THE REPUBLIC OF UGANDA

MINISTRY OF HEALTH

Responses to issues raised in the report of the Parliamentary Task Force on COVID-19

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Minister for Health
1st Sepember 2021

1.0 BACKGROUND

Rt. Hon Speaker

Hon Members

This response covers the issues/concerns raised by the Parliamentary Task Force on COVID-19 (The Task Force). The issues covered mainly the following areas:

1. Matters of the Budget, Expenditures, COVID-19 Plan and Accountabilities.
2. Procurement and distribution of community fabric masks
3. Human Resources for COVID-19 response
4. Provision of PPEs for Health workers
5. Payment of allowances
6. COVID-19 donations
7. COVID-19 management
8. Oxygen availability and functionality of ICUs
9. Health Infrastructure in the country
10. Vaccination
11. Research and indigenous therapeutics
12. Modalities and enforcement of the Lockdown, among others

Rt. Hon Speaker

Hon Members

It is imperative to note that the Task Force report does not carry any commendations for the good work and on-going efforts by Government in fighting the COVID-19 pandemic and the successes registered that have won Uganda recognition globally. For example, the Lancet COVID-19 Commission

report classified Uganda's response as the best in Africa and the 10th best globally. The Lancet COVID-19 Commission is a global interdisciplinary initiative on COVID-19 encompassing the fields of Health sciences, Business, Finance and Public Policy.

It also falls short of recognizing that while other countries are experiencing their third and fourth waves, Uganda has just gone through the second wave. These achievements are a result of purposeful, dedicated and concerted efforts by Government and not mere chance.

2.0 RESPONSES TO THE ISSUES

Rt. Hon Speaker

Hon Members

Issue 1: Lack of transparency in accessing Economic Stimulus Package

MoFPED to provide response

Issue 2: High cost of enforcement of COVID-19 containment measures

The Task Force requested Government to submit detailed accountability to Parliament for UGX 22.18bn appropriated to facilitate establishment of 20 isolation centers per District indicating the location in each District where such centers were established

Rt. Hon Speaker

Hon Members,

We appreciate the Task Force for the observation. The Ministry of Health did not plan to set up 20 Isolation centers per district. However, we re-purposed mental health units into isolation (Treatment) centers in the 15 Regional Referral Hospitals at that time. At the beginning of the pandemic most returning Ugandans were quarantined at the Government expense. The breakdown of the UGX22.18bn is as follows;

- UGX 1.96bn – functionalization of Namboole for Isolation and Quarantine
- UGX 3.8bn – Procure 20 sleeper tents that have been deployed to regional referral hospitals
- UGX 250m – Mbarara Regional Referral Hospital for completion of the isolation centre
- UGX 4.61bn – For quarantine centres (meals, cleaning, security, mattresses) in institutional quarantines in Nsamizi, Kabanyolo, Mulago paramedical school,
- UGX 11.56bn – Hotel quarantines for returnees who were unable to meet quarantine bills

Issue 3: Discrepancies in COVID-19 Expenditure

a) COVID-19 expenditure for FY 2019/20

The Task Force noted a discrepancy of UGX 4.881bn between the appropriated amount (94.188bn) and the reported expenditure (99.069 b). The MoH should explain the source of the additional expenditure amounting to UGX 4.881bn.

Rt. Hon Speaker

Hon Members,

During the financial year 2019/20, the MoH received the supplementary budget allocation of UGX 96.744bn for various COVID-19 response activities under MoH for FY 2019/20. By closure of the FY 2019/20, UGX 94.799bn had been spent on various activities as shown in Annex 1a. The unspent balance of UGX 1.944bn was returned to the consolidated fund.

The discrepancy as noted by the Task Force is correct, and the Ministry has reconciled its position to reflect the actual expenditure as attached in Annex 1b.

Issue 4: Discrepancy in the purchase and Nationwide distribution of Fabric masks

The Hon minister for Health should explain the observed discrepancy arising from her report titled "Update to Parliament Task Force on COVID-19 in Uganda" dated 7th July, 2021 and the one titled "Accountability for GoU COVID-19 funding to MoH, March 2020 - June, 2021"

Rt. Hon Speaker

Hon Members,

It is indeed true the MoH spent UGX 90,999,000,000/= to procure the 37,916,250 masks. The observed shortfall of 1,214,202 masks was due to additional masks distributed to Districts due to discrepancies in the projected population figures from UBOS and the actual. Annex 2

Issue 5: Donations towards COVID-19 Response

The Task Force raised concern over the insistence by Ministry of Finance Planning and Economic Development that Tax obligations relating to the 282 Pick Up vehicles procured out of cash donations from the public be met by the Ministry of Health. They recommended Government to urgently resolve the matter.

