



**THE REPUBLIC OF UGANDA**  
**MINISTRY OF HEALTH**

**Statement to Parliament on the 14 days LOCK DOWN  
Strategy**

**Dr Jane Ruth Aceng**

**Minister of Health**

**07<sup>th</sup> April, 2020**



STATEMENT TO PARLIAMENT ON THE 14 DAYS LOCK DOWN  
STRATEGY

Rt. Hon Speaker and Hon. Members,

Today is day 7 of the Lock down. The Ministry of Health developed and is implementing 14 days locks down strategy which I will present shortly but first allow me to give a short update to the Hon Members as follows:

As of today, the country has registered a cumulative total of 52 confirmed cases. Most of the cases were travelers returning from UAE (20), UK (14), and other countries e.g. USA (2), China (2), Afghanistan (1), Germany (1) etc. However, some districts have also registered confirmed cases e.g. Masaka (2 cases), Hoima (2), Adjumani (1), Wakiso, at Kisubi (1), Iganga (1).

All the confirmed cases are admitted in Entebbe Grade B hospital (30), Mulago National Specialized Hospital (20), Adjumani (1) and Hoima (1). The patients presented with mild symptoms, while some were asymptomatic. However, all are improving on treatment and no patient has progressed to the severe form of the disease. **Uganda has NOT registered any COVID-19 related death.**

The index case has completed 14 days of treatment and a sample has been taken for testing. If two repeat tests taken at 24-hour intervals are both negative he will be discharged. One of the patients at Entebbe Hospital was delivered by Caesarian Section on Saturday on 4<sup>th</sup> April 2020 and both baby and mother are doing well. The Pediatrician has advised that the mother should exclusively breastfeed and must wear an N95 Mask throughout to prevent infection to the



baby. The routine childhood interventions e.g. immunization and Vit. A supplementation are also being administered to the infant.

A total of 960 contacts to the 52 confirmed cases have been listed and are being followed up. The contacts have been advised to quarantine themselves at home and are being monitored daily for signs and symptoms of COVID-19 by the Ministry epidemiologists and District Surveillance Focal Persons.

Of the 52 confirmed cases, 24 (49%) were identified with no clinical symptoms at presentation. This underscores the point of asymptomatic cases. In the USA, 50% of the conformed cases are asymptomatic.

#### **Rt. Hon Speaker and Hon Members**

The Uganda Virus Research Institute continues to test and confirm any suspected COVID-19 samples collected from all over country. So far, 3160 samples of persons who presented with signs and symptoms similar to COVID-19 plus persons under quarantine have been tested. It is from all these tests that we confirmed 52 positive cases as already mentioned above. Plans are under way to enhance testing by covering all direct contacts of confirmed cases even if the contacts are asymptomatic.

As a disease surveillance measure at points of entry ( airport and inland entry points), a total of 2,661 travelers were identified for either self-quarantine or institutional quarantine since January 2020. A total of 820 people out of 1,040 travelers are still under *institutional quarantine*. 226 were discharged. There are



no returnees under self-quarantine, as they all completed their 2-weeks monitoring period. (But there are contacts of returnees under self quarantine)

**Madam Speaker and Hon. Members,**

You will recall that from the time of the declaration of the outbreak of COVID - 19 in China on 31st 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 travelers integrated into the communities undetected, largely because they had no symptoms (high temperature) at the time. In addition, travelers from UAE were not put under quarantine because, according to available information at the time, UAE was not categorized as high risk. *This therefore dictated a change in the strategy, from prevention of importation to suppression of transmission, which require a lockdown or extreme social distancing.*

**Rt. Hon Speaker and Hon Members**

The response to COVID 19 is being spear headed by H.E the President who declared the pandemic a **National Emergency and appointed National Task Force** chaired by Rt. Hon. Prime Minister. The Task Force meets weekly and has seven committees chaired by the respective Ministers. These are; Health, Finance, Trade and Transport, Relief, Media, Security and non medical Logistics. The committees meet twice a week and report to the National Task Force. I want to appreciate The Rt. Hon. Speaker who appointed some members



from the Health Committee of Parliament to support the health committee of COVID19. Since then, the members have visited Mulago Hospital and Regional Referral Hospitals where they provided valuable support.

Rt. Hon Speaker and Hon Member

### **INSTITUTIONAL QUARANTINE**

Regarding 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 1040 persons have been quarantined using this methodology.

