Research Paper

The Covid-19 Coronavirus Pandemic and the Health Sector in Uganda

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ABSTRACT
The cases of Coronavirus disease are on the raise in Uganda, to make matters worse there is increased community transmission of the COVID-19 this increases the spread of the disease since there is carelessness within community members in reference to implementation of standard operating procedures. This paper aimed at investing the experiences during COVID-19 in the health sector in Uganda. Specifically, how Uganda health sector managed COVID 19 pandemic, the lessons learnt from COVID-19, challenges encountered in the health sector during COVID -19 and the impact of COVID 19 on the health sector and way forward. The study used secondary data mainly newspapers to answer the objectives of the study. Findings indicate that Government adhered to WHO guidelines, Ministry of Health designed Standard Operating Procedures (SOPs), designated health centers for handling COVID-19 patients, quarantine centers, government turned to private hospitals to support in the treatment of coronavirus patients, continued updates from WHO, a taskforce on COVID-19, lockdown of the entire country, quarantines, NGOs in health supported Training of Trainers (TOTs), rapidly mobilized the external and domestic resources to finance the response to COVID -19.
KEYWORDS; *COVID-19, Health sector, Experiences, Lessons, Challenges, Impact, way forward and Uganda.*

I.   INTRODUCTION

Coronavirus almost put life to a standstill although it started from Wuhan China. Uganda's fight against COVID-19 Coronavirus is being handled using the same existing health facilities and personnel (GoU, 2020; Daily Monitor, 2020a). The national renovated referral hospital according to critics is not at international standards to deal with complex cases and the country should expect massive deaths as community transmissions increase (Daily Monitor, 2020b, 2020c, 2020e) as Ugandans failed to adhere to the preventive measures and guidelines hence losing the fight against COVID-19 (Daily Monitor, 2020b) this transmission has not spared the health workers by August, 2020 close to 39 tested positive for coronavirus (Daily Monitor, 2020b) and others passed on (Abet, 2020; Dily Monitor, 2020). The entire health care system in the Uganda has low capacity of intensive care units although it's no longer a standard of efficiency as proven by developed countries. There has never been large scale demand of intensive care unit COVID-19 persevered worldwide including Germany, France, United States of America, China and Britain and stressed the health care systems to a level of redesigning temporary facilities to deal with increasing demand for health services (Joseph, 2020).

Health care system in Uganda is still wanting ranging from poor working conditions, poor remuneration, shortage of protective gears and other essentials, and lack of equipment but emerged with distinctions in line with containing the spread of Coronavirus (Mukholi, 2020). In an attempt to contain and prevent the spread of coronavirus government through Ministry of Health (MoH) allocated a number of hospitals including Mulago hospital (Mayora, 2020). The task force strategy to ensure that the disease control and prevention (CDC) tests, transports, trains staff and report results. Private hospitals have been struggling with COVID-19 cases since MoH instructed them to do case identification and refer treatment to public hospitals although private hospitals are more than 1600 facilities struggling with case differentiation. The government should partner with private hospital facilities through loan scheme of testing machines, reduce taxes on text kits

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and machines to enable hospital buy private testing machines (Kamurungi, 2020; Daily Monitor, 2020d) since studies indicate that 50% of Ugandans seek medical care from private facilities (Daily Monitor, 2020b).

Uganda was all praises for its decisive measures before registering any related coronavirus case by 20th March, 2020 were the president announced a quarantine and closed schools, boarders and airport for 14 days, 21 days and another 21 days to enable MoH identify, control, isolate and manage identified cases (Kasyaba, 2020; Daily Monitor, 2020f). During the total lockdown Ugandans adhered to curfew times and stayed indoors. Since April, 2020 there has been an increase in COVID-19 registered cases in the country (Daily Monitor, 2020b). To make it worse, there is increased community transmissions (John, 2020) hence a campaign of "Tudde Ku Normal" (back to normal) through observing the Standard Operating Procedures (SOPs) such as regular wash of hands, wear a face mask always and maintain a physical distance (Kakwezi, 2020).

The Uganda COVID-19 response was supported by government of Denmark with two hundred million dollar granted challenged through World Health Organisation (WHO) and United Population Fund (UNFPA) to ensure that front liners have enough protective gears and Personal Protective Equipment (PPEs) and increase on the number of recoveries and reduce the spread of the coronavirus (Daily Monitor, 2020a; WHO, 2020).

