



FACTSHEET

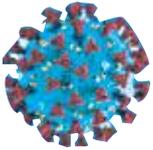


COVID-19

UGANDA'S PREPAREDNESS FOR EQUITABLE ACCESS TO MEDICAL PRODUCTS



ABOUT COVID -19



Coronavirus disease 2019 (COVID-19) is a highly infectious respiratory syndrome caused by the Severe Acute Respiratory Syndrome Corona virus 2 (SARS-CoV-2) virus. The symptoms include shortness of breath, high fever and dry cough.

The disease broke out in China towards the end of 2019 and has since spread across the world and mutated into four other variants: Alpha, Beta, Gamma and Delta.

STATUS OF THE PANDEMIC

CUMULATIVE CASES

92,115

DEATHS

2,526

Despite efforts to enforce preventive measures, many countries continue to experience surges in COVID-19 cases. The cumulative number of people that have been infected globally is estimated at 190,169,833, of whom 4,086,000 have died (WHO, 20 July 2021).

In Uganda, cumulative cases reached an estimated 92,115, with 2,526 deaths (MOH, 26 July 2021).

PREVENTION IN THE COMMUNITY



The recommended measure for prevention include regular hand washing, social distancing, wearing of face masks and use of alcohol-based sanitizer.

Personal protective equipment (PPE) work by providing a barrier between a virus transmission source and the environment. Uganda's need for face masks was estimated at 32,979,928 for 2020/21, of which Government had distributed 24,997,096 masks (75.8%) as of 3 March 2021.

The effectiveness of these measures depends on compliance, which has not been realized in most cases.

PREVENTION IN CLINICAL SETTING



In the clinical setting, the National Guidelines for Management of COVID-19 recommend use of a range of diagnostics, vaccines and therapeutics (DVT) and PPE

for its prevention, diagnosis and management. Facial shield, gown, apron, gloves, medical mask, gum boots are required for tasks that involve contact with patients while N95 mask (face-piece respirator) is also required when in risk of Aerosols, with or without patient contact.

DIAGNOSIS

ACCREDITED TESTING CENTERS

21

UGANDANS TESTED

1,379,070

For diagnosis of COVID-19, Ministry of Health recommends the PCR test. It recommends the rapid diagnostic test (RDT) for surveillance in the communities.

As of 11 February 2021, Ministry of Health had accredited 21 facilities and laboratories to test for COVID-19, and as of 9 July 2021, about 1,379,070 people had been tested.

VACCINATION



Several vaccines are being used across the world, even though not all of them have received emergency-use listing from WHO or emergency use authorization from a major regulator.

The main vaccines, normally provided in double doses (except that of Johnson & Johnson), are manufactured by Pfizer/BioNTech (US/Belgium), Moderna (US), Johnson & Johnson (US), AstraZeneca/Oxford (UK), AstraZeneca/SKBio (Korea), Serum Institute (India), Sinovac (China), SinoPharm (China), Sputnik (Russia).

All currently available COVID-19 vaccines are considered safe for adults, even those with co-morbidities and auto-immune disorders. Side effects are generally mild and may include fever, muscle aches, fatigue, headaches, and mild rashes. There have also been rare cases of respiratory, hepatic, and renal complications with some vaccines.

Safety of the vaccines in children and in pregnant and lactating mothers is still under research.

ACCESS TO VACCINES

UGANDANS VACCINATED

1.2%

RECOMMENDED MINIMUM

60%

A substantial proportion of a population – estimated at 60% – needs to be vaccinated to achieve herd immunity against COVID-19. COVAX is the global initiative trying to maximise access to COVID-19 vaccines as quickly, as fairly and as safely as possible.

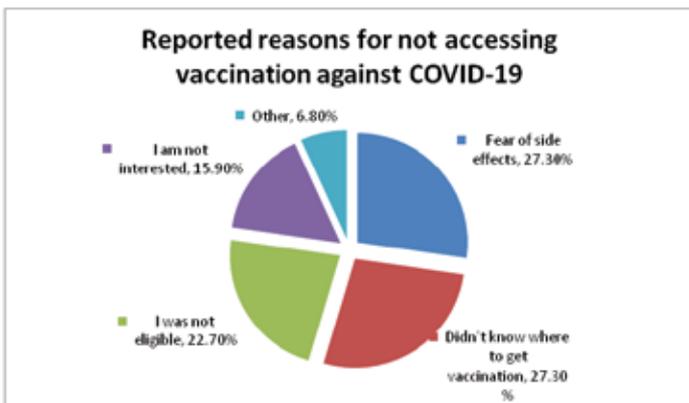
VACCINE DOSES REQUESTED

18,000,000

DOSES RECEIVED

864,000

Under COVAX, Uganda submitted an application for 18 million doses of the vaccine in December 2020, was tentatively allocated 3,552,000 doses, and received the first batch of 864,000 doses in March 2021.