Persons under institutional quarantine are 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 are 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 to rule out on- going infection.
- b. A quarantine facility where one person develops symptoms necessitates 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.

**Rt. Hon Speaker and Hon Members**

To strengthen surveillance and treatment services for COVID-19 in the country, additional 220 health workers are being recruited on short term contracts of 6 months following approval by cabinet. By end of last week (40) Epidemiologists, (50) Medical officers and (10) Medical Officers Special Grade had been recruited. Recruitment of Nurses (50), Anesthetists (40), Lab technologists (10) and others (20) will be completed this week. Government has further beefed up the Ministry of Health teams with specialist doctors from the Uganda People's Defense Forces (UPDF) Directorate of Medical Services. 82 UPDF medical personnel of different categories are supporting the response in various fields including incident management, Case Management, Surveillance, Logistics Management etc.

The total amount of funds required for 6 months for the health part of the response is **UGS. 404bn.** (Four hundred and four billion) Financial Commitments to the COVID-19 Response Plan have been made by GOU (UGX 104B); *World Bank under the Contingency Emergency Response Component (CERC), \$15million; Global Fund \$4.4million; GAVI \$ 2.4 million and Uganda Sanitation Fund \$200,000, giving a total of UGX. 81bn.* All these contributions combined with the commitment from Ministry of Finance totals to UGX. 104bn. (*Financing GAP UGX. 300bn*)



The Private Sector has also provided material and financial support towards the response. The permanent secretary office of the Prime Minister and that of health will compile the donations and their worth and provide an update as soon as possible under the guidance of the Rt. Hon Prime Minister. Development Partners are also providing support to the response in various ways via the off-budget support mechanism.

The biggest budget for the response (UGX 176,677,799,549/-) will be spent on Logistics especially Personal Protective Gear and Laboratory testing kits for 6 months supply.

### **Decentralization of Management of COVID-19**

Madam Speaker and Hon Members

As cases begin to appear upcountry, the Ministry has decentralized the management of cases to districts to stop people travelling to Kampala / Entebbe for screening, testing and treatment. People with COVID19-like symptoms will call their respective District Health Officers and District Surveillance Focal Persons through contact numbers that have been availed per district. 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 and time taken to transport the samples. Isolation and treatment of confirmed cases will be done in HC IVs, General Hospitals and Regional Referral Hospitals.

*Handwritten signature*



The Ministry of Health has an established and 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.

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

Total number of beds identified = 3650 beds

**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).

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

My ministry will also consider tents, schools, churches and tents in stadiums should need arise.



## GOVERNMENT LOCK DOWN STRATEGY

Madam Speaker and Hon. Members

As you are all aware, on 30<sup>th</sup> March 2020, H E the President announced a 14-days Lock Down across the country. The purpose of a lockdown is to suppress transmission by reducing the number of people any undetected yet positive case in the community can infect. 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.

Without any lockdown or social distancing measures, the epidemic will get out of hand. Modelling done by WHO projects that without lock down, social distancing and other preventive measures, Uganda will have 18,878 cases of COVID-19 and 566 deaths (at a 3% fatality rate) by April 31<sup>st</sup> , 2020. This is unbearable for our already constrained health system.



## What will the Ministry of health do in the 14 days of lockdown?

### **Rt. Hon Speaker and Hon Members**

Government has developed a strategy for the 14-days lockdown period which is already being implemented.

The strategies are informed by the characteristics of the COVID -19 virus which include;

- High and rapid attack rate,
- Spreading through infected people who are severely ill (20%),
- Significantly high asymptomatic caseload and the early viral shedding before the onset of symptoms (80%).

We expect that the interventions in the 14-day lockdown will have significant impact on control and stopping the spread of the virus and the disease to other geographical areas.

### **The objectives**

- i. To implement enhanced surveillance activities against concrete baseline data
- ii. To employ containment measures for identified hotspots or clusters and contacts
- iii. To decentralize and streamline surveillance, case management and other activities to the Regional and District levels
- iv. To heighten/amplify communication on risk of disease spread and prevention measures
- v. To facilitate coordination of response activities at national and sub-national level hotspots;— areas where cases and contacts of cases have been identified



## Strategies

**Strategy 1: Rapid suppression of transmission through targeted containment in hotspots (e.g. community transmission, high density contacts)**

- i. Geographical quarantining around identified cases, the contacts and contacts of contacts- to limit spread.