Rt. Hon Speaker

Hon Members,

I am happy to report that the taxes have been cleared and vehicles have been released for distribution.

Issue 6: Budget for COVID-19 Resurgence Plan

MOH acknowledges the recommendation and will work with the MOFPED and other stakeholders to harmonize and come up with a realistic COVID-19 Plan as recommended in the report.

Issue 7: External Financing to Ministry of Health for COVID-19 Response

The Task Force asserted that there is a likelihood that funds from partners and those from Government could have been used to fund same activities.

Rt. Hon Speaker

Hon Members,

The Parliamentary Committee on COVID-19 response observation that partners supported the response is true. The COVID-19 response plans were developed and implemented jointly with partners, hence no room for

duplication. Support from partners is largely in-kind/off budget support and we remain grateful. Therefore, it is not true that the Ministry of Health applied the partners' resources and those from the Government of Uganda to fund same items and activities.

Issue 8. Human Resource for COVID 19 Management

MOH to expedite hiring of adequately trained personnel to man the CTUs and testing centres as a matter of urgency and revisit the staffing structure for health facilities

Rt. Hon Speaker

Hon Members,

It has been very difficult to attract some critical staff such as intensivists, anaesthiologists and critical care nurses because they are not readily available in the country and the few who are available are not willing to work for the Government because of the low pay. Government has prioritized training of these specialists in its costed 10-year specialist training plan. However, this has not yet been fully funded.

This FY, MoH has allocated UGX 403 million for scholarships to facilitate training of critical cadres targeting 10 Anesthesiologist, 12 Intensivists, 400 critical care nurses and other cadres in-country. It is worth noting that the above numbers remain very few compared to the country's needs. It is therefore important that more resources are committed to train specialists in the subsequent years. MoH has requested Ministry of Education and Sports to provide scholarships to support training of 546 specialists and super specialists over the next 5 years.

Regarding low pay for the Health workers, Cabinet is currently reviewing salary enhancement for scientists including Health workers.

Issue 10: Payment of risk allowances for frontline staff

All arrears for health workers to be paid in two months. Introduce a flat risk allowance at a "high risk" level not low, medium and high-risk categorization. Exempt taxing Health workers' risk allowances. Ministry of Gender Labour and Social Development to compensate the health workers who have died or infected in line duty.

Rt. Hon Speaker

Hon Members,

It is true that a number of health workers had not been paid fully by the time of the Task Force visit. However, all submissions with complete information and justification have been paid up to end of June, 2021.

Effective Financial Year 2021/2022, direct releases have been made to Regional Referral Hospitals part of which is to pay hardship allowance for their CTU staff.

It is true that health workers have complained of taxation of their hard ship allowance. We therefore welcome this recommendation of waiving taxes on the Covid-19 hard ship allowance. It is important to note that tax waiver is a matter of legislation. Ministry of Health had already engaged Ministry of Finance Planning and Economic Development on this matter through a letter dated 9th Feb, 2021. We request Parliament to revisit the law so that Hardship allowances are not taxed.

Recommendation for a single spine hardship allowance

Hardship allowance was not part of the duty facilitating allowances in the Public Service until when COVID-19 struck the country. MoH together with Ministry of Public Service worked out a minimum allowance payable based on the available resources and level of risk (Low-UGX 50,000, Moderate-UGX-60,000 and High-UGX 80,000). The variations in payment of hardship allowance were based on level of risk as stipulated in letter dated 23rd April 2020 from the Permanent Secretary Ministry of Public Service. It is therefore not justified to pay all staff a flat rate.

Issue 11: Personal Protective Equipment (PPEs) and Infection Control

The Task Force noted inadequate supply of PPE at Health Facilities, hence, causing infection among Health workers.

