

**THE REPUBLIC OF UGANDA**

**MINISTRY OF HEALTH**

**STATEMENT TO PARLIAMENT ON COVID-19 RESPONSE AND  
VACCINATION.**

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**Dr. Aceng Jane Ruth Ocero**

**Minister for Health**

**November 04<sup>th</sup>, 2021**

# **UPDATE TO PARLIAMENT ON COVID-19 VACCINATION IN THE COUNTRY**

**Rt. Hon. Speaker,**

**Hon. Members,**

I take this opportunity to update this August House on the Status of COVID-19 Vaccination in the country.

The national objective of the COVID-19 pandemic response is to minimize the number of infections and deaths. Response activities are determined and guided by the National Task Force through a multi-sectoral approach. In line with the above objective, the response strategy is currently focusing on the following interventions:

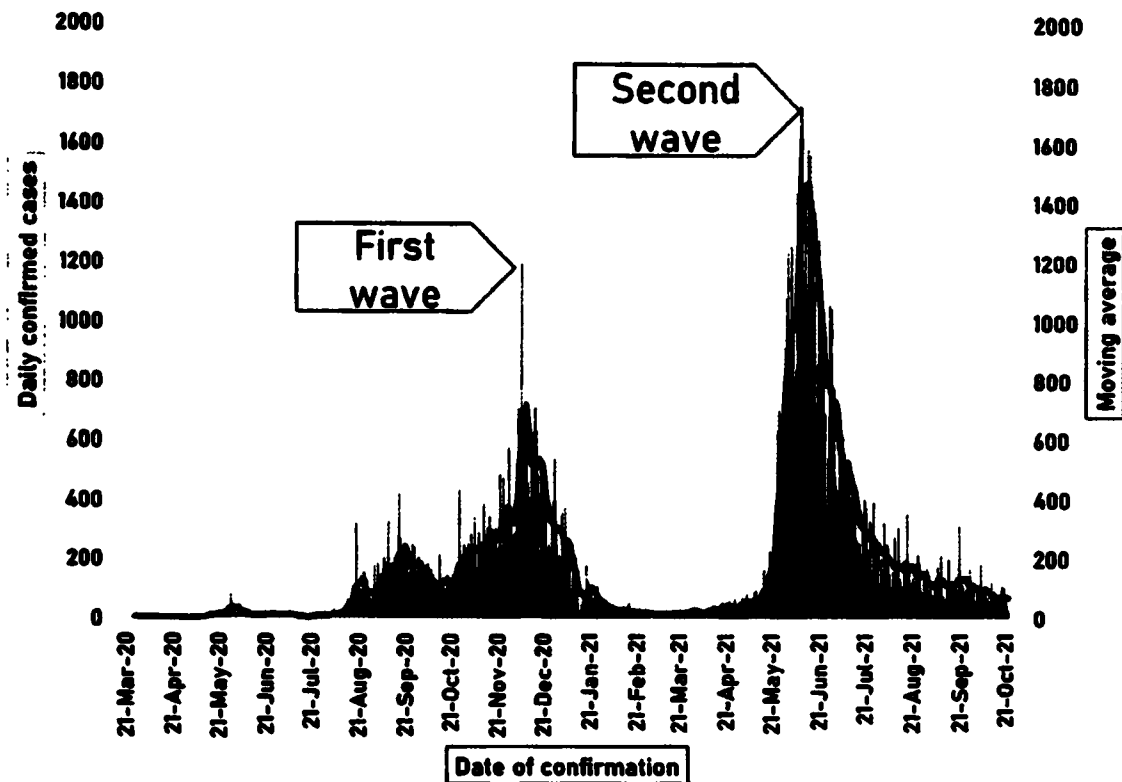
## **1. SURVEILLANCE**

As of 1<sup>st</sup> November, the country had registered 126, 272 confirmed cases of COVID-19 and 3,217 deaths. Additionally, the current admissions stand at 298 in both public and private facilities, and 15 deaths in the last 7 days. The hot spot regions are Teso, Lango, Kigezi and Kampala Metropolitan area.

