

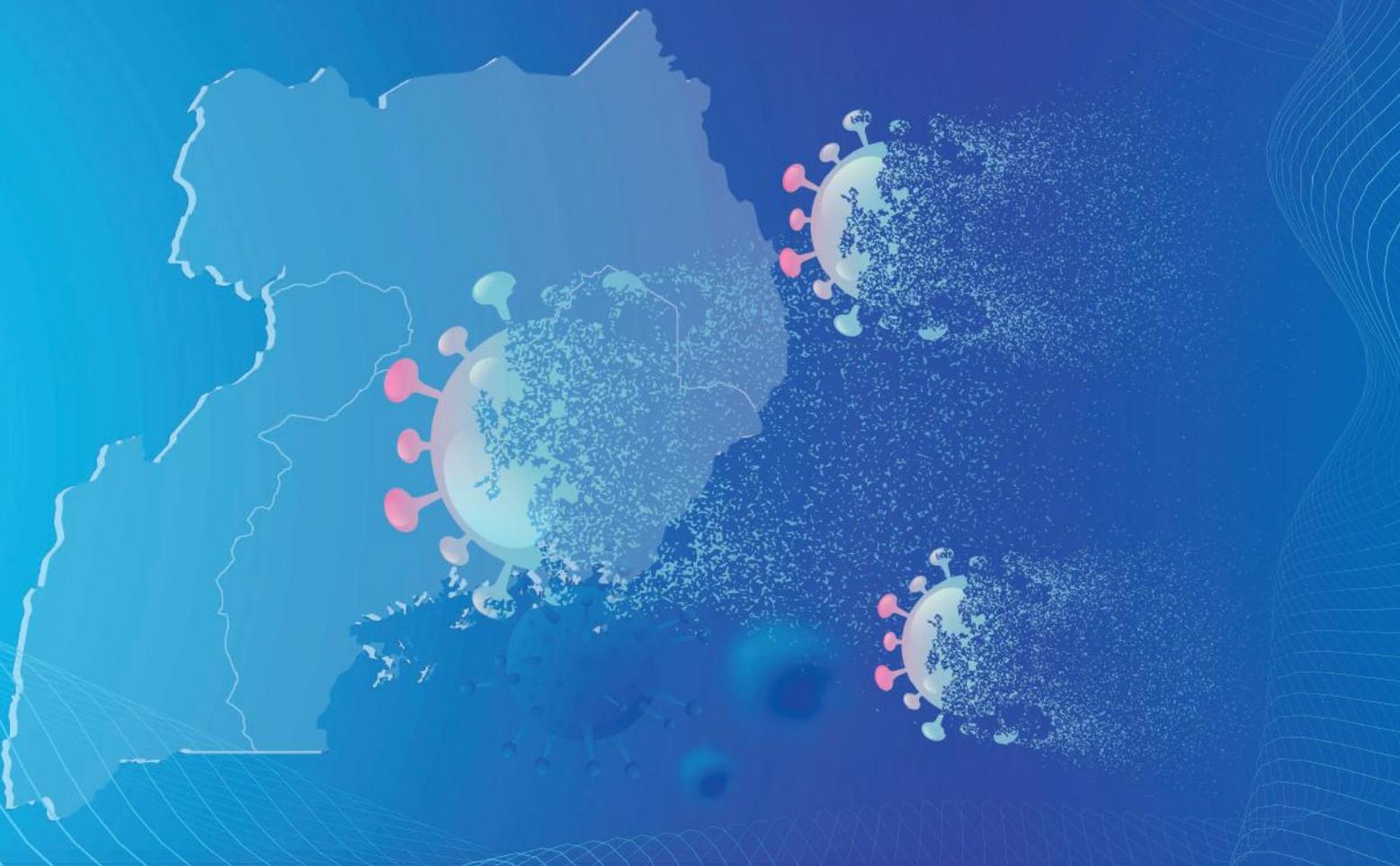


ISER

Facilitating Social Justice

INITIATIVE FOR SOCIAL AND ECONOMIC RIGHTS

TEN THINGS GOVERNMENT SHOULD URGENTLY ADDRESS TO DEAL WITH UGANDA'S COVID 19 SURGE



June 2021

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As early as 30th April, the government indicated Uganda had at least five variants, three of which were particularly concerning due to heightened transmissibility and increased virulence in mutations i.e. B.1.1.7 that emerged in the UK, B.1.351 that emerged in South Africa and B.1.617 that emerged in India. As the country enters lockdown to deal with the second wave, more than a year after the first reported case, it is imperative that the Government accounts for what it has done to prepare for the second wave. Unlike the first wave, this second wave was anticipated as we watched our neighbors get impacted and saw the impact of B.1.617 Delta variant in India. We are particularly concerned about the following:

1. **Limited Access to COVID 19 Testing**
2. **Failure to Ensure Widespread Covid 19 Vaccination**
3. **Failure to Ensuring Affordable and Sustainable Oxygen**
4. **Failure to ensure adequate ICU**
5. **Availability of and safety of health workers**
6. **Limited Access to Clean and Safe Water Particularly in Urban Slums**
7. **Lack of Accountability for COVID 19 funds**
8. **Lack of regulation of the private sector testing and treating COVID 19**
9. **Need for more financing and supervision of the Public Health Sector**
10. **Ensuring continuity of care**

We make the following recommendations urging government to adopt a human rights based approach with a particular focus on the vulnerable as it implements them.

RECOMMENDATIONS

1. **Prioritize and strengthen emergency medical oxygen production and supplies to ensure that oxygen is accessible, available and affordable to all, including persons in hard to-reach areas. This is will enhance the fight against COVID-19. This includes:**
 - **Urgent repairs for plants that have broken down and immediately secure funds to buy more oxygen concentrators, generators and cylinders.**
 - **Avail more pulse oximeters to enable timely diagnosis of patients who require oxygen.**
 - **Availing oxygen to those areas that do not have**
2. **Prioritise and ensure access to free COVID 19 testing for those with symptoms.**
3. **Prioritise ensuring access to ICU Beds and utilise available funds to set up more ICUs in the country.**
4. **Reinstate the trace and contact approach and operationalise Namboole for mild cases since home isolation is impossible in some settings.**
5. **Reinstate the ambulance service and provide contacts people can call.**



- 6. Prioritise vaccination including expeditiously obtaining vaccines either through bilateral donations or procurement.**
- 7. Address the barriers that caused low Covid 19 vaccine uptake initially especially up country and among urban poor by:**
 - Conducting community outreach in markets and other places where communities engage. Ministry of health should conduct a deliberate outreach program on the importance of vaccination and desist from mandatory vaccination. This is so because vaccination is healthcare and an individual should be provided with accurate and appropriate information as to inform their decision.**
 - Bring vaccination closer by having tents in commonly occupied places like markets and other open air mass vaccination sites like Kololo to reduce congestion and possible spread of Covid 19 as people wait for vaccination.**
- 8. Regulate the private sector that engages in Covid 19 testing and treatment and monitor and take action against those providing fake Covid results and engage in price gouging. Set up a rate cap for Covid 19 services.**
- 9. Undertake meaningful engagement and share information with key stakeholders including marginalized groups and civil society organizations during the design and implementation of covid-19 related projects. This also includes constituting village COVID 19 teams which partner with VHTs and implementing the national community engagement strategy.**
- 10. Provide accountability on the utilization of the received COVID-19 financing responses including various donations that were received by the various COVID-19 task forces; indicating the utilization of both cash and in-kind donations. This may win back the public trust.**
- 11. Take measures to ensure continuity of healthcare, particularly for those upcountry that need to travel to Kampala for healthcare like cancer treatment and enable them to travel if they have records or a letter from a medical institution or a letter from an LC1 that shows they need to.**



1. LIMITED ACCESS TO COVID 19 TESTING

As the WHO has advised, testing linked to action is critical in countries' fight against COVID 19. It has recently noted that there are reliable inexpensive rapid antigen tests that can support countries to clinically isolate. However, testing in Uganda is increasingly only available to the privileged few.

Government outsourced COVID testing to an unregulated private sector resulting in the high cost of COVID 19 testing. The average cost for a PCR ranges between 200,000USH-300,000USH, with antigen tests averaging 100,000USH.

While Ministry of Health has maintained that those with symptoms can test for free in government facilities, this is not always available. People have reported being turned away or asked to pay before accessing testing. In hard to reach areas like Namayingo, people are dying of COVID like symptoms but unable to test due to the scarcity of testing kits at Buyinja HCIV. Moreover, we are increasingly aware that many people are asymptomatic and unknowingly spread Covid 19.