The growth of telemedicine (Barigaba, 2020) a doctor would diagnose 4000 phone calls a month 24/7 using telephone consultations and diagnostics, mobile clinics, prescription and pharmacy deliveries online using internet-based chat platforms such as WhatsApp hence health sector is quickly adapting to technology. The services are offered at reduced price of 10,000/- Uganda shillings ($2.73) for general doctors and 50,000/- ($27.3) for consultants and specialists. Government is back on the drawing board to listen to terms and invest in the health sector. The government has also revamped two referral hospitals such as Kirudu and Kawempe at seventy six (76) billions Uganda shillings (Barigaba, 2020).

How Uganda's health sector managed COVID-19 Coronavirus Pandemic

The government of Uganda focused on the guidance of World Health Organisation (WHO) and implemented physical distancing, universal wearing of the mask while using public transport and open spaces, and basic hand hygiene.

The government through MoH used WHO guidelines and continued to call for basic health services while separating COVID-19 cases and protecting frontline workers so that they avoid becoming ill or risk infecting others.

The MoH operated designated health centers for handling COVID-19 patients for ease management of the cases.

The MoH designated quarantine centers where visitors to Uganda and Ugandans from abroad were kept for fifteen days and tested before released to meet their families and mix within the communities.

The government turned to private hospitals to support in the treatment of coronavirus patients after the numbers increased and the MoH changed positions from cases identification of patients by private facilities to case management (Kamurungi, 2020). Facilities identified included Kibuli, Nsambya, Case, Medipal international hospitals.

Health workers accepting to manage COVID-19 patient came with high social risk to their families. They were stigmatized and discriminated by the community hence sacred. It involved staying away from their families for a long period of time (Reliefweb, 2020).

The continued updates from WHO and support helped in planning and immediate implementation of need developments in case management.

The president of Uganda commissioned a taskforce on COVID-19 to manage issues related to COVID-19 in the country including coordinating donations, grants and relief food supplies. They coordinated and advised the president. The continued supply of PPE and regiments supported the management of COVID-19 patients in upcountry areas in Uganda. This coupled with WHO technical experts provided monitorship hence knowledge gained in the management of the cases.

High setting digital health technologies have been accessed effectively during this period such as Tele-consultation, Artificial intelligence supported symptoms checker application, among others.

Introduction of lockdown of the entire country as way of limiting the infections from spreading among people.

The MoH in partnerships with NGOs in health supported Training of Trainers (TOTs) to enable sharing of knowledge in prevention, control and management of COVID-19 cases in all hospitals and government institutions in the country. Uganda has 15 referral hospitals in the entire country and there was need to hold end of shift meeting to ensure knowledge and experience sharing (Reliefweb, 2020).

The government of Uganda, through ministry of Health rapidly mobilized the external and domestic resources to finance the response to COVID -19.

The government of Uganda through MoH designed standard operating procedures for all government institutions, private sector organisations, Non-Government Organisations (NGOs), schools, universities and homes to follow to ensure safety and avert the coronavirus.

The ministry of Health set up a coordination approach across multiple sectors of the country. i.e. the national task force was created to coordinate the response activities implemented by the different sectors of the country.

The ministry of Education resorted to use of social media to keep the public updated about the COVID -19 disease and how to prevent it.

The ministry of Health has a adopted a technique of testing and tracing the suspected infected people in order to prevent them from infecting others.

During the lockdown Village Health Teams (VHTs) have been carrying out community education involving COVID-19 messages on causes, spread and prevention.

Local Council I (LCIs) were used in villages to give permission to the sick and pregnant mothers to enable them access hospitals to get medical attention.

Lessons learnt from COVID-19 Coronavirus Pandemic

There are numerous lessons that the government of Uganda should adopt from this crisis which should direct how the health care system must be run. These include the following;

There is need by the government of Uganda to invest more in the health sector than other sectors that take huge portions of the country's budget like the army.

The government has learnt how to properly account for resources allocated for health issues in order to discourage mismanagement and corruption that threatens any negative advances on the health of Ugandans like COVID 19

The government needs to have a wide-ranging plan when it comes to care system like setting up a national health insurance for all Ugandans, putting in place modern hospital facilities with needed experts to run them.

Ugandan government should endeavor to fund health research in universities and also put into consideration the motivation aspects of health workers. Uganda is known as a training ground for health workers who after completion of their studies travel abroad to look for greener pastures because of poor pay.

Government needs to plan for new ways to ensure health workers access their duty stations in time and safely. The transportation system in urban areas should be planned and Ministry of health needs to map for subsided transport costs for them to enable them reach their work station with easy, cheaply and timely.