The curve below is the trend of the pandemic in Uganda



## Epidemic curve showing COVID-19 cases (March 2020 – October 2021)



In order to prevent a third wave and importation or emergence of new variants in the country, the National Task Force is carrying out the following activities;

- i. Enhancing surveillance in all districts for early identification of cases
- ii. Enhancing surveillance at the airport and all the 53 official land border crossing points
- iii. Carrying out regular and systematic genomic sequencing to detect any new variants (locally emerging and imported)

- iv. Through Ministry of Education and Sports, support head teachers/heads of learning institutions to carry out surveillance and early reporting of suspected cases in tertiary Institutions that are open and the rest of the schools once opened
- v. Following up the use of Rapid Antigen Self-tests with World Health Organization, and once approved, consider its use in schools

## **2. SAFE RE-OPENING OF SECTORS UNDER LOCK DOWN**

**Rt. Hon. Speaker,**

**Hon. Members,**

H E the President has continuously eased restrictions on most sectors. During his most recent address to the nation on the 28<sup>th</sup> of October 2021, the President promised to open up the economy fully by January 2022. This decision will be guided by the completed vaccination of the 4.8 million priority groups and others. However, the National Task Force continues to review the epidemiological picture and the vaccination coverage of the priority groups and eligible populations.



### **3. PATIENT CARE**

**Rt. Hon. Speaker,**

**Hon. Members,**

During the second wave, the following was experienced; High patient numbers; inadequate oxygen supply; insufficient bed capacity; and high cost of care in the private facilities and retention of dead bodies.

Against this background, the following is being undertaken:

- Fast tracking the installation of Oxygen plants of two types a) Pressure Swing Adsorption (PSA)- Gaseous oxygen plants at National (1) and Regional Referral Hospitals (15) and b) the cryogenic (Liquid) plants at 3 designated regions
- Preparing selected district hospitals in hard-to-reach areas and islands as treatment centers to cater for patients that have challenges accessing Regional Referral Hospitals
- Strengthening Home Based Care (HBC) through refresher training of VHTs and equipping them with the HBC Tool kits (pulse oximeter, timer, thermometer, disposable gloves, aprons, sanitizers, reusable fabric masks, torch, gum boots, bag, medicine box, job aids, registers and referral forms)
- Follow up with schools to designate sick bays as isolation units for mildly sick children and equip them with basic Infection, Prevention and Control materials.



#### **4. STRENGTHENING DECENTRALIZED RESPONSE**

**Rt. Hon. Speaker,**

**Hon. Members,**

The implementation of the preventive health measures is majorly carried out by the Local Governments. The National Task Force will ensure continuous functionality of the District, Sub-County and Village Task Forces.

#### **5. COVID-19 VACCINATION**

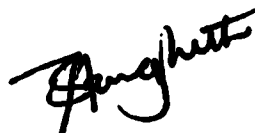
**Rt. Hon. Speaker,**

**Hon. Members,**

Vaccines are the safest and most cost-effective, proven public health intervention for the prevention and control of COVID-19 infections. COVID 19 Vaccines prevent severe disease and hospitalization, and protects the health care system from being overwhelmed.

The Government of Uganda prioritizes COVID-19 vaccination as a strategic intervention for control of the pandemic and for safe and sustainable re-opening of the economy.

A total of 22 million people (UBOS estimates 2021) above 18 years of age are eligible for vaccination. However, 4.8 million vulnerable populations (health workers, teachers, security personnel, elderly 50 years and above, and those below 50 years with co-morbidities) were prioritized for vaccination first.

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Furthermore, 330,000 students in tertiary institutions aged 18 years and above have been included in the priority category to facilitate re-opening of these institutions.

On 10<sup>th</sup> March 2021, Government launched COVID-19 vaccination following receipt of 864,000 doses of AstraZeneca vaccines through the COVAX facility and a donation of 100,000 doses of the same vaccine from the Government of India.