The result of the limited testing has been significant under reporting of cases and deaths, providing an insufficient picture of the scourge and further endangering the fight against Covid. On 10th June for example, the Ministry of Health [reported](#) zero deaths despite social media being awash with reports of people losing their loved ones following hospital confirmations of COVID19.

We urge the government to address the following concerns:

- Measures government is taking to ensure sufficient tests in public facilities and to monitor that testing is free.
- Measures government is taking to regulate price of COVID tests in private facilities.

2. FAILURE TO ENSURE WIDESPREAD COVID 19 VACCINATION

It is globally recognized that the Covid 19 vaccination is the quickest way to curb the pandemic. As ISER repeatedly warned in prior [policy briefs](#), [Government's Covid 19 Vaccination Strategy Leaves Critical Questions Unanswered](#).

Government is yet to secure sufficient vaccines for all Ugandans or at least ensure those that have received a first dose will receive a second dose. Uganda received 964,000 vaccines on March 5th from COVAX and bilateral donations. Besides the 864,000 AstraZeneca doses we received from COVAX and the 100,000 doses donated by India, we are not sure whether Ugandans will be able to get sufficient doses. In multiple statements, Government indicated it [directly purchased](#) 18 million doses of the AstraZeneca vaccines with 400,000 doses to be received by Mid-March and the rest in phases throughout the year. On 11th February, Parliament [passed](#) a supplementary budget of sh.18.5 billion/5 million USD as a commitment fee/down payment so the country could receive the vaccines. We have not seen those doses nor received a comprehensive explanation of why the initial 400,000 doses did not arrive as scheduled in March, whether the order was ever placed and whether the money was paid. In April 2021, the Initiative for Social and Economic Rights (ISER) filed an access to information request per the Access to Information Act,2005 with the Ministry



Health on the Serum Institute order but it was unanswered.

At the start of May, the Serum Institute which supplies AstraZeneca/ Covidshield to COVAX and most of the developing world including Uganda which stated it had placed an order -- indicated it will not supply vaccines until at least December 2021 as it deals with the Covid 19 crisis in India. This should not have affected the March doses if indeed Uganda placed its order as it stated, but Serum Institute's decision undoubtedly affects other doses including the planned doses from the second COVAX disbursement.

The President in his [Covid 19 address on 6th June](#) and Budget speech indicated that Uganda would receive 175,000 AstraZeneca doses from COVAX this week. It is not clear whether the orders arrived. We know that orders by COVAX on which the country relies were also affected by the events in India.

Moreover, the expected 175,000 doses will still not be enough to ensure everyone vaccinated at least with the first dose of AstraZeneca can get the second dose. The [President's Address](#) indicated 748,676 had been vaccinated out of 964,000 doses received so far. 712,681 have received a first dose and only 35,995 have received a second dose. The meagre doses left raise questions about whether all those that have been vaccinated will receive a second dose. Government has [indicated](#) 300,000 doses of Sinovac from China but this is a drop in the ocean. The priority groups targeted alone are 4.8 million people.

Moreover, with the current wave, it is imperative we vaccinate everyone as soon as possible since it also severely affects young people unlike the initial strain. The president in his [State of the Nation Address 2021](#) indicated that Uganda has reached phase 4 of the 9 phases in developing its vaccine but noted earliest is end of year. Countries like the U.S have indicated donating Pfizer, Moderna and Johnson. The [State of the Nation Address 2021](#) vaguely mentioned talks with U.S over Johnson&Johnson but without indication over whether progress has been made. At the G7, the UK, Canada have also indicated they will donate vaccines. It is unclear whether government has had bilateral discussions on this with such countries and the progress of those discussions since we can't rely on COVAX. It is also unclear whether government is exploring cold chain solutions that can handle vaccines like Pfizer that require colder temperatures but which seem to be more effective against the new strain. COVAX has now indicated it will try to get Pfizer and is asking countries for donations.

We commend that the FY 2021-2022 Budget speech¹ indicated government would set aside 560 billion to procure additional vaccines to meet a target of 6 million Ugandans but other than that, no detail is provided, particularly about the vaccine type that will be procured, which company will supply, at what cost per dose and when we can expect them.