At community level the government must to avail all the information that the local populace needs to respond to pandemics like COVID 19 in time. While the COVID-19 found the entire world unprepared we need to plan better to provide quality health care for all as well as other pandemics in future. Information is key tool for prevention and treatment if health information fails to trickle down to the grass root, government will spend a lot of money in the curative measures in order to save Ugandan lives.

The government has learnt that easing of transmission of COVID 19 needs to call for attention in infection prevention in healthcare settings and need for personal protective equipment for health workers which can be availed by working with health partners.

There is need to emphasize more on nutritional immune strength by consuming food stuffs that boost people's immunity in fighting diseases such as COVID 19. Hence need for more home-grown foods that are organic.

Ministry of Health has learnt the need to encourage more of Ugandans to do physical exercises like people walking, running and others. This will promote good physical health that leads to more chances of defeating such virus

The government of Uganda under the ministry of Health has learnt a lesson of integrating mental psychosocial support programs into medical interventions in managing viral infectious disease like COVID 19.

The Ugandan government has learnt to take preparatory activities to respond to pandemic effectively with proper systems in place for instance, when lifting lockdown, the health system must be in position to detect, test, and isolate every case.
The Ugandan government has also learnt to involve private sector medical actors and empower them through reduced operation taxes. Hence cooperation is encouraged in the fight against any advances to the health of Ugandans.

The government of Uganda must learn to support innovators and small medium sized industries to manufacture home products that can help in the response of COVID 19. Products like soap, sanitizers, protectives gears and masks instead of importing them for other countries.

Ugandan people have a habit of listening to any information that will discourage the response to COVID 19 and other diseases. Therefore, the need for the ministry of health to discourage contradicting information such as conspiracy theories that will affect the spearheading of vaccinations campaigns against such diseases.

The government must learn to enhance disaster risk management Programmes including preventive measures and preparedness for effective response to pandemics in the future.

Need for the government of Uganda to rehabilitate the health care system and be taken as matter of urgency to be in position to deal with future pandemics as well. The health, water and sanitation and all other sectors must be transformed into robust, life-enhancing government services.

The health expenditure trend must be reserved from spending 6% to 15% on health service spending so as to enable the government to finance a health service that meets the national health requirements

According to the Human development report 2019 UNDP, it was observed that only 18% of the population have access to water as a basic sanitation service required for people in their homes to live a healthy life in times like these. Hence the need for the government to invest more in the water sector to supplement ministry of health to fight future pandemics.

The ministry of health has learnt a lesson of consistently transforming the physical environment in which people live and work in by addressing unsanitary working conditions in public places like markets, schools, churches among others e.g. handwashing points must become permanent feature in these areas.

Challenges encountered in the health sector during COVID -19 Coronavirus Pandemic

Inadequate testing kits and delay in receiving of results ended up isolating virus carriers with the non-affected patients posing a threat to infect those people in the waiting and quarantine centers that led to more promotion the disease.

The sector has faced a challenge of distinguishing   between symptomatic and asymptomatic patients since most of the Ugandans seem to be asymptomatic and leading to further spread of the disease.

Inadequate inter-sectorial coordination with the relevant ministries such as ministry of works and transport to support movement of patients and health workers to health centers as early as possible as result maintaining health services became challenging to the sector.

Failure by the sector to communicate effectively with the local communities to identify suspected patients for testing. The government lacks resources for penetrating into communities yet there are high risk areas due to community transmissions. There is also shortage for drugs and facilities in the government and private aided hospitals in Kampala and nearby areas.

The health partners in Uganda including Denmark Development Cooperation (DANIDA), Department for International Development in United Kingdom (DFID) and Irish Aid, invested over 2.2 million dollars in Infection Prevention and Control, training of health workers and provision of supplies such as PPEs to all hospitals in Uganda (Reliefweb, 2020).

The sector faced a challenge of disseminating health education in rural areas concerning the virus, how it spread, its dangers and how it can be prevented. This was due too poor communication infrastructures in place coupled with ministry's neglects of Community Health Workers (CHWs) and Village Health Teams (VHTs) in health education. Crucial infrastructure would allow for effective and timely testing, tracing and isolation of COVID-19 (Wamani, 2020).

Resentment of potential patients who would have come for testing willingly. This was due to mishandling of people by police and military men that scared away patients and instigated the disease further.

The admissions are more than the available space and infrastructure. While recoveries were many, death occurred for some patients who had a number of other related complications. The death cases included health workers.

The inadequate Personal Protective Equipment (PPEs) and suspected COVID-19 cases mixed with regular patients increasing risks of spread of the coronavirus (Wamani, 2020).