Rt. Hon Speaker

Hon Members,

It should be noted that the pandemic significantly increased the demand for PPEs (gloves, coveralls, masks, goggles, face shields, head caps, gumboots, aprons and gowns). Government and partners have continuously provided PPEs for daily use to all health facilities. The National Medical Stores (NMS) delivers PPE to all DHOs offices, HCIIs, HCIIIs, HC IVS, and General Hospitals in a 2-month cycle. Supplies are also distributed directly to the Regional and National Referral Hospitals.

Each level of service delivery requires different kinds of PPE depending on the level of risk of infection and quantification is done accordingly. At lower levels (HC III, HC IV and General Hospitals) gloves, masks and aprons are required.

Only the isolation facilities in the Regional and National Referral Hospitals for treatment of the severe and critically ill patients, laboratory and ambulance staff require the full set of PPE (gloves, coveralls, masks, goggles, face shields, head caps, gumboots, aprons and gowns). Health workers carrying out surveillance and sample removal require goggles, face shield, aprons, gloves and masks.

A summary of the quantification of the PPE required on a monthly basis during the COVID-19 response as shown in the table below;

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Designated CTUs	Daily Total staff	Costs per day at rate of 400,000/=	Cost for PPE items used per month	Cost for PPE items used per month
Mulago CTU	220	176,000,000	-	5,280,000,000
Namboole CTU	65	52,000,000	-	1,560,000,000
15 Regional Referral	525	420,000,000	-	12,600,000,000
Bombo Hos	35	28,000,000	-	840,000,000
Butabika	35	28,000,000	-	840,000,000
Ambulance staff	252	201,600,000	-	6,048,000,000
Border Points	74	59,200,000	-	1,776,000,000
Surveillance Teams	28	22,400,000	-	672,000,000
Laboratories	250	200,000,000	-	6,000,000,000
Total		**1,187,200,000**		**35,616,000,000**

Other Essential Services at CTUs				
Health Facility	**Daily Total staff**	**Costs for PPEs used daily (15,000)**	**Cost for PPE items used once per month (20,000)**	**Total Costs per month**
Mulago NRH	700	10,500,000	14,000,000	329,000,000
Kiruddu NRH	250	3,750,000	5,000,000	117,500,000
Mulago Women Hospital	300	4,500,000	6,000,000	141,000,000
Kawempe NRH	250	3,750,000	5,000,000	117,500,000
Naguru NRH	210	3,150,000	4,200,000	98,700,000
14 Regional Referral Hospitals	3080	46,200,000	61,600,000	1,447,600,000
Bombo Hospital	100	1,500,000	2,000,000	47,000,000
Butabika	350	5,250,000	7,000,000	164,500,000
Total		**78,600,000**	**104,800,000**	**2,462,800,000**
Other Health Facilities				
Health Facility	**Daily Total staff**	**Costs for PPEs used daily (15,000)**	**Cost for PPE items used once per month (20,000)**	**Total Costs per month**
55 General Hospitals	7700	77,000,000	154,000,000	2,464,000,000
175 HC IVs	6125	61,250,000	122,500,000	1,960,000,000
1195 HC IIIs	17925	179,250,000	358,500,000	5,736,000,000
1510 HC IIs	10570	105,700,000	211,400,000	3,382,400,000
Total		**423,200,000**	**846,400,000**	**13,542,400,000**
Grand Total per Month				51,621,200,000

*PPE used daily at Designated CTUs (2 Masks, Face Shield, Aprons & Gloves)

*PPE used daily at other facilities (2 Masks, Aprons & Gloves)

It is important to note that PPEs are consumable items that require continuous replenishment. The PPEs are distributed together with Essential Medicines and

Supplies every 2 months. However, during the COVID-19 waves, the Ministry together with NMS adopted emergency quantification and deliveries to the districts and referral hospitals based on the needs. In the same vein, responsible officers in the facilities are required to order and make correct projections in a timely manner.

Colleagues, I wish to further inform you that PPEs worth UGX 108Bn have been procured while orders worth UGX 187.8Bn are in the pipeline. The Ministry of Health will continue to support the District and City Health Teams to improve on quantification, timely ordering and proper utilization of the PPEs to mitigate shortage and stock outs.

Regarding the pull system, the Ministry of Health has built capacity for health facilities to pull commodities and make orders every month; this is being carried out by facilities from HC IV and above.
The eLMIS is in use and MoH and NMS will continue to promote its use to enable Districts requisition their supplies directly.