Even with the meagre doses we received, [the roll out of Covid 19 vaccination was haphazard](#). For example the Ministry initially required national ID as a pre requisite then despite official policy reversal following [litigation initiated](#) due to the national ID requirement [excluding millions](#), health

¹ On file with author



workers sometimes insist on national ID and turn away those without. Despite setting out a [clear schedule for priority groups](#), non priority groups like influencers were vaccinated from the onset. There has been limited two-way engagement with communities especially priority groups upcountry and in rural/marginalized areas to sensitize and enable them to participate in vaccination roll out. As a result, until recently, there was low uptake among the priority groups particularly in rural areas with significant concerns about whether vaccines would expire in July. The low uptake resulted in a further drop in emphasis on priority groups, and further enabled the elite to jump the queue simply because individuals within the priority groups were not being reached. It was only in response to a surge that there was mass vaccination at Kololo, however, this has been repeatedly interrupted. Others who were patiently waiting for their turn have been confused by the inconsistent messaging by the government, telling them to wait and yet simultaneously blaming them for not getting the vaccine. It is still not clear whether vaccination is open to non priority groups and the country's progress in reaching the initial priority groups.

The haphazard implementation has resulted in a scramble for vaccines as priority groups compete with non priority groups. Across the country, priority groups are being turned away and told there are no more vaccines. However, while priority groups are not able to receive vaccines and told vaccines are done, private vaccination drives are being held for Ministries and companies. Reports from field monitoring indicate Covid 19 vaccines are being sold by health workers despite the fact that the vaccine must be free, a public good available to everyone. Vaccination is increasingly reaching the elite and those with connections.

We need the government to urgently address the nation on Covid 19 vaccination. Particularly on the following:

- What happens to Ugandans that have received the first doses? Will they be able to get a second dose? Have doses been set aside to ensure they will receive them?
- While the president has noted looking into others, we have not seen anything tangible like agreements.
- What happened to the money passed in the supplementary budget of 5 million USD/18.5 billion USH passed on 11 February for vaccine orders with Serum Institute?
- Are there any bilateral negotiations with countries that have excess doses of AstraZeneca?
- Has Uganda put in place the cold chain requirements to handle Pfizer and similar candidates as COVAX pivots away from AstraZeneca?
- What arrangements has the government put in place to ensure mass vaccination once it receives vaccines? Kololo was the only one doing so and it was overcrowded with thousands sitted right next to each other and no regard for Standard Operating Procedures (S.O.Ps) enabling the spread of Covid 19.
- What measures will government take to ensure equitable access to vaccines particularly ensuring they are provided free to the population and measures it will take to increase outreach, particularly in markets etc and engage with two-way communication on the issue? The measures taken so far have predominantly reached the urban elite.
- Which vaccine candidate will be procured with the 560 billion set aside in the budget and when can we expect those vaccines to arrive?
- Provide data on vaccine break through cases and those that have suffered life threatening adverse effects from Covid 19 vaccination.



3. FAILURE TO ENSURE AFFORDABLE AND SUSTAINABLE MEDICAL OXYGEN

Affordable and sustainable access to medical oxygen remains a challenge even amidst the pandemic. While the government should provide oxygen for free in public health facilities and it set up oxygen plants at regional referral hospitals and procured oxygen regulators and repaired oxygen cylinders which should then supply to lower level health facilities, the plants are not always maintained. Masaka and Jinja RRH and Naguru Rehabilitation Referral Hospital have no funding for oxygen plant maintenance costs, for its high electricity consumption and cylinder heads, in addition to the costs of production for provision to other health facilities in their respective region both Public and Private use². Two oxygen plants at Mulago Specialised Women and Neonatal Hospital [broke down](#) due to lack of service in FY that ended 30th June 2020. Government contracted suppliers to install oxygen plants but this has not been expeditiously done. M/S Silver Bucks Pharmacy Ltd was contracted for the supply and installation of oxygen plants at Mulago and Entebbe hospitals at 6.4 billion USH which would include 450 cylinders, regulators, humidifier bottles and cannulas. Despite the contract being signed on 6th May and 100% of the invoice paid by 30th June, Ministry of Finance in its Annual Budget Monitoring Report 2019/20 [found](#) that delivery and installation had not commenced by September 2020.

Despite the dire need, oxygen is listed as an unfunded priority for the health sector in the FY2021/22 budget. UGX 1.4 billion is needed for the maintenance of oxygen plants under the regional referral hospitals.³ Each of the 14 regional referral hospitals require an additional Ushs100 million to cater for maintenance needs of the oxygen plants including piping and procurement of oxygen cylinders. It is more than a year since the pandemic started and at the time this FY 2021/22 budget was passed, government should have been aware of the need for Oxygen given the detection of super spreader variants like the B.1.617 variant and the way in which variants were affecting others. Government should have budgeted it as a funded priority.