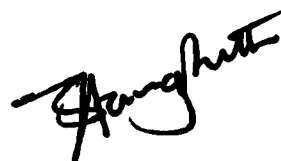
Since then, the vaccination program has been rolled out to the entire country. *Eligible persons are required to report to the vaccination site with the following documents; National Identity cards or any other identification documents like Driving permits, Work permits, Passports, or Refugee Identity Card.*

*Other means of identification can be the use of letters from the Local Council leaders (LC1). Identification is extremely important for purposes of records, follow up and a reminder to receive one's second dose of the vaccine. Individuals that are eligible and without any form of identification will still be vaccinated using a next of kin means of identification*

*Individuals who are reporting for their second doses should come with their vaccination cards.*

Government is providing two forms of vaccination documents to every person who is vaccinated.

- i. A vaccination card given at the vaccination point after one receives the first dose of the vaccine

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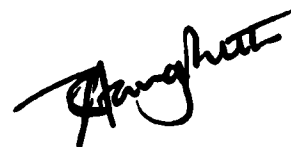
ii. An electronic vaccination certificate with a QR code that is generated by the District Health Information System (DHIS 2) two weeks after full vaccination. This certificate can be generated and downloaded by accessing the link: <https://epivac.health.go.ug/certificates/#>

**Rt. Hon. Speaker,**

**Hon. Members,**

Government has received offers of COVID-19 vaccine adequate for 27 million people as follows;

- 18 million doses of Sinopharm vaccine from China that will be procured by Government through the COVAX facility. This will cover 9 million people of the target population. This is estimated to arrive between October and December, 2021.
- 9 million doses of the Johnson and Johnson vaccine that is being procured Government through the African Union. This will cover 9 million people and it is estimated to arrive between September 2021 and September, 2022.
- 18 million doses of vaccines through donations from the COVAX facility and other country-to-country donations to cover 9 million people. These will be various vaccines depending on availability and so far, we have received 5,282,800 doses (Astra Zeneca, Sinovac, Pfizer and Moderna)





**To-date, the Government has received a total of 8,891,410 doses through donations of which 3,938,730 doses have been utilized countrywide. Distribution of the remaining 4,605,080 doses is ongoing. Of these, Government has procured 3,478,000 doses and more are expected**

**We expect an additional 12,288,750 doses of various vaccines by end of December 2021.**

**Table 2: Vaccine Received (March to October 2021)**

<b>Source</b>	<b>Vaccine Type</b>	<b>Country(s)</b>	<b>Quantities Received</b>
GoU- African Union	Johnson & Johnson	Belgium	657,600
GoU COVAX	Sinopharm	China	346,800
COVAX Dose Sharing	AstraZeneca	France, Belgium, Norway, UK	3,976,260
COVAX Dose Sharing	Moderna	US	647,080
COVAX Dose Sharing	Pfizer	US	1,674,270
Bilateral Donations	AstraZeneca	Belgium, Irish and Indian Governments	589,400
Bilateral Donations	Sinovac	China	1,000,000
			<b>8,891,410</b>

**Table 3: Vaccine Pipeline November -December 2021**

<b>Source of Vaccine</b>	<b>Type of Vaccine</b>	<b>Quantity in doses</b>	<b>Expected 2021</b>
GOU – Purchase - AVAT	Johnson & Johnson	756,000	November
EU – Dose sharing	AstraZeneca	300,000	November
COVAX – Dose sharing US	Pfizer	3,400,000	November
COVAX - Dose sharing - France & Italy	AstraZeneca	600,000	November
GoU – Purchase - COVAX	Sinopharm	1,713,600	December
COVAX - Dose sharing - Canada	Moderna	1,900,000	November
Belgium – bilateral arrangement	Johnson & Johnson	100,000	November
COVAX R8 & R9 Donation Allocation	Pfizer	2,919,150	December
Bilateral Donation-Chinese Govt	Sinovac	600,000	November
<b>TOTAL</b>		<b>12,288,750</b>	

**Table 4: Vaccine Pipeline through 2022**

<b>Source of Vaccine</b>	<b>Type of Vaccine</b>	<b>Quantity in doses</b>	<b>Status</b>
GoU - Purchase	Johnson & Johnson	7,800,000	Through 2022
GoU - Purchase	Sinopharm	15,739,600	Through 2022
<b>Total</b>		<b>23,539,600</b>	

*Pipelines of donations can only be known once communicated by the COVAX Facility  
(Total number of doses received and expected 44,719,760)*

## ***COVID-19 Vaccination Strategy***

**Rt. Hon. Speaker,  
Hon. Members,**

The Ministry of Health developed a Uganda COVID-19 Vaccination Implementation plan (UCVIP) a deployment plan to guide the vaccination program.

