



Lessons from Uganda's Early National Response to the COVID-19 Pandemic: Measures, Consequences and Implications for Public Governance

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Preamble to the Policy Brief

Every quarter, Africa Leadership Institute (ALI) in partnership with the Uganda Management Institute (UMI) and with collaboration from the Cabinet Secretariat conduct the National Policy Forum on a topical matter arising from discussions in Parliament. In quarter two of 2020, the focus was on COVID- 19 response by Government. On June 25th 2020, the National Policy Forum was conducted online by zoom under the theme “Early response to COVID -19 Pandemic in Uganda: Measures and Implications for Public Governance”. In a Parliamentary session which was held on 18th March 2020, the Speaker of Parliament had informed Parliament that the Country was expectant to hear from the Head of State on how to address the issue of the Corona Virus. She further informed the house that she had been notified that the President of Uganda was scheduled to address the nation on the evening of the same day.

On Thursday 19 March 2020, the Speaker of Parliament Rt. Hon. Rebecca Kadaga in her communication thanked the President of Uganda for having given guidelines on COVID-19 response. She told the House that regardless of the circumstances, they were proceeding with the third Meeting of the Session which was the Budget session and that they were obliged to carry out their responsibilities to ensure that the Budget process was completed. However, she pledged to work out different measures on how parliament was going to proceed under COVID -19 circumstances.

The Speaker informed the House that Coronavirus is a disease of congestion and therefore, one of the things to do was to limit visits and tours of the Parliament, closure of certain facilities, ministers to appear before committees with four people only, handle issues electronically and limit the sittings to one for each sector. She observed that the Government had put in place a national taskforce and from Parliament, they had nominated six MPs and Staff to join that team which was going to meet every day to evaluate the situation and advise. She further added that other measures were being put in place by parliament including; use of temperature guns, sanitizers, scaling down staff, suspension of interns and personal assistants of the Members, restricting the canteen to only Members and staff, additional hand washing facilities, vacation of the main chamber, review of countrywide guidelines on a daily basis and be advised. She concluded by giving members statistics on COVID -19 Cases worldwide and deaths, and called upon members to raise matters of National Importance, and according to the Hansard on this day, all Members who spoke talked about COVID 19 pandemic and it attracted reactions from 15 Members of Parliament.

It must also be noted that the debate after the Communication from the Speaker was followed by a Statement from the Minister of Finance Planning and Economic Development on the Economic Impact of COVID-19 on Uganda. The statement by the minister generated vibrant debate on the matter attracting participation from 25 Members of Parliament.

On Tuesday March 24th 2020, the Speaker of Parliament directed that 5 MPs who returned from Dubai should not access Parliament to prevent a risk of spreading COVID -19 and these were Hon. Robert Kafeero Ssekitoleko, Hon. Cissy Namujju , Hon. Emmanuel Ssempala Kigozi, Ms Adrine Natukunda and Ms Agatha Akankunda .

On 7th April 2020, a Ministerial Statement was made by the Minister of Health Hon. Jane Ruth Aceng on the 14 days lockdown strategy imposed by Government, while on the same



The Speaker of Parliament Chairs a session in parliament on 19th March 2020 outlining COVID 19 guidelines to Parliament.

date, the Minister of State, Office of the Prime minister (Relief, Disaster Preparedness and Refugees) Musa Ecweru made a statement to update Parliament on the plans for food distribution in the Country following the lock down. On 8th April 2020, Parliament approved a supplementary budget of 284 billion for COVID -19 response.

The above series of activities in the plenary of parliament from March 19th to April and the lockdown measures imposed by the President triggered the interest by ALI and its partners to make COVID- 19 a subject of focus for the National Policy Forum and the policy brief.

Executive Summary

The measures established by Government of Uganda in response to the advent of the COVID - 19 pandemic call for policy interventions to improve management of outbreaks, epidemics and pandemics. A document review was conducted to analyse the efficacy of the government strategy for treatment and prevention of COVID-19 in the early days of the pandemic to identify deficits to be addressed at policy level. Notably, Uganda instituted the measures before registering any confirmed case of COVID-19 but these have risen to 4000 and 55 deaths and community cases are rise with each passing day. Comparatively, these infections are lower than many countries but indicate a shortfall in compliance and control of the outbreak at some point. Uganda's approach was informed by experience of exceptional performance against previous outbreaks of Ebola, HIV and Marburg. The Ministry of Health retained the traditional approach of militarised enforcement, invigorating public vigilance through surveillance by national and district task forces, procuring personal protection equipment for health workers, equipping laboratories with testing equipment and involving