The failure to monitor government facilities has enabled corruption and double dealing. In April, 40 oxygen cylinders were stolen from Mbarara Regional Referral Hospital, which serves 16 districts. [Media reports](#) indicate that Mbale regional referral hospital missing oxygen cylinder was found in a private clinic, Life General Clinic and Laboratory.

This scarcity has strained public health facilities, resulting into unnecessary deaths and households incurring catastrophic expenses as they pay for oxygen out of pocket. An oxygen cylinder when purchased privately ranges from 1.7million (cylinder and regulator) to 3 million shillings. Others charge a minimum of 1.5 million for hiring the smallest cylinder for 7 days. Hospitalized patients are paying a premium for scarce oxygen supplies. Some private facilities charge patients 200,000USH per day just for oxygen.

It is important government expeditiously addresses the cost, infrastructure, tax and logistical barriers to oxygen access.

² Ministry of Health Ministerial Policy Statement 2020/21

³ Ministry of Health Ministerial Policy Statement 2020/21



4. FAILURE TO ENSURE ADEQUATE ICU

At the start of the pandemic in March 2020, government indicated we had only 55 ICU units and indicated its intention to prioritize this. Money was allocated to that effect from both the consolidated fund, supplementary budgets and even earmarked donations. For example Ministry of Health was allocated a supplementary budget of 43.2 billion USH for the procurement and installation of ICU at regional referral hospital and a number of contracts signed for 145 ventilators, 143 ICU beds, 137 patient monitors, and 150 oxygen therapy apparatus to various hospital but they were not delivered during the allocated time frame. Hospitals like Gulu and Arua did not have adequate space for the ICU equipment. Ministry of Finance noted regional disparities in ICU equipment to be delivered with the East receiving the least at 16% and the central the most at 34%. Yet the east is the poorest region and arguably one where it is particularly essential to ensure public health facilities are well equipped since they are the first point of call for the poor and vulnerable.

The [President's address](#) indicated Uganda has a total of 3,793 beds in both public and private accredited facilities with only 475 high dependence units and 218 ICU beds in the whole country. While government has indicated that Uganda has 150 ICU beds in regional referral hospitals,⁴ only 3 Intensive Care Units (Jinja, Mbarara and Lacor) in the 14 Regional Referral Hospitals are fully operational.⁵ The government has [indicated](#) that it is considering installing a 300 bed facility per regional hospital to provide an additional 4500 beds but has not provided a timeline to this. With the number of people that require ICUs, it is increasingly impossible to find an ICU bed both in government and private health facilities. People are dying as their loved ones try to find space for them in ICUs. The cost of the ICU beds in private facilities is astronomical as detailed in *point 8*.

5. AVAILABILITY OF AND SAFETY OF HEALTH WORKERS

The country is grappling with a health worker shortage amidst the new wave. Health workers available are not adequately protected. For instance, 971 health workers by November had contracted the Covid 19 and 9 have died.⁶ Health workers have complained about not receiving sufficient PPE or [substandard masks](#). They are not adequately remunerated despite having to work long hours. The media has been awash with stories of health workers not receiving allowances and strikes have commenced in the past by nurses and interns, whose concerns around pay are yet to be adequately addressed. Without addressing this, the country risks lacking the health workers to fight Covid 19. The government should absorb emergency health workers and recruit more health workers including intensivists.

⁴ Presidential Address on 6 June 2021.

⁵ Health sector ministerial statement for FY 2021/22

⁶ Ministry of Health, Press Statement: Update on COVID 19 Situation in Uganda, November 9, 2020



6. LIMITED ACCESS TO CLEAN AND SAFE WATER PARTICULARLY IN URBAN SLUMS

While the predominant way to reduce the spread of COVID 19 is following S.O.Ps especially washing hands with soap and water, urban slums continue to struggle to receive clean and safe water. The Central Business District lacks sufficient hand washing areas. Sub counties in hard to reach districts like Amudat have often struggled with accessing water.

7. ACCOUNTABILITY FOR COVID 19 FUNDS

At the start of the pandemic, government, ordinary Ugandans, private sector and international financial institutions contributed money to fight COVID 19. To date there has been no public accountability for all these funds. The Office of the Auditor General [annual audit](#) found a number of irregularities and the public has not seen action taken on those that have mismanaged the funds. The failure to provide accountability and take action against those that have mismanaged COVID 19 funds has eroded citizen trust in government. People are increasingly seeing COVID 19 as a money making venture for unscrupulous government officials which partly explains the limited adherence to the SOPs. Yet citizen trust is essential in the fight against COVID 19.

