



THE REPUBLIC OF UGANDA  
MINISTRY OF HEALTH  
PRESS STATEMENT

Update on the COVID-19 response in Uganda

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Dr Jane Ruth Aceng

Minister of Health

02<sup>nd</sup> April, 2020



## Update on the COVID-19 response in Uganda

**02<sup>st</sup> April 2020-** Uganda registered her first case of COVID-19 on Saturday 21<sup>st</sup> March, 2020. The confirmed case was a 36-year-old Ugandan male who arrived from Dubai on Saturday 21<sup>st</sup> March 2020 at 2:00am aboard Ethiopian Airlines.

As of today, the country has registered 44 confirmed cases of COVID-19. The majority of the cases were travelers returning from UAE (14), UK (14), and other countries e.g. Germany (1), USA(1), Afghanistan(1) and China(2). However, some districts have also registered confirmed cases including: Masaka (3), Hoima (2), Adjumani (1), Iganga (1); and it's not clear if these were secondary to on-going active transmissions.

That said, all the confirmed cases have been admitted in Entebbe Grade B hospital, Mulago National Specialized Hospital, Adjumani and Hoima Hospitals. All patients presented with mild symptoms and are improving on treatment. I would also like to reiterate that Uganda has **NOT** registered any COVID-19 related death, contrary to social media posts.

As a disease surveillance measure at border points, a total of 2,661 travelers have been identified for either self-quarantine or institutional quarantine since January 2020.

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1,015 high risk travelers are currently under institutional quarantine (including those from UAE who responded to the MOH call to report to Mulago for assessment). A total of 660 contacts to the 33 confirmed cases have been listed and are being followed up.

From the time of the declaration of the outbreak of COVID -19 in China on 31<sup>st</sup> December 2019, the Government of Uganda swiftly moved to put in place proactive measures at Entebbe International Airport and at the inland boarder points of entry to prevent importation of the virus into the country. However, due to the large numbers of Ugandans returning home from several countries that were closing up, COVID19, got into the country. Many of these returning travellers integrated into the communities undetected, largely because they had no symptoms (high temperature) at the time. This in turn dictated a change in the strategy, from prevention of importation to suppression of transmission. First, several countries were added onto the list of high-risk category to prevent more infiltration (explaining the large number of returning travellers now in institutional quarantine: 1,015). Second, the contacts of all positive cases were listed and are being followed-up. To emphasize and strengthen this measure, H.E The President of Uganda, on the 18<sup>th</sup> March 2020, declared COVID-19 a national emergency and has since issued 23 guidelines on preventive measures to suppress the spread of COVID19 in Uganda.



It is important to mention that the current National emergency demands a multi-sectoral approach (which is being coordinated by the National Task Force -NTF in the Prime Minister's office), and that this press statement restricts itself to the strategic response by the Health Sector.

### Why the Lock down now?

The purpose of a lockdown is to **suppress** transmission by reducing the number of people any undetected yet positive case in the community. We know from evidence across other countries (Japan, South Korea) that extreme social distancing is an effective intervention to interrupt transmission and keep other uninfected members of the society healthy. In other words, this measure breaks the chain of transmission.

The goal is to ensure that each confirmed case infects less than one person, on average. Science tells us that this level of transmission interrupts the growth of the epidemic--which is what some people commonly call flattening the curve.

There are two routes to achieve this;

- **Mitigation** - slowing but not necessarily stopping epidemic spread. This is done by isolating suspected cases and their households, and social distancing the elderly and people at highest risk of serious illness.





This may reduce peak healthcare demand while protecting those most at risk of severe disease from infection. However this may not work in our set up with a large number of youth (75% of the population) and overcrowding in the urban areas and centers of business. Moreover, the same only works when you know the cases infected, which as per today, we cannot certainly say (with the exception of the 44 under treatment).

- **Suppression**, or basically, a lockdown, which “aims to reverse epidemic growth, reducing case numbers to low levels by social distancing the entire population and closing schools, universities, places of worship, markets etc. This is necessary, in part to halt secondary transmissions from those yet undetected cases in the community, but also to enable their eventual discovery (as they develop symptoms).

Studies show that; though extremely painful and undesirable, lockdowns work as is evidenced by the trends of the pandemic in Wuhan city.

Without any lockdown or social distancing measures, the epidemic will get out of hand. Basically, what this means from the modelling so far done, is that Uganda will have 18, 878 cases (at a 3% fatality rate, 566.34 deaths) by April 31st 2020. This is unbearable for our already constrained health system; and something had to be done, immediately.