Activities;

- a) Assess area for quarantine based on contact density
- b) Constitute containment teams to implement the containment measure for example police, health workers, social workers
- c) Institutional quarantining for high risk individuals based on epidemiologic link. Institutional quarantine will be preserved for very high-risk cases. The Activities;
  - i. Identify, assess and certify potential quarantine facilities
  - ii. Identification of high-risk individuals from geographical quarantine through continuous assessment
  - iii. Follow-up high risk individuals in quarantine

**Strategy 2: Test all individuals under Institutional quarantine. The constraint of this strategy is the limited number of test kits available in country. The Ministry and partners are doing their best to address this shortage this week. However, screening has already commenced.**



b. **The following alternatives may be employed to address strategy 2, but each has its challenge and limitations;**

- i. Conduct targeted testing for communities linked to cases or contacts; Limitation of this option is the cost of the intervention and availability of testing kits
- ii. Quarantine of all contacts for 28 days (double the incubation period); this intervention may incur a high cost on the government
- iii. Mass treatment with Hydroxychloroquine and Azithromycin; evidence for this treatment may not be strong and requires further investigation or discretionary approval
- iv. For every case identified in a cluster, re-calibrate the quarantine time as new event to two incubation periods

**Strategy 3: Suppress risk of transmission by individuals identified as high risk (returnees from abroad)**

**Interventions;**

- i. Identify and locate all remaining passengers who travelled between 7<sup>th</sup> and 20<sup>th</sup> March 2020 from flight manifests who were not quarantined. *(Ministry of Health with support from security retrieved the passenger manifest for this time period. The total number of passengers who travelled back home is 18,860.*

- Conduct mandatory testing for all identified passengers



- Isolate all confirmed cases in designated isolation facilities regardless of clinical presentation or severity
- ii. Provide guidance for social distancing and safe guarding for vulnerable populations such as the elderly

**Strategy 4: Support and Strengthen Regional and district facility level preparedness**

*Ministry of health has deployed two epidemiologists per region to support the districts. The epidemiologists will be based at the Regional Referral Hospitals but move to the districts on daily basis. Other health workers will be depoleyd as the recruitment process is completed.*

**Interventions**

- i. *Continue provision of basic and emergency health care services*
- ii. Strengthen capacity for health care facilities at different levels of care to isolate and manage confirmed cases
- iii. Identify and prepare alternative spaces for management of mild to moderate cases in anticipation of worst case scenarios. (Sustained Community Spread of disease that overwhelms the health care capacity to accommodate cases).

**Strategy 5: Strengthen community engagement on COVID 19**

- i) Decentralize risk communication to the districts and provide technical support remotely and/or physically.



- ii). Decentralize disease surveillance activities to the District health office to enhance indicator based surveillance and community-based surveillance through village health teams.

### **Strategy 6:**

Aware of escalating transmission in the neighboring countries (Kenya, Rwanda and those without clear information), cross-border truck cargo crew (n=3 per track), in addition to the ongoing clinical screening, starting 6<sup>th</sup> April 2020 a nose and throat swab will be taken off and batch-tested at UVRI. To ensure smooth flow of incoming cargo, the Ministry of Health aims to have a rapid turn-around time (up to 24 hours) by deploying alternating sample transportation vehicles.

To ensure that the interventions in the 14-day lockdown have significant impact on control and slowing the spread of the virus and the disease to other geographical areas, a checklist has been developed for the response teams to follow.

***Ministry of Health will give an accountability of the outcomes of the interventions and the impact it has had on the pandemic to the general population.***

Rt. Hon Speaker and Hon Members

As I conclude, I would like to appreciate you and this August House for the support, encouragement and financial allocations for the response. The battle a head is big. We must remain focused to ensure that this pandemic does not ravage our country. Together we will do a good job.



Finally I would like to thank H.E. the President of Uganda for spear heading this battle and the 33 guidelines for preventing the spread of COVID 19 that he has put in place and communicated to the entire Nation. His vigilance in understanding the epidemic and keeping abreast with new developments and information cannot be matched.

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 and stay at home.

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**.