The reported delivery of 1 packet of masks at Bukedea HC IV is not true. On the contrary, NMS delivered 30 boxes (1,500 pieces) of surgical masks and 20 packets (300 pieces) of KN95 masks during that cycle. See copy of delivery note **in Annex 3**
Given the high consumption rate of PPEs, there is need to increase the budget of PPEs and therefore request Parliament to appropriate more funding to this item.

Issue 12: Cost, Availability and Reliability of COVID 19 Test Kits

The ministry to cascade COVID-19 testing to lower levels, conduct random sampling and testing in the community and conduct border entry testing and Mass testing.

Rt. Hon Speaker

Hon Members,

All incoming and outgoing travelers are required to present a negative COVID-19 certificate at the Points of Entry so it's only those that have no certificates who are tested. This is an International and East African Regional protocol based on agreements between countries.

In regard to inadequacy of test kits, the Ministry has distributed Antigen Rapid Diagnostic Tests (RDTs) to all heath facilities up to HC III to test all suspected and symptomatic cases. The RDTs are distributed by NMS and the health facilities are encouraged to requisition whenever they require additional supplies.

The PCR test kits are not distributed to the districts except designated COVID-19 testing laboratories. When districts collect samples that require confirmatory tests, the samples are sent to the designated testing laboratories.

In our testing protocol, the RDT test is used only for symptomatic persons. When the RDT test is positive for COVID-19, the person is actually positive and managed accordingly. However, when the RDT test is negative for a symptomatic person, they are required to undergo a confirmatory PCR test. It is possible that one can be negative at RDT and positive with PCR. The Antigen

RDTs used in Uganda are approved by WHO, validated by Uganda Virus Research Institute (UVRI) and are the most sensitive on the market, so far.

MoH together with Makerere University will conduct another Nationwide rapid assessment for COVID-19, the 4th assessment in the 17 months of the pandemic in Uganda.

The proposal of mass testing by the taskforce is not scientifically rational because it is required to be done every 14 days and a negative test does not mean one cannot get infected the next day. It is also not economically feasible because it is very expensive and would divert resources from where they are needed most.

Issue 13: COVID-19 Treatment units in District Hospitals and Health Centers

The taskforce recommended urgent establishment of COVID-19 treatment centers at the district/general hospitals and lower health facilities

Rt. Hon Speaker

Hon Members,

The Ministry of Health designated COVID-19 treatment units in Regional and National Referral Hospitals and Namboole Stadium, and not general hospitals in order not to interrupt essential services at those levels. Further, general hospitals and lower health centers do not have adequate infrastructure and staffing to take care of general patients and isolate COVID-19 patients at the same time.

The lower-level facilities screen, isolate and refer COVID-19 patients to the designated CTUs or recommend Home Based Care. These lower-level facilities have been preserved for the Continuity of the Essential Health Services as the rest of the population needs other medical services.

Issue 14: Intensive Care Units (ICUs) and High Dependency Units (HDUs) for severe COVID-19 case management

The taskforce observed that all Regional Referral Hospitals were in dire need of both ICU space and functional assorted equipment crucial in critical care (ICU beds, medical oxygen, oxygen cylinders, oxygen concentrators, oximeters, nasal masks)

Rt. Hon Speaker

Hon Members,

Government has provided a budget for procurement of oxygen plants and maintenance of the existing plants at the Regional and National referral hospitals.

MoH will procure 18 Pressure Swing Adsorption (gaseous) plants for 15 Regional Referral Hospitals, Bombo Military Hospital and 2 to be installed at Wabigalo to supply Mulago, Kawempe, Naguru and Kiruddu NRHs. Additionally, three cryogenic (Liquid) oxygen plants will be procured and installed in 3 different regions across the country. The cryogenic oxygen will supplement the gaseous oxygen. This installation will cover the country's peak demand of 24,800 cylinders of oxygen per day.

ICU Beds

According to WHO, an Intensive Care Bed is required for every 100,000 persons, therefore, Uganda would require 420 ICU beds for 42 million population. By March 2020, we had 137 ICU beds in public hospitals. To address the high need of ICU bed requirement for COVID-19 severe cases, additional 143 ICU beds with accessories were procured and installed in all Regional Referral Hospitals. This brings the total ICU bed capacity to 280 (66% of the need).