the Head of State to lead delivery of Behaviour Change and Communication messages to the public. Additionally, Uganda worked closely with the WHO to keep abreast with global developments of the pandemic. For COVID-19, public compliance was complicated by the incredulity of the prevention measures, unheard of in the immediate epidemiological history of Uganda. This study concludes that public compliance to the early Presidential directives for prevention of COVID-19 was constrained by; minimal public knowledge of the illness, incredulously shocking, livelihood-threatening presidential directives, inadequate resources for transmission of BCC messages, limitation of BCC messaging to political actors and minimal consideration of other influencers of health behaviour especially actors in the socialization process.

MoH and policy makers should revisit existing strategy to: 1) rewrite policy framework to address the challenges posed by COVID-19 pandemic 2) streamline guidance of health workers on effective delivery of clinical services and public sensitization, 3) provide for regular population-led surveillance of communities for COVID-19 infections. 4) Demilitarize anti-COVID interventions. 5) Mobilize financial and other resources for use during emergency outbreak of pandemics.

Introduction

COVID-19 is an illness caused by a new Corona virus that severely affects the respiratory system when left to grow in the body system without intervention (WHO 2020). The illness was first reported in Wuhan City China in December 2019 and progressed into a pandemic announced by World Health Organization (WHO) on January 30, 2020. A pandemic is an outbreak of illness that affects populations across countries and continents (Grennan 2019). Assertions in this policy brief are informed by analysis of Uganda's early interventions against COVID-19 pandemic. Once declared, a pandemic attracts global interest and countries are compelled to adhere to WHO guidelines. Uganda's early interventions were informed by the WHO guidelines on prevention and control and past success against highly infectious viral outbreaks. Additionally, Uganda's Ministry of Health (MoH) strategy against COVID-19 was informed by the Public Health Act (Cap 281) that provides for state intervention to issue emergency measures in times of infections. Led by the President, task forces at national and district levels were named and facilitated with information and resources for countrywide surveillance. The Behaviour change and communication messages including those delivered by the Presi-

Uganda's early interventions were informed by the WHO guidelines on prevention and control and past success against highly infectious viral outbreaks. Additionally, Uganda's Ministry of Health (MoH) strategy against COVID-19 was informed by the Public Health Act (Cap 281) that provides for state intervention to issue emergency measures in times of infections.



The Minister of Health Hon. Jane Ruth Aceng addresses the house on COVID 19 before the lockdown was instituted.

dent were drafted by MoH technical teams. However, the public found difficulty complying with most directives as some were shocking and life-changing. Besides decimating some occupations, the measures spelt doom and desecration especially for urban dwellers, resulting in involuntary urban-rural migration and change of livelihoods. It is thus crucial that months after COVID -19 and with some knowledge gathered about the illness, a credible analysis is made to establish the areas of improvement in policy that could best facilitate health workers and the general public with pragmatic avenues for early stage management of pandemics.

Rationale

Uganda has experienced epidemics and long-lasting pandemics before COVID 19. Some of the approaches employed prior to COVID-19 were documented and utilized during the COVID-19 outbreak. Some of these include guidelines for management of epidemics (MoH 2012). Operational considerations for case management of COVID-19 at health facility and community level were issued by WHO on March 19, 2020 (WHO 2020) to support worldwide response. The key considerations in the WHO guide to countries are; 1) Public health interventions regardless of transmission scenario and 2) Key action steps to be taken to enable timely surge of clinical operations. However a number of necessary control and prevention measures emerged with the advent of COVID-19 that were not in the local pre-COVID-19 guidelines for intervention against outbreaks. There is further need to contextualize the Operational considerations for case management specified by WHO (WHO 2020). The pre-COVID-19 MOH guidelines are deficient on sustainable implementation of outbreak control measures that emerged during the COVID-19 pandemic like social distancing, wearing masks, curfew, militarized enforcement, non-congregation and the associated implications like unemployment, separation of families and decimation of livelihoods among others. Notably, some of these measures have far reaching political implications especially that they affect masses whose desecration may destabilize national peace, security and economy. It is

thus imperative that government revisits existing policy frameworks to insert clauses that exhaustively address the policy gaps.

Methods

Document review focusing on laws, policy and guidelines for management of outbreaks was conducted to obtain an understanding of the policy framework when the pandemic broke out. The Presidential directives on prevention of COVID-19 were also assessed for practicability and compliance by the public. Publications on management of pandemics were gathered and ideas for effective intervention obtained. The resultant product in form of a position paper was obtained and subjected to critical analysis and discussion at a public policy dialogue hosted by Uganda Management Institute Kampala.