8. LACK OF REGULATION OF THE PRIVATE SECTOR TESTING AND TREATING COVID 19

Private facilities are charging exorbitant fees to test (see also section 1 on testing) and treat COVID 19. ISER's research has found the minimum deposit for a number of facilities is 5 million shillings with sources indicating that private health facilities in Kampala charge between Shs 5 million and Shs 10 million for treating a critically ill Covid - 19 patient; with some requiring a deposit of the said sum before admitting the patient in either High Dependency Unit (HDU) or Intensive Care Unit (ICU)⁷ and then further charging for medications and treatment administered. Reports indicate people have paid 16.5 million for two days in hospital, 78 million for 3 days. Yet even insurance companies like UAP that cover COVID 19 will only cover hospitalization of up to 5 million resulting in high out of pocket costs for patients and families dealing with COVID 19. Private facilities hold on to patients rather than referring them when the patient condition worsens so as to maximize revenue resulting in unnecessary deaths. Private hospitals are confiscating bodies of people that have passed on from COVID 19 due to non payment of bills. There are reports of private players issuing fake results which further endangers our fight against COVID 19. Pharmacies are advertising COVID 19 treatments resulting in people rushing to buy and administer without prescription by doctors which can actually worsen the body's fight against COVID 19, pose other health challenges and result in antibiotic resistance in the future. The government must urgently scrutinize and investigate private facilities and regulate them to ensure patients are not exploited. This includes setting a rate cap on COVID services.

⁷ https://www.monitor.co.ug/uganda/news/national/what-is-the-cost-of-treating-covid-19-daily--3237640?view=htmlamp&__twitter_impression=true



9. NEED FOR MORE FINANCING AND SUPERVISION OF THE PUBLIC HEALTH SECTOR

The long-term decimation of the public health sector through austerity approaches and marketization of health made the country ill prepared for the pandemic and these system failings have been brutally exposed by Covid 19. The government must continue to strengthen the public sector by adequately financing it and adequately monitoring and supervising it. This includes building and equipping closer public health facilities, ensuring access to emergency care including ambulances. There must be stewardship of the health sector, particularly to curb the corruption. The COVID testing machine at Malaba was recovered at a private clinic.

10. ENSURING CONTINUITY OF CARE

The last lock down interrupted access to health care, particularly maternal services, routine immunization, medicine refills particularly for those with chronic conditions like H.I.V and routine hormonal and other therapies. As the country deals with this surge, it is not clear what measures it is putting in place to ensure routine care is not interrupted. The district lockdown for instance, interrupts cancer care since the lack of regional cancer centres means cancer patients often have to travel from upcountry districts to the Uganda Cancer Institute (UCI) which is based in Kampala. It is not clear what exemptions have been made to avoid the mistakes made last time. Permission to travel across borders should not only vest in the RDC like last time since that resulted in people dying trying to get healthcare. Instead a letter from a health facility confirming diagnosis and need for healthcare or a letter from an LC1 should suffice.



RECOMMENDATIONS

We make the following recommendations urging government to adopt a human rights based approach with a particular focus on the vulnerable as it implements them.

- 1. Prioritize and strengthen emergency medical oxygen production and supplies to ensure that oxygen is accessible, available and affordable to all, including persons in hard to-reach areas. This is will enhance the fight against COVID-19. This includes:**
 - **Urgent repairs for plants that have broken down and immediately secure funds to buy more oxygen concentrators, generators and cylinders.**
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- 5. Reinstate the ambulance service and provide contacts people can call.**
- 6. Prioritise vaccination including expeditiously obtaining vaccines either through bilateral donations or procurement.**
- 7. Address the barriers that caused low Covid 19 vaccine uptake initially especially up country and among urban poor by:**
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- 10. Provide accountability on the utilization of the received COVID-19 financing responses including various donations that were received by the various COVID-19 task forces; indicating the utilization of both cash and in-kind donations. This may win back the public trust.**
- 11. Take measures to ensure continuity of healthcare, particularly for those upcountry that need to travel to Kampala for healthcare like cancer treatment and enable them to travel if they have records or a letter from a medical institution or a letter from an LC1 that shows they need to.**



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