However, some of the ICU beds are not fully functional due to lack of space and specialists. Funds have now been provided for remodeling Masaka, Mbale, Jinja, Mubende Regional Referral Hospitals and Bombo Military Hospital ICUs and works are on-going. Further, MoH budgeted for construction of Intensive Care buildings in the rest of the Regional Referral Hospitals. Funds will be released in Quarter 2 this FY.

In addition, the Ministry will continue to support the training of anesthesiologists, intensivists and Intensive Care Nurses to fully functionalize the ICUs. In the interim, MOH has conducted in-service training for 402 nurses in critical care to support ICUs in the country. In order to attract and retain these critical cadres, Government has approved enhanced salaries for scientists.

Issue 15: The Ambulance System

The Task Force recommended the functionalization of the Ambulance system in the country within six months of the adoption of this report;

Rt. Hon Speaker

Hon Members,

In order to fully functionalize the coordination and management of ambulances, Ministry of Health is putting in place a call and dispatch system. The Ministry is setting up 14 ambulance stations for effective patient response and referral. One call and dispatch center has already been set up at Naguru referral hospital with support from Uganda Police.

The Ministry of Health has secured funding from Global Fund to set up the communication system for 3 out of the 14 call and dispatch centers (1 National & 2 regional).

The MOH has set the standard for one Type B ambulance per 100,000 population (constituency) and one Type C (Intensive Care) ambulance per 2,000,000 population. A total of 14 boat ambulances have been ordered and 7 received. The remaining 7 will arrive by end of September, 2021. The long-term plan is to procure 5 Aeromedical Type C ambulances.

The Country requires 460 ambulances (430 type B and 30 type C) as indicated in the table below.

Required number of ambulances per level

SN	Area	No of Ambulance
1.	Constituency (1 ambulance each)	355
2.	National Specialized Health Institutions	20
3.	Regional Referral Hospitals	28
4.	Water Ambulances (Lake Kyoga, Victoria, Albertine, Bunyonyi and River Nile)	15
5.	UPDF/ Uganda Police	20

6.	MoH / Disaster response/ Highway	17
7.	Air Ambulance (Albertine, Central, West, North and East)	5
	Total	**460**

Between 2019 and 2021, the Country acquired 116 Ambulances (111 type B and 5 type C) and plans to acquire another 33 type B ambulances in 2021/22 FY, leaving a deficit of 311 ambulances

Distribution of Boat Ambulances (7 in country, 7 to be delivered end of September 2021)

1. Kalangala district
2. Buvuma District
3. Amolatar district
4. Jinja district
5. Mayuge district
6. Mukono district
7. Namayingo district
8. Serere district
9. Kumi district
10. Buliisa district
11. Kikuube district
12. Moyo district
13. Kabale district (lake Bunyonyi)
14. NMS for distribution of essential medicines and supplies

The EMS strategy is not fully funded and MoH submitted the funding gap of UGX 22.5bn required for a phased establishment of the National Ambulance Service System in the Ministerial Policy Statement 2021/22.

The Ministry has developed ambulance standards which have been issued to guide operationalization of both public and private ambulances.

Funds to support purchase of fuel, servicing and repair of ambulances across the country

Government has in Quarter 1 FY 2021/22, allocated UGX 6,840,800,000 from the COVID-19 supplementary budget to run the ambulances. This will cover fuel, service, repair, decontamination and allowances for ambulance teams.

Issue 16: Home-Based Care (HBC) Strategy for case management

The taskforce noted that mechanisms of facilitating follow-ups on patients under HBC by Health workers was hampered by lack of transport, allowances, inadequate PPE and lack of drugs recommended for treatment of COVID-19 such as Vitamin C, Zinc, Azithromycin, Vitamin D.

Rt. Hon Speaker

Hon Members,

The Ministry is implementing a Community Engagement Strategy, and HBC guidelines for care of asymptomatic and mild patients at community level, and referral of severe cases to established treatment centers. To support the VHTs in this intervention, an HBC tool kit will be provided to each village for monitoring patients. The components of the kit include; thermometer, timer, gumboots, gloves, masks, pulse oximeter, register, and a bag.