Inadequate Intensive Care Units beds (ICU) that made many people not to have proper hospital care. Uganda has just 55 intensive care beds for its more than 42 million people. Of these, 20 have no ventilatory capacity and only one-third are part of the public health system.

Inadequate access to ambulance care that could have prevented hospital admission overwhelm and ICU care break down.

Failure by the public to observe fully the SOPs and measures put forward by the ministry of Health and directives such social as distancing, staying at home, frequent hand washing, wearing of face masks while out in public that posed a threat to the ministry facing more infections that they could not handle.

In relation to the above, some measures put forward to curb the virus such as social distancing is more difficult to implement in most of poor communities in urban centers due to the congestion that exits in these areas where by people live to close proximity to their neighbors.

The ministry of Health faced a challenge of health workers vanishing from their duties due to fear of getting infected with the disease and transfer it to their families due to failure of the government to provide them with PPEs and on time motivational allowances while delivering the service.

The system of seeking authorization letters from local officials for the patient to seek health care from hospitals and also transport for in women labour by use of transport facilities such as motorcycles (commonly known as boda bodas) , personal cars during lock down posed a challenge to the ministry as many drivers refused to take patients due to fear that they will infect them or that they will be harassed by the brutal security forces even with the permission causing so many deaths of people as result.

Poor funding of the Uganda Infectious Research Institute that has affected its operation in times when the country needs them most that is to say, testing and releasing of the patients' results became quite difficult for the institute due to poor facilities.

Lack of proper trained health workers to deal with the disease and for the few that the country had the government did not have money to absorb or remunerate them well. It was better for them to find employment elsewhere.

Inadequate support from the donor communities like world bank, IMF, US among others posed a challenge to the health sector operations since most of the time Uganda health programs are fully supported by these organizations.

Other challenges of the health sector

Over 5000 Ugandans travel to India for specialized treatment. In 2016 close to 8200 persons applied for medical visas at high commission of India. Close to 20% of MoH budget is spent on treatment of public servants abroad. The resources would remain in Uganda to strengthen the weak health sector.

The country over depends on other countries' health systems hence making Ugandans vulnerable whether poor or rich. With travel bands coupled with over whelmed health sectors globally, the country needs a certain degree of self-sufficiency in its health system.

Low investment in and less capacity building for the health care system at the national level is a key sustainable success factor that guarantees Ugandans' safety.

Lack of centers of excellence in different specializations would redeem the stagging health care system in Uganda ranging from child and maternal health, cancer and heart related diseases.

A failed referral health system. In Uganda the referral system is dead, the government has not appreciated technology in health. There is no linkage between the referred regional patients and national referral hospital. The consultants in regional hospitals lack an automated system to support in follow up of referred patients.

Lack of social health insurance for the country. Ugandans are experiencing high out-of-pocket expenditure on feeding hence lack resources for medication yet all public hospitals are in a panic handling COVID-19 patient hence leaving the patients un attended hence increasing mortality rates.

Total bun on the recruitment of government health workers affects the quality- of- service health workers give the public.

Poorly trained staff who do not know what to do when services are needed and which equipment to use in given circumstances. The government has no need to use a health system in Uganda hence lacks motivation to improve (Kobusingye, 2010).

The health system is over whelmed since some health workers are calculatingly fearing the virus, they cannot travel to work, many expectant mothers with dilapidated and worst circumstances, patients are visiting public hospital for other ailments, non-functioning referral system, dysfunction and shortage of ambulance system, lack of PPEs like masks and gloves.

A health system that was left to well-wishers to donate four-wheel drives to support in the transportation of expectant mothers.

Uganda has a fragile and weak health system clogged with caseload and presence of vulnerabilities and community transmission.

The impact of COVID 19 Coronavirus Pandemic on the health sector
The COVID 19 has caused the ministry of health to ignore other matters of health such as maternal health, mental health and sexual and reproductive health and rights have not been given similar attention. This leads to loss of life lives due to such neglect.

Limited access to reproductive health by pregnant women whose access was left to only a few privileged people. This put the lives of expectant mothers at risk and their unborn babies which has led to the rise in the number of maternal and child death due to lack of access to health facilities (Joseph, 2020).

The financial support by development partners slowed COVID-19 spread in Uganda, at least for now but greatly enhanced the country's capacity to deal with the epidemic. "Diagnosing the disease was made fairly quicker, health workers are more knowledgeable about Infection Prevention and Control (IPC) and patient care and the public has a higher understating of what they need to do to prevent and control the spread of COVID-19.