*I beg to submit.*

**Dr. Jane Ruth Aceng**

**MINISTER FOR HEALTH**

**7<sup>th</sup> April, 2020**



## Ministry of Health

### Medical Logistics Sub-Committee Report as at 4<sup>th</sup> April 2020

#### Status of Logistics for COVID-19 National Response

##### Background

The purpose of the Medical Logistics Sub-Committee is to support the 8<sup>th</sup> intervention pillar of Logistics and Operations to ensure that logistics needs are availed to the different sites according to need in a timely and efficient manner. This requires timely and accurate quantification and communication of this information.

##### POLICY

###### 1. Storage Policies

It has been agreed that all Medical and Health related supplies for the Covid-19 response shall be warehoused at National Medical Stores.

Supplies for “WASH” (water, sanitation and hygiene) are to be received, warehoused and distributed from UNIECF warehouses.

Non-medical supplies are to be received, warehoused and distributed by WFP (World Food Program)

###### *Update:*

*The Jack Ma donation that was received at the WFP warehouse has been transferred from WFP to NMS.*

*In the week starting 6<sup>th</sup> April 2020 the (Viral Haemorrhagic Fever Kits) VHF kits warehoused at WFP shall be transferred to NMS.*

###### 2. Funding and Status of Procurements

The Global Fund has approved the reprogramming of USD 3,843,283/- for the procurement of Personal Protective Equipment (PPEs) and USD 608,922/- for testing supplies.

To the extent possible, procurement of these supplies is to be done from locally available supplies to reduce delivery lead-time.

The World Bank has also confirmed a grant of USD 15 million of which \$ 6 million shall be for the procurement of Medical supplies and \$ USD 9 million shall support other pillars of the covid-19 response.

### 3. Other Contributions from partner

Covid-19 supplies for the response have been provided so far by the Government of Uganda through National Medical Stores, UNICEF, Jack Ma, Global Fund and The World Bank.

Additional supplies of Medical and non-medical supplies have also been received from corporate organisations.

## **OPERATIONS**

### Availability of Key Supplies

#### - Full PPE Kits:

There are 4,300 kits available (equivalent to 0.28 months of stock (MoS) at the current consumption, these are warehoused WFP but shall be transferred to NMS in the week starting 6<sup>th</sup> April 2020.

*Note: During the week starting 30<sup>th</sup> March 2020, 500 Full PPE kits were received from The Indian Association increasing the available stock from 3,800 to 4,300.*

#### - Other PPE supplies:

The other PPE supplies are available in quantities that are less than one month of stock at the current consumption.

Surgical masks (4.6 MoS), Coveralls with hoods (1.9 MoS), and disposable aprons (5.4 MoS) are available.

Disinfectants (Sanitizers):

Sodium hypochlorite (Jik), Alcohol-based hand rub, 1L NaDCC (Chlorine) tablets and Soap are available but in quantities that are less than a month of stock.

## Status of Distribution of Medical Supplies in the Country

All National and the 15 Regional Referral Hospitals have received an initial supply of:

- PPE supplies
- Disinfection Consumables / Biohazardous Waste Management Supplies,
- Medical and non-medical equipment and
- Drugs and Medical consumables.

NMS is currently processing a further request from the Ministry of Health to distribute Covid-19 supplies to all 135 District HQs which National Medical Stores shall concluded by Friday 10<sup>th</sup> April 2020.

Status of Distribution of District Covid-19 Orders;

Status	No. of District Orders	Percentage Achieved
Delivered	63	47%
Loaded	23	17%
Order Being Processed	49	36%
	<b>135</b>	<b>100%</b>

## Delivered Orders

Routing Zone	District			
Zone 1	Abim	Napak	Buvuma	Namutumba
	Amolatar	Ngora	Buyende	Karenga
	Amudat	Pallisa	Iganga	Katakwi
	Amuria	Serere	Jinja	Kayunga
	Budaka	Sironko	Kaabong	Kibuku
	Bududa	Soroti	Kaberamaido	Kotido
	Bugiri	Tororo	Kalaki	Kumi
	Bugweri	Mayuge	Kaliro	Kween
	Buikwe	Mbale	Kamuli	Luuka
	Bukedea	Moroto	Kapchorwa	Manafwa
	Bukwo	Mukono	Namisindwa	Kapelebyong
	Bulambuli	Nabilatuk	Butaleja	Namayingo
	Busia	Nakapiripirit	Butebo	
	Zone 2	Ibanda	Kyotera	Kiruhura
Kazo		Masaka	Rakai	
Zone 3	Hoima	Kamwenge		
Zone 4	Adjumani			
Zone 5	Kalangala	Wakiso	Kampala	