Government has released UGX 20bn in Q1 for procurement of the HBC tool kit and the process is ongoing.

Issue 17: Availability of drugs for treatment of COVID-19

The taskforce recommends that MOH provides medicines including COVIDEX to Home Based Care patients

Rt. Hon Speaker

Hon Members,

The district local governments have assigned one HBC coordinator who is responsible for ensuring that all patients under HBC access Panadol, Vitamin D and Zinc from the nearest Health facility through the VHTs.

COVIDEX is still undergoing clinical trials before approval for inclusion on the list of drugs for COVID-19 provided by MoH for Home Based Care. As soon as it is approved, this will be included in the Home-Based Care kit. This is being done in line with the international protocols under NDA supervision and guidance.

Issue 18: Performance of the COVID-19 Vaccination drive

The taskforce recommends that Government should provide adequate vaccines to address the growing public demand and achieve herd immunity

Rt. Hon Speaker

Hon Members,

Government of Uganda's strategy is mass vaccination of the eligible population (22 million representing 49.8%) as a means of optimal control of the pandemic and full opening up of the economy. The eligible population are all those 18 years and above.

Government has received offers of vaccines as follows:

- 18 million doses of Sinopharm vaccines for 9 million people from China to be procured through the COVAX facility. It is expected in the country by October, 2021
- 9 million doses of Johnson and Johnson vaccines for 9 million people to be procured through the African Union. It is expected in the country in phases beginning September, 2021
- 18 million doses of vaccines to be donated through the COVAX facility to cover 9 million people

These developments will cover the target population plus any additional persons.

(Annex 4 shows costs of vaccines and vaccination of the target population and the funding gaps)

The cumulative number of people vaccinated with at least one dose is 977,889 and the table below shows the uptake of vaccines as of 30th August 2021;

1st Dose administered	977,889
2nd Dose administered	399,097
Total doses administered	1,376,986

Issue 19: Impact of COVID-19 on other Essential Health Services

The taskforce recommended that mental health services should be reinstated at the RRHs and provide resources for construction of isolation centers at RRH, General hospitals and HC IVs.

Rt. Hon Speaker

Hon Members,

Mental health services are amongst the essential health services prioritized during the COVID-19 response and psychosocial support and counselling is ongoing for those affected. The MoH designated the mental health units as COVID-19 isolation facility at the RRHs as a temporary measure since they had the most appropriate infrastructure for the purpose at that time. All RRHs were directed to identify an alternative space to ensure continuity of mental health services, as it was envisaged that the pandemic was going to be controlled within a short time. Gulu, Mbarara and Fort Portal RRHs did not use their Mental Health Units as CTUs.

The other RRHs found alternative spaces to ensure continuity of provision of Mental Health Services. The construction of the stand-alone isolation facilities will be considered in the long run as funds become available. The national isolation facility at Entebbe is complete and ready for use while the one at Mulago is near completion.

Issue 20: Utilization of the Resources appropriated for COVID-19 response in the first wave

The taskforce recommended that allocation of resources for management of COVID-19 to districts should be based on their peculiarity for equity

Rt. Hon Speaker

Hon Members,

The MOH agrees with the recommendation from the taskforce. Indeed, the MoH provided guidance to Ministry of Local Government to this effect. Guidance was based on the district size, location of districts at the border, population size and burden of disease.

Issue 21: Complimentary Role of the Private Sector

The taskforce recommended that Government should support rural PNFP facilities in the fight against COVID-19 with human resource and consumables

Rt. Hon Speaker

Hon Members,

As government policy and strategy, MoH supports the PNFPs with essential medicines and supplies and PHC grants. In addition, MoH seconds human resources to the PNFPs.

Issue 22: Little attention accorded to the Islands

The taskforce recommended setting up of COVID-19 CTUs at islands since they cannot easily travel to the RRHs

Rt. Hon Speaker

Hon Members,

Plans are underway to set up CTUs in the districts of Buvuma and Kalangala.

5.0 CONCLUSION

In conclusion, the MoH would like to appreciate the Parliamentary Task Force on COVID-19 for the observations and recommendations.

Through a multi-sectoral approach, recommendations are being reviewed and will be addressed accordingly.

Dr. Aceng Jane Ruth Ocero
Minister for Health

FOR GOD AND MY COUNTRY