The UCVIP has the following objectives:

### **General Objective**

To vaccinate 22 million people 18 years and above against COVID-19 by the end of 2022.

### **Specific Objectives**

1. To vaccinate 4.8 million priority people by end of December 2021.
2. To utilise all the 6.5 million doses of vaccines received in the country by the end of December 2021 by vaccinating eligible persons 18 years and above
3. To utilise all vaccines received in the country before expiry
4. To conduct vaccination outreaches closer to the communities



The Ministry of Health also developed principles to guide COVID-19 vaccine implementation plan that include;

- i) **Equity:** Equitable access to vaccines by all individuals, populations and districts including marginalized, vulnerable, displaced, and imprisoned populations
- ii) **Quality:** WHO authorized Vaccines are used; adequate cold chain secured and maintained, and vaccination carried by trained health workers under supervision
- iii) **Health Systems and Multi-sectoral** approaches to strengthen existing service delivery mechanisms with *full participation of communities.*


***Progress on vaccinating 4.8 million priority population***

**Rt. Hon. Speaker,**

**Hon. Members,**

So far, **2,483,233 (51.7%)** of the 4.8 million priority persons have received the first dose of the COVID-19 vaccines while **705,940 (14.7%)** have received the second dose and are therefore fully vaccinated.

Table 4, below shows the performance of vaccination of the priority groups. However, it is important to note that figures depend on timely entry of data into the electronic system, EPIVAC, by the individual districts.



Many districts delay to upload the data due to challenges of connectivity, power and internet bundles.

This implies that the number of people vaccinated is higher than what is captured in the table below as evidenced by vaccine utilization data.

**Table 4: Vaccination coverage among the priority 4.8 million people**

Priority groups	Target	No. Vaccinated with 1st Dose	No. Vaccinated with 2nd Dose	Proportion (1 <sup>st</sup> dose)	Fully Vaccinated (2 <sup>nd</sup> dose)	No. unvaccinated with 1st Dose	No. unvaccinated with 2nd Dose
Health workers*	150,000	135,725	67,492	90.5%	45.0%	14,275	82,508
Security**	250,000	158,771	72,121	63.5%	28.8%	91,229	177879
Teachers*	550,000	363097	121,491	66.0%	22.1%	186903	428,509
Elderly (>=50yrs)*	3,348,500	456104	167,807	13.6%	5.0%	2,892396	3,180,693
People with Co-morbidities*	500,000	37034	12,736	7.4%	2.5%	462,966	487264
Others*		1,309,506	264,293				
<b>Total</b>	<b>4,798,500</b>	<b>2,483,233</b>	<b>705,940</b>			<b>2,315,267</b>	<b>4,092,560</b>

The vaccination of the priority groups has been slow due to the following factors:

- Initially, vaccination sites were limited to 5 per district and this affected access to vaccination.
- Limited availability of vaccines between the months of March and August 2021
- Myths and misconceptions surrounding the COVID-19 vaccination
- Inadequate mobilization and sensitization of the population by district leaders

In order to increase uptake, the Ministry of Health has expanded the vaccination activity from only static sites in the health facilities to include outreaches in the communities e.g. churches, taxi parks, markets. This has increased the number of vaccination points and taken vaccines nearer to communities. Beginning 8<sup>th</sup> November, the Ministry of Health will be holding regional vaccination campaigns beginning with regions of high infection Teso, Lango, Acholi, Kigezi and Kampala Metropolitan area. Tertiary Institutions will also have outreach sites so that students returning can be vaccinated

To prepare the country for COVID-19 vaccination, Government and partners evaluated the entire cold chain system to assess the capacity for storage of vaccines of all temperatures. Government has adequate capacity for storage of vaccines at 2<sup>o</sup> to 8<sup>o</sup>C for 300 million doses and for -15<sup>o</sup> to -25<sup>o</sup>C at 35 million doses across the country. To-date, Government has enhanced capacity to store vaccines that require ultra-cold temperatures (-80<sup>o</sup> C) to 4.5 million doses. This is adequate for vaccines that require such temperatures.