## What will the Government do in the 14 days?

1. Government must rapidly find and test suspected cases. This will be done through two ways
  - a. Ministry of Health has obtained the passenger manifest of the travelers dating back to the 7<sup>th</sup> March 2020. This manifest will be correlated with the health forms filled by the travelers and will be used to track all those who returned during the period 7<sup>th</sup> March to 22<sup>nd</sup> March, when the airport was closed. They will be screened, tested and followed up closely (under institutional set-up).
  - b. All confirmed cases will be isolated and duly treated
  - c. All the contacts of any new confirmed cases will be traced, found, tested and duly institutionally quarantined for further follow-up and testing (14 days)
2. Test all those under institutional quarantine, to weed out asymptomatic cases and institute more strict quarantine measures.
3. Government will also strengthen the available systems to ensure that people who suddenly manifest symptoms are picked up and well managed, so as to improve outcomes and or minimise deaths.

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## Human Resources

Government has strengthened the COVID-19 pandemic response by beefing up the Ministry of Health teams with specialist doctors from the Uganda People's Defense Force (UPDF) Directorate of Medical Services, Brig. Gen. Dr. Stephen Kusasira to support the Director General Health services in his oversight role and Lt. Col. Dr Henry Kyobe, Senior Consultant Epidemiologist. Dr. Kyobe is the new COVID-19 incident commander and is deputized by Mr. Atek Kagirita from the Ministry of Health.

In addition 82 UPDF medical personnel of different categories are supporting the response in the various fields of case management, surveillance, logistics management etc.

Furthermore, following approval of the cabinet, the Ministry of health is recruiting 220 health workers of different categories to support the response both at the center and in the districts. Adverts were sent out and applications have been received. The interview process is soon commencing.

In order to curb the spread of COVID-19 in Uganda, the Ministry of Health is working with its partners to undertake a number of interventions. These include:

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## I. DECENTRALIZATION OF MANAGEMENT OF COVID-19 CASES

As the country starts to receive confirmed cases upcountry, the Ministry is decentralizing the management of cases to districts to stop people travelling to Kampala / Entebbe for screening, testing and treatment.

People with COVID19-like symptoms are advised to call their respective District Health Officers and District Surveillance Focal Persons. The contact numbers per district is available on the Ministry of Health website and each district has been requested to widely publicize the phone numbers so that the population is aware of them.

Callers with suspected symptoms of COVID-19 will be advised to stay in their homes until a team from the DHO's office arrives to assess them and take their sample if necessary. The suspected cases will be advised to remain in self-quarantine until lab results return.

The District Rapid Response team using a motorcycle will collect samples, and send them to Entebbe UVRI through the MOH Hub system. Results will be returned to the districts within 48 hours depending on the districts proximity to Kampala.





## II. SAMPLE TRANSPORT NETWORK

The Ministry of Health has established an effective mobile transport network to transport samples from the laboratory via the hub system to Uganda Virus Research Institute (UVRI). Hub systems are located at Regional Referral Hospitals, General Hospitals and Health Center IVs. All districts have a surveillance focal person and a laboratory focal person. Alerts from the various districts are directed to the surveillance focal persons or DHOs by the Village health teams or individuals. The surveillance focal person investigates the alert and if it meets the case definition, requests for sample removal. Once a nose and a throat swab sample is collected from an individual by a laboratory specialist, it is transported to a hub for special packaging. The specimen is then transported from the hub to the UVRI, either through the Ministry of Health vehicles or the postal bus, where investigations are conducted to establish the status of the sample. Results are communicated to the origin of the sample through an on line system, or a phone.

## III. EMERGENCY MEDICAL SERVICES (Evacuations)

An Emergency Medical Services plan has been developed considering the requirements for COVID -19 and based on Uganda's population. Under this plan, a total of 310 ambulances have been deployed both at Central and district level to support the COVID-19 response, for purposes of evacuating positive cases .

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#### IV. MANAGEMENT OF COVID-19 CASES AT DISTRICT LEVEL

COVID-19 positive cases will be managed in designated health facilities within the district or referred as per the referral guidelines. Mild and moderate cases will be managed at the district level, while severe and critical cases (requiring oxygen therapy and/or ICU) will be referred to the Regional Referral Hospitals.

The number of hospital beds that can be made available in public hospitals for COVID-19 management, while allowing other regular medical services to go on concurrently is as follows:

- Mulago National Specialized Hospital - 900 beds
- Specialized Women's and neonatal hospital – 450 beds
- 16 Regional Referral Hospitals (will provide 30 isolation beds each) = 480 beds
- 50 General Hospitals (will provide 20 isolation beds each) = 1,000 beds
- 164 Health Center IV (will provide 5 isolation beds each ) = 820 beds

Additionally, working with the private sector and the private not for profit, bed capacity will be increased as and when required.

**ICU Facilities:** The ICU facilities for critical cases will be provided at Mulago Hospital (36 adult beds, 27 paediatric), Women Hospital (35 beds, 30 paediatric), and Regional Referral Hospitals (10 beds each on average).