As of 9 July 2021, about 1,058,084 doses of vaccines – enough for only 1.2% of the population – had been administered. WHO recommends a coverage of at least 60% of the population.

TREATMENT

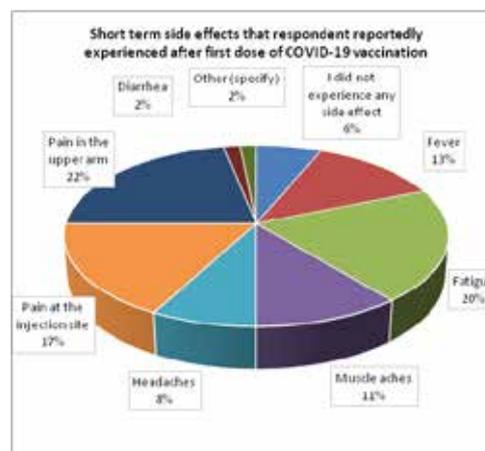
For management of patients, Ministry of Health recommends the following therapeutics, depending on severity of illness: Paracetamol, Hydroxychloroquine, Amoxicillin, Zinc, Azithromycin, Intravenous Vit C, statins, medical oxygen, IV Ceftriaxone, IV Ampicillin, Amoxicillin-Clavulanic acid, IM/IV Gentamicin, IV Norepinephrine, IV Epinephrine and Dobutamine.

An estimated 74,418 Ugandans have recovered from COVID-19, most of them having managed the condition outside of the health facility setting.



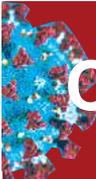
MAJOR GAPS IN THE NATIONAL RESPONSE

- **Under-funding:** E.g. USD 22 million is needed for laboratory and surveillance in 2020/21, but only USD 13.6 million has been committed, leaving a gap of USD 8.4 million (38%).
- **Limited access to testing** due to few, unevenly distributed testing sites, high charges and lack of awareness. The price of a PCR test ranges between UGX 185,000-250,000 (USD 50-68) in public sector, and reaches UGX 330,000 (USD 89) in private sector.
- **Unaffordable charges for treatment:** The charges for treatment for patients that are critically ill and requiring in-patient intensive care have ranged between UGX 2-5 million per day in private hospitals.
- **Wastage and extravagance:** E.g. N2M Company Ltd delivered surgical masks at a unit price of UGX 4,946 per mask; while the cost of vaccinating Ugandans is



at USD 17 per person – 20% more than South Africa’s and three times higher than in the European Union.

- **DVT and PPE shortages and stock-outs:** In July 2020, the stock status of laboratory items at national level was below the target of a minimum of two months of stock while that of PPE for health workers was less than one month. Shortages of gloves, face masks, face shields, aprons and other PPE have been reported in most hospitals, and the shortage of medical oxygen has been particularly critical.
- **Inadequate cold chain capacity:** Uganda has had limited options in the vaccines market because its lack of a cold-chain to guarantee temperatures as low as negative 80°C needed for some vaccines.
- **Inadequate skills:** Findings from a rapid assessment HEPS-Uganda conducted in Kamuli district on oxygen availability and management revealed that few health workers have the capacity to manage cases of hypoxemia (shortness of breath, caused by low oxygen in the body), including the administration of oxygen on patients.
- **Limited public awareness:** The uptake of testing and vaccination has been sluggish partly due to limited awareness, scary myths, misinformation, and reported side effects, including reported links of some vaccines to incidents of fatal blood clotting. An assessment of COVID-19 communication showed that, by February 2021, Ministry of Health had made “little or no effort” to engage with communities ahead of major measures.
- **Insufficient support for research and development (R&D):** There has been some effort into COVID-19 treatment but researchers have lacked resources for clinical trials for herbal therapies like Covidex at Mbarara University, Covilyce at Gulu University, and UBV-01N at Mulago Hospital.



COVID-19

STRENGTHENING
UGANDA'S CIVIL SOCIETY RESPONSE

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CEHURD

social justice in health