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## **AWARENESS CREATION**

**Rt. Hon. Speaker,**

**Hon. Members,**

To mobilize and sensitize leaders and the communities in order to create awareness and increase demand for COVID-19 vaccination, the Ministry of Health has undertaken the following:

- a) Regular media engagement through statements, press releases, talk shows, media blitz and earned media.
- b) Developed and disseminated a booklet with key messages and talking points on COVID- 19 vaccination to guide leaders and health workers
- c) Developed and disseminated a booklet on Frequently Asked Questions (FAQ) on vaccines and COVID-19
- d) Regular development and dissemination of social media interactive posts with key messages on COVID-19 vaccination
- e) Sensitization of religious/cultural/political leaders
- f) Held several trainings for the media on COVID-19 Vaccination for purposes of correct reporting
- g) Trained Public Relations Officers of all Ministries, Departments and Agencies to support sensitization within their respective organizations/institutions
- h) Trained social media influencers to communicate correctly critical



information to demystify rumors, misinformation and myths

- i) Oriented District Task Forces on COVID-19 vaccination
- j) Procured airtime in the major media houses to disseminate information for awareness creation
- k) Supporting Local Governments to conduct grass root mobilization of communities by provision of job aids, information booklets to VHTs

***Adverse Events Following COVID-19 Immunization (AEFI)***

**Rt. Hon. Speaker,**

**Hon. Members,**

The Ministry of Health, the National Drug Authority and partners are monitoring and managing possible *Adverse Events Following COVID-19 Immunization (AEFI)* through the following;

- a) Task the district teams to promptly report any AEFI
- b) thoroughly investigate and managed reports received accordingly
- c) Assembled a team of specialists (hematologists, epidemiologists, vaccinologists, physicians and pathologists) to evaluate the reports, investigate and manage cases and provide scientific evidence for correlation, if any.



**FINANCING FOR THE NATIONAL COVID-19 VACCINATION PROGRAM**

**Rt. Hon. Speaker,**

**Hon. Members,**

The total cost of the National COVID-19 vaccination plan including cost of vaccines and supplies, storage and distribution, and operational costs in districts is **UGX. 1,410,383,512,428/=**.

Government and partners have already provided part of the funds amounting to **UGX. 619,536,672,000/=** as seen in the breakdown below;

- a) Funds from GAVI for vaccine deployment; **UGX. 12,795,069,600/=**.
- b) Supplementary budget by GOU in FY 20/21 for Vaccines procurement; **UGX. 18,500,000,000/=**.
- c) Contingency funding from GOU in FY 20/21 for vaccines procurement and operational costs; **UGX. 30,000,000,000/=**.
- d) Allocation to National Medical Stores by GOU in FY 20/21 for vaccines procurement and handling; **UGX. 80,000,000,000/=**
- e) Re-allocation from the item of vaccine co-financing for the traditional vaccines for purchase of syringes for COVID-19 vaccination by GOU in FY 20/21; **UGX 3,900,000,000**
- f) Total cost of vaccines (18 million doses) expected through donations; **UGX 475,469,280,000**



The funding gap for the purchase of vaccines and supplies, storage and distribution and operation costs is UGX 790,846, 840, 428/= at an exchange rate of USD 3,600. This funding gap was communicated to Ministry of Finance, Planning and Economic Development in a letter dated 07<sup>th</sup> September 2021. This gap is exclusive of the donations received. We await their response.

I beg to submit.



**Dr. Aceng Jane Ruth Ocero (MP)**

**Minister for Health**  
**November 04<sup>th</sup>, 2021**