Findings

WHO (2020) projected that in any setting, about 40% of patients with COVID-19 may have mild disease, where treatment is mostly symptomatic and does not require inpatient care; about 40% of patients have moderate disease that may require inpatient care; 15% of patients will have severe disease that requires oxygen therapy or other inpatient interventions; and about 5% have critical disease that requires mechanical ventilation. This scenario connotes minimal potential for mortality and presents a high debility potential (40% inpatients) with specific threat to overwhelm the healthcare system.

Besides presenting an urgent budgetary constraint, regular use of hitherto infrequent equipment like ventilators presents a heightened clinic schedule and calls for refresher courses and capacity building for health personnel who must also be available in large numbers to manage the heavy wards as the number of infections rises. The likelihood of hitting high unmanageable figures of infection and severe illness is not farfetched imagination considering the rise from zero infections on March 18, 2020 when the first Presidential directives were issued to 55 deaths and 4000 infections (MoH 2020) at the time of writing this brief only four months later.

National interventions prioritized prevention of community outbreaks, delay of new infections (incidence), optimal care for in-patients and minimized the possibility of overwhelming the social services, healthcare system and the national economy.

While the behavioural messages around COVID-19 were designed by scientists and tech-

National interventions prioritized prevention of community outbreaks, delay of new infections (incidence), optimal care for in-patients and minimized the possibility of overwhelming the social services, healthcare system and the national economy.

nocrats at the Ministry of Health, they were delivered by the President and sustained by other influencers at national and district level. The scientists suggested socio-economic adjustments that shocked the public and attracted as much compliance as total defiance. The shocking behavioural interventions included a total lockdown of the country including a 12 hour curfew that kept people in their houses from 5:00pm to 5:30 am and closed all places of social interaction including bars, churches, schools, theatres, video halls, shopping malls, sports, public transport, hotels and shops except those selling foodstuffs. This unforeseen scenario overturned lifestyles and livelihoods of some urban dwellers as they returned to rural origins for basic survival. For some of them this move has not been reversed.

While MoH works with formally recognized influencers like political actors to relay BCC messages, literature on previous highly infectious viral outbreaks in Uganda indicates that community compliance to MoH prevention measures is largely influenced by undocumented influencers at grassroots level (DeVries et al 2016).

Shortage of resources to effect measures against COVID-19 was apparent during the early days as government sought supplementary funding from Parliament and mobilized the public to contribute resources for management of covid-19.



Hon. Jane Ruth Aceng the Minister of Health Launches a COVID 19 tracking facility at Entebbe Airport days before lockdown.

Conclusion

Covid-19 remains too sophisticated for Uganda's healthcare system and more research needs to be done to facilitate effective management of the pandemic. The early interventions by government of Uganda were timely, necessary and adequate to achieve the desired public health and clinical objectives. However, achievement of full public compliance was complicated by the nature, presentation and execution of the measures perceived as shocking, militaristic and repelling, unable to portray the humanistic image required of any behaviour change communication. It is noted that the MoH did not exploit the undocumented influencers of health behaviour at grassroots level, some of whom are engrained in the socialization hierarchy and could achieve compliance with minimal or no militarization.

Existing policy framework was not prepared to address the far-reaching cross-sector effects of COVID-19.

Recommendation

The Ministry of Health should establish a COVID -19 policy to mitigate the associated social and economic challenges.

The COVID-19 policy should guide health workers on control of infections from a clinical and public health perspective, specifying actions for health workers dealing with public sensitization, mild, moderate and severe illness.

The COVID-19 policy should guide the Ministry of Health on conduct of population-based surveillance of communities for COVID-19 incidence. This includes availing equipment for early detection of infection to community and family level, toll-free communication with the general public, public sensitization through media and identified national and community level influencers and enforcing standard operation procedures.

Ministry of Health (MoH) should entirely demilitarize anti-COVID-19 interventions and emphasize socialization procedures to communalize compliance and make it part of a new normal.

Government should mobilize adequate emergency fund for use during outbreak of pandemics.

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The President H. E. Y. K. Museveni being briefed by the Minister of Health Hon. Jane Ruth Aceng on the national COVID-19 response



Uganda Virus Research Institute (UVRI) Director Prof Pontiano Keleebub (Right) explaining UVRI's response, testing and other ongoing research work on COVID-19 pandemic.



Sample collection for COVID-19 testing

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