Midwives 7%
- Social Workers 7%
- Others 13%
- No Cadre 16%

COVID-19 Case Management Post-Training Assessment (n=547)*
- Passed assessment (>70%) 63%
- Did not pass assessment (<70%) 37%

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

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
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.
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.

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

Anoop Pathak, Tasley Jordanwood, Angelah Nakyanzi, Federica Margini, and Nimrata 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
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 renumeration

Purchasing Arrangements for COVID-19 Services in Uganda

**MoH**
- 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**
- 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)**
- 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.
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.
Thank you!

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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.