## V. GUIDANCE ON INSTITUTIONAL QUARANTINE

Exposed people, in this case returnees from countries that were already reporting cases of COVID 19 are subjected to quarantine. The purpose of the quarantine is to ensure that one does not expose their families, friends and the community to the virus and risk of infection. Following cabinet's approval of institutional quarantine on the 17<sup>th</sup> March and the set up of the inter-ministerial task force for the management of COVID19, several hotels and schools were identified for this purpose. To date 1015 persons have been quarantined using this methodology.

Persons under institutional quarantine will be followed up for 14 days. Before discharge, the following procedures will be undertaken;

- a. A quarantine facility, where no one develops symptoms by the 14<sup>th</sup> day, - samples will be taken from all the inhabitants for testing to rule out the presence of asymptomatic persons who may be shading the virus. If results are negative, the inhabitants will be discharged to begin another 14 days of self isolation in their homes with follow up by ministry of health officials for us to be doubly sure that there is no on- going infection.
- b. A quarantine facility where one person develops symptoms will necessitate beginning the count of the 14 days from the date of evacuation of the positive case. And the cycle continues.
- c. A negative test when asymptomatic but with contact history cannot rule out pre clinical or asymptomatic infection and a repeat test is required within 14 days.



- d. Having a negative test when symptomatic does not rule out COVID19. A test should be repeated within another 7- 10 days.

## VI. MOVEMENT OF HEALTH WORKERS

During the lockdown explanation by H.E the President, health workers were classified 'under the essential service provider category' and will continue working as before.

- a. Those working on the COVID19 response, are required to submit details of their vehicles both private and facility owned to the Under-Secretary, Ministry of Health to obtain a sticker to enable them to move freely.
- b. Those providing other health care services, ( including those in the private and private not for profit facilities) are required to submit their details including their institutional and national identity cards to the Ministry of works and transport in order to obtain a sticker. They will be given clearly marked stickers to facilitate their movement during this lock down period.
- c. For those who use public transport, KCCA will station buses in defined locations for you to board and report to your place of work and return home, the SOPS will be communicated by KCCA.

For the Health workers up country, the districts through the district health officers are required to make transport available through the following mechanisms





- a) For those with private vehicles a sticker should be issued through the office of the RDC working in conjunction with the Ministry of Works and Transport.
- b) For those who use public transport, the DHO working with the RDC is required to position vehicles in designated places for health workers to board and go to work and return. SOPs must be followed to avoid overcrowding

## **VII. MANAGEMENT OF OTHER HEALTH EMERGENCIES DURING THE COVID-19 OUTBREAK**

The Ministry of Health is cognizant that in spite of the active COVID-19 outbreak, the population is prone to other health emergencies and women and children are especially vulnerable. In this regard, the public is advised to do as follows:

- Routine immunization services across the country will continue on the scheduled days at the scheduled time. Health workers must continue providing the immunization services while adhering to the Standard Operating Procedures issued by the Ministry of Health; however, there should not be more than 5 mothers with their children at any given time. In case you receive more than 5 mothers at a given time, you must carefully separate the mothers in different rooms and ensure there is adequate spacing between them. Mothers going for immunization services should carry the child's immunization card clearly showing the date of the next visit. Such caretakers



will be allowed to board the available free transport or obtain clearance from the RDC's or RCC's to use their personal vehicles and adhere to the SOPs.

- Parents should note that vaccines usually given to children in the school settings are temporarily suspended since the children are at home, these services will resume when schools reopen.
- All parents are encouraged to take their children to the nearest health facility for their vaccinations. I want to reiterate the routine immunization will continue as usual.
- All other services will continue as usual. Patients are free to access medical services during this time, by boarding the available vehicles prepositioned by the districts or KCCA or use of personal vehicles after obtaining clearance.
- Pregnant women are especially advised to deliver in health facilities. KCCA authorities and the district health officers have been advised to ensure pregnant women are given priority access to available vehicles prepositioned for transportation to the facilities.
- Services for HIV and TB should continue. The differentiated service delivery model must be doubly strengthened to allow patients access their medication in a timely manner. KCCA and the district health officers are advised to allow clients access transport.

#### **VIII. POINTS OF ENTRY FOR CARGO TRANSPORTATION**





A total of 53 Points of Entry have been activated to facilitate cargo transportation between Uganda and the neighboring countries.

Additionally, guidelines for cargo transportation have been developed and shared with the line authority. Screening of all cargo transporters will be undertaken at various stop points along their travel route. Those who develop symptoms will be quarantined and samples obtained for screening. The responsible person/ country will be requested to send a team of two or three people to continue the journey.