## Loaded Orders

Routing Zone		District
Zone 2	Buhweju	Mpigi
	Bukomansimbi	Ntungamo
	Bushenyi	Rubanda
	Butambala	Rubirizi
	Gomba	Rukiga
	Isingiro	Rukungiri
	Kabale	Rwampara
	Kalungu	Sembabule
	Kanungu	Sheema
	Kisoro	Lyantonde
	Lwengo	Mbarara
	Mitooma	

## Orders being Processed

Routing Zone	District			
Zone 3	Buliisa	Kikuube	Kasese	Masindi
	Bundibugyo	Kiryandongo	Kassanda	Mityana
	Bunyangabu	Kitagwenda	Kibaale	Mubende
	Kabarole	Kyankwanzi	Kiboga	Ntoroko
	Kagadi	Kyegegwa		
	Kakumiro	Kyenjojo		
Zone 4	Agago	Nakasongola	Koboko	Pakwach
	Alebtong	Nebbi	Kole	Yumbe
	Amuru	Nwoya	Kwania	Zombo
	Apac	Obongi	Lamwo	Maracha
	Arua	Omoro	Lira	Moyo
	Dokolo	Otuke	Luweero	Madi-Okollo
	Gulu	Oyam	Kitgum	Pader
Zone 5	Nakaseke			

## Distribution of Non-Medical Items

In the week starting 6<sup>th</sup> April 2020 the sub-committee shall quantify the need for the non-medical supplies with the aim of having an allocation list developed by the end of the week and distribution of the said items commencing by on 13<sup>th</sup> April 2020 by the Army.

### Medical Supplies Gap

There is a 10,700-unit shortfall of Full PPE Kits in the first month of the response. There are also shortages of Other PPE supplies within the first month of response except for Surgical Masks, Coveralls, Hoods, Disposable Aprons, and some Heavy-Duty Gloves.

There are also shortages of disinfectants (sanitizers) which are required within the first month of response.

Based on the assumptions in quantification and the models employed so far, the projected gap for the next 6 months is as follows:

Period	Medical Supplies Gap in UGX
1 Month	29,446,299,925
3 Month	88,338,899,774
6 Month	176,677,799,549

Category	Sum of Estimated Gap [USD]	Sum of Estimated Gap in [UGX] for 6 Months
Biohazardous Waste Management	53,180	202,082,100
Disinfection Consumables	1,108,421	4,212,000,243
Medical & Non-Medical Equipment	4,713,735	17,912,192,294
Personal Protective Equipment (PPE)	30,503,591	115,913,644,512
Test Kits	6,182,400	23,493,120,000
Blood Collection and Testing Reagents	3,932,832	14,944,760,400
<b>Grand Total</b>	<b>46,494,158</b>	<b>176,677,799,549</b>

### Action to address the Gaps

MOH is procuring additional PPE supplies from JMS and these were delivered to NMS on 3<sup>rd</sup> April 2020 and shall be distributed as directed by the Ministry of Health.

*NOTE: Assumptions used in forecasting of the response needs will change depending on PPE and disinfectant use habits and the incidence rate of Covid-19.*

### Recommendations from the Medical Logistics Sub-Committee

1. Given the availability Gap especially for PPEs, it is the recommendation of the committee that MoH disseminate guidelines on the use of PPEs to ensure they are not missed used or wasted.

2. Additional funding needs to be sought from Government and Partners to secure supplies for the successful response.

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Paul Okware

Chair – Medical Logistics sub-committee

*Encl.*

*Excel Sheet Annexed - Covid-19 Supplies Funding Gap*

*Stock Status of Covid-19 Supplies*

*Partner Contributions*

*Non-Medical Stock Position at WFP Stock*

*WASH Supplies at UNICEF*



2020.4.4 Covid Stock  
Status.xlsx

Category	Values	
	Sum of Estimated Gap [USD]	Sum of Estimated Gap in [UGX] for 6 Months
Biohazardous Waste Management	53,180	202,082,100
Disinfection Consumables	1,108,421	4,212,000,243
Drugs and Medical Consumables	-	-
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