The lock down measures put in place to curb the spread of the virus have encouraged many women and men, girls and boy in their reproductive age to engage in sexual activities that are unprotected due to limited access to family planning practices during the lock down. This has resulted into unwanted pregnancies, fatal abortions and infections of HIV and Sexual Transmitted Infections (STIs).

During the lockdown, access health services was limited especially among vulnerable groups like people living with HIV/AIDS (PLHIV), pregnant women and children among others this compromised the HIV /AIDS treatment.

The lock down discouraged people from exercising more which added a negative effect on the physical mental health of people.

Frontline workers especially health workers were scared of the invisible enemy (COVID -19). As result many health workers absconded from their daily duties because of fear of exposing the disease to their loved ones, which caused a gap that left many sick people unattended to hence increasing the mortality rate.

The virus and its measures such as lockdowns impacted greatly on the lives and livelihoods of people in Uganda. As their incomes collapsed, many people faced severe hunger that affected the immunity of people to resist the virus and other killer diseases hence an increase in mortality rate among the local people.

The poor management and handling of the pandemic by the ministry of health has had a lot of defects such as mismanagement of information in terms of clarity and flow about the virus. Kampala Capital City Authority saga (KCCA) where the authority declared wrong positive cases in order to justify additional funding to the authority, wrong declaration of results by Makerere university lab , corruption saga at the prime minister's office about the procurement of food suppliers, failure to walk the talk by the officials themselves where the minister of health held a political related rally without following the COVID -19 measures such as wearing a mask and social distancing. All of these issues raised distrust and suspicions on whether the ministry has the ability to fight the disease and protect the health of Ugandans. Hence affecting the image of the ministry.

The corona virus pandemic disrupted the health structure of service delivery at the local level. That is to say, patients had to seek permission to travel to seek for medical services form RDCs to receive health services and yet they do not reply in a timely manner. More so, health workers have found it difficult to access health centers in time when patients need them. This has made it difficult for people to receive services quickly hence leaving a number of patients unattended to thus increased mortality rate.

Way forward

The Government should ensure that the healthcare system is strengthened and well equipped to handle and respond to all health matters despite pandemics.

Government and other stakeholders should therefore establish alternative, well-coordinated and safe means of transport to allow women access to the much-needed healthcare. This coordinated response should be able to address emergencies and avoid the delays in health according to World Health Organisation guidelines.

The ministry of health should train and support Health workers and support healthcare providers (Village health teams and Health unit management committees) during the prevailing pandemic to provide effective health care to Ugandan citizens.

There is need for government to engage the private sector in the response to COVID -19. This is vital where by the private sector has a bigger input to the health sector with a 94% influence compared to public sector's contribution that takes 2% of the health sector.

There is need to emphasize community health education about the importance of isolation, wearing a mask and social distancing.

There is need to empower local people to be responsible for their health. This is where by the government of Uganda should enforce public health studies in school curriculums and make hand washing mandatory in all public places like churches, schools, supermarkets among others.

There is need to build community resilience by the government which is centered around the people and the community.

The government through the ministry of Health should empower village health teams (VHTs) church groups, women groups among others to respond to simple responsibilities and tasks such as teaching people good hygiene practices and other primary health care issues.

There is need for the ministry of Health to equip health centers with all the needed health facilities that are functional all the time to carter for health emergencies such as civid-19 pandemic. There is no need to wait for handouts when such times come.

There is need to digitalize the operations of the health sector. For example, in this lockdown people should be able to order their medications and access their medical consultations on line as well.

There is need to increase investment to the Health sector in order to enhance increased access to good quality health care services.

There is need to increase availability and accessibility of testing for COVID-19 among the populace to enable government have accurate data on the number of Ugandans who are infected with COVID-19.

There is need to establish national standards on face covering for all Ugandans to follow as means to avert the coronavirus.

There is need to start social health insurance and benchmarking Rwanda would be ideal since medical insurance is operational in their country. This will enable the health ministry to address issues in health care inequalities in the country.

The ministry needs to carry out massive sensitization of the public about facts on the Coronavirus and state the various preventive measures that the public should take on.

The government of Uganda needs to strengthen the nation's public health infrastructure to enhance effective accessibility of health services by the local people.

II. CONCLUSION

COVID-19 presided an opportunity to redesign the health system in Uganda and rethink our priorities to invest and allocate resources appropriately. There is a strong justification for this cause during the pandemic and its either now or never. The health system in Uganda should be revamped to deal with all specialized cases and retain health resources that used to flow outside the country to strengthen the health sector in Uganda. The government needs to recruit more health workers to avoid over stretching service delivery following increased demand for services as a result of COVID-19 so that the country doesn't lose its fight.

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