#### IX. CALL CENTER

Working with partners (MTN, Airtel, Communication for Development Uganda (CDFU), Mariestopes, NITA-U, Anti-corruption unit, Rackmount Ltd), the Ministry of Health increased the capacity of its call centers to handle more calls concurrently. The numbers of call center agents have been increased from 20 to 345 and will continue to work in three shifts for 24 hours every day. I would like to reiterate that the public is encouraged to call the Ministry of

Health in 919. Alternatively, you can call **0800-100-066**, **0800-203-033** or **0800-303-033** or WhatsApp on **0770-818-139** to enable our surveillance teams to assist you.

#### X. RISK COMMUNICATION



The Ministry of Health has rolled out the COVID-19 national communication campaign targeting the over 42 million Ugandans to sensitize and encourage them to embrace, adopt and sustain desired behaviours and practices for the prevention and management of COVID-19.

The Campaign dubbed 'Tonsemerera' supports the Government's and private sector efforts in ensuring that people become the centre of action in the prevention of the spread of the virus as promoted by His Excellency, the President. The Tonsemerera (Keep your distance) slogan was selected based on the key insight that Social Distancing is a key behaviour in the fight against COVID-19. This however doesn't in any way downplay the role of other behaviours. Tonsemerera embodies social and physical distancing from people but also insinuates distancing from the virus by following the actions promoted by the global "COVID-19 Challenge" communication campaign. The private sector has been very supportive to the COVID-19 risk communication sensitization campaign. Their support includes: Caller tunes, Messages on billboards, SMS, Radio and TV Spot messages, social media messaging etc.

## **XI. PSYCHOSOCIAL SUPPORT**

In a bid to strengthen psychosocial support, health workers have been oriented in providing psychological first aid and debriefing as they care for





people affected with COVID-19. This has been done in Entebbe, Naguru and Mulago hospital as well as all the regional referral hospitals in the country.

Each of these facilities is equipped with a team of 4-6 psychosocial providers to provide counselling to the patients with COVID-19 within the facilities and to the health workers.

A team of 23 providers including; Psychologists from Uganda Counselling Association, social workers, psychiatric clinical officers and nurses from Butabika National Referral Hospital and some NGOs have been deployed to the quarantine facilities to counsel and assess needs of the people under quarantine. The team has also managed to link patients to different pillars for better management.

Health workers are also being trained in self-care which includes messages like;

- Keeping reasonable working hours to avoid exhaustion.
- Helping people help themselves. Remember, you are not responsible for solving all people's problems.
- Minimize use of alcohol, caffeine or tobacco.
- Find ways to support each other. Check in with fellow helpers and have them check in with you.
- Talk with friends, loved ones or other trusted people.



- Be sure that you know how to observe all appropriate safety measures.
- Take time to eat rest and relax, even for short periods.
- Take time to rest and relax before resuming work and other life duties.

So far, the team is reaching out to people from the different hotels and health facilities for counseling services.

## RESEARCH

The Ministry and its partners is preparing several protocols in order to use this epidemic to understand the virus, the disease and how to prevent and manage within our setting including the psychosocial and behavioral aspects of the disease.

## APPRECIATION

Lastly, I would like to, in a special way and with deep appreciation recognize the tireless efforts of the health workers, public, private not for profit and private service providers. We understand that the work you are doing on a daily basis is not a small task and is invaluable. You are highly appreciated for the noble work that you are doing in this fight against COVID-19. This is a difficult time, but I trust and know you are up to the task. Keep calm, be well composed and do your work diligently observing all the preventive measures to ensure you too do not get infection. You are very valuable to us. *The Ministry of Health will do its best to ensure PPEs are provided to those in the front line and ensure patients with signs and symptoms of CoVID19 do not go to the general health facilities; but are duly managed within specified centres in order to avoid infecting health workers.*





In conclusion, I would like to appreciate the Ministerial Scientific Advisory Committee, private sector, other government MDAs, NGO's, Civil society, the Inter- Religious Council of Uganda and individual families for supporting the COVID-19 response in kind, financially and technically. The unity exhibited in this response is great and we are proud of all of you

The Ministry continues to appeal to the general public to remain calm and practice the preventive measures. Wash your hands with soap and water or use an alcohol

based hand rub at least three times a day, maintain a social distance of at least 4 meters and if you have flu like symptoms, cover your nose and mouth with a mask.

To report any suspected cases of COVID-19, call the Ministry of Health toll free lines on **0800-100-066, 0800-203-033 or 0800-303-033**. You can call the shorter toll free code on **919**. Residents of Kampala are advised to call **0800-990-000 or 0204-660-816**.

Thank you.

**Dr. Jane Ruth Aceng**

**MINISTER FOR HEALTH**

**02<sup>nd</sup> April, 2020**