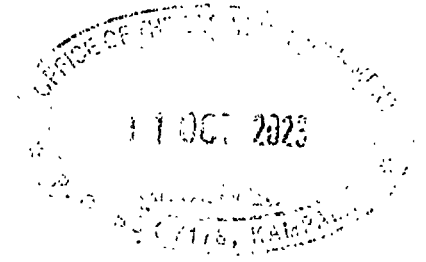




**THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH**



**STATEMENT TO PARLIAMENT ON THE STATUS OF COVID-19 IN
THE COUNTRY.**

A handwritten signature in black ink, appearing to read 'Aceng Jane Ruth Ocero'.

Dr. Aceng Jane Ruth Ocero, MP
(Minister for Health)
Wednesday 11th October, 2023.

Rt. Hon. Speaker

Hon. Members

At the 1st Sitting of 2nd Meeting of the 3rd Session of the 11th Parliament sitting on 3rd October 2023, this August House directed that the Minister for Health should update the Country on the status of COVID-19.

Rt. Hon. Speaker

Hon. Members

It is worth noting that, it is now more than three years since Uganda confirmed the first case of COVID-19 on 21st March 2020. As you may recall, Uganda recorded three major waves. The first wave was caused by the *Wuhan virus* mainly spread by truck drivers from August 2020 to January 2021 (41,930 cases and 341 deaths). The second wave was caused by the *Delta variant* and lasted from May 2021 to August 2021 (57,767 cases and 2,912 deaths) while the third wave was caused by the *Omicron variant* which began in November 2021 to February 2022 (35,845 cases and 334 deaths), and from March 2022 to date, 45 deaths.

Like for the first wave that swept across the world, in 2022 Uganda averted the 4th wave.

The Current Situation of COVID-19:

Rt. Hon. Speaker

Hon. Members

As of September 30th, 2023, there are 171,869 total confirmed COVID-19 cases; 3,632 deaths and 3,262,447 cumulative tests done. Between January to 30th September 2023, Uganda recorded 1,748 cases with a monthly average of 194 cases.



Rt. Hon. Speaker

Hon. Members

We have observed a drastic reduction in the number of cases, from June to September 2023, with no admissions of severe cases and deaths. This is significantly much lower compared to 2020, 2021, and 2022 where we had three consecutive waves: 1, 2 and 3.

Despite this stable transmission pattern, the threat of a potential COVID-19 resurgence remains, given the ongoing and successive mutations being recorded globally. The difference is that as a country, we are much more prepared in terms of oxygen supply, health care workforce competence and expertise, bed capacity including HDU and ICU.

Rt. Hon. Speaker

Hon. Members

Allow me to inform this August House, that the top seven districts reporting highest number of cases above 30 from January 2023 to September 2023 include: Kampala, Wakiso, Masaka, Kisoro, Gulu, Mbarara and Luwero, with 1020, 279, 50, 46, 45, 39 and 30 cases respectively.

COVID-19 VACCINATION

Rt. Hon. Speaker

Hon. Members

Uganda launched the COVID-19 Vaccination campaign on 10th March 2021. As of September 25th, 2023, a total of 26,471,494 doses of COVID-19 vaccines have been administered to the population across the country. Of these, 19,203,485 (*as first dose*), 6,735,177 (*as second dose*), and 532,832 (*booster dose*).



To-date, 59% of the population 18 years and above have received at least 2 doses of the vaccine while only 6% of the children aged 12-17 years have received 2 doses of the vaccine. This coverage is below our target of 28.5 million eligible Ugandans (22 million adults and 6.5 million children) who are up to date with their vaccination against COVID-19. Despite these successes in vaccination, the uptake for COVID-19 vaccination has stagnated in the past 18 months. This is attributed to a significantly reduced risk perception at the population level and as result, by February 2024, 7,567,200 vaccine doses will have expired.

The Global COVID-19 Pandemic Perspective:

Rt. Hon. Speaker

Hon. Members

On the 4th May 2023, the WHO, in concurrence with the International Health Regulation (IHR) Committee, downgraded the COVID-19 Pandemic from a Public Health Emergency of International Concern to an **Ongoing and Established Health Issue**. Accordingly, the IHR Committee confirmed that COVID-19 is an ongoing health issue which no longer constitutes a public health emergency of international concern.

Rt. Hon. Speaker

Hon. Members

The WHO made the following recommendations to all States Parties;

- i) Sustain the national capacity gains and prepare for future events to avoid the occurrence of a cycle of panic and neglect. WHO further encouraged States Parties to improve country readiness for future outbreaks. Countries should restore health programmes adversely affected by the COVID-19 pandemic.



- ii) Integrate COVID-19 vaccines into routine immunization programmes and maintain efforts to increase coverage for all people in the high-priority groups and continue to actively address vaccine acceptance.
- iii) Bring together information from diverse respiratory pathogen surveillance data sources to allow for a comprehensive situational awareness. States Parties should maintain the reporting of mortality and morbidity data as well as variant surveillance information to WHO.
- iv) Strengthen country regulatory authorities to support long-term authorization and use of vaccines, diagnostics, and therapeutics.
- v) Work with communities and their leaders to achieve strong, resilient, and inclusive risk communications and community engagement (RCCE).

COVID-19 Standard Operating Procedures (SOPs) and Containment Measures:

Rt. Hon. Speaker

Hon. Members

Taking into account the fact that there remains a potential of resurgence of infections as guided by WHO, the National Task Force reviewed the COVID-19 situation in the country and made the following recommendations:

- i) Where the risk of potential exposure is likely, especially in enclosed places and, public gatherings, the use of masks for all individuals is highly recommended.

 5

- ii) Mandatory COVID-19 testing is recommended for gatherings where the risk of exposure is high, or where there is a mix of individuals with different risk factors.
- iii) The elderly 50 years and above, and those living with comorbidities are encouraged to get vaccinated and boosted.
- iv) Individuals with symptoms of coronavirus should not go to closed or crowded places and should use face masks in the event that they interact with others
- v) Handshaking and hugging should be done with caution.
- vi) All eligible Ugandans should get vaccinated to avoid risk of a resurgence and flare up of infections.

Rt. Hon. Speaker

Hon. Members

As I have highlighted above, the implementation of the above measures is discretionary and applied based on prevailing circumstances informed by risk assessments at various levels.

Next Steps:

Rt. Hon. Speaker

Hon. Members

Transitioning from the COVID-19 Pandemic to an Established and Ongoing Public Health Issue, the Ministry of Health is undertaking the following.



- a) Uganda had initially developed COVID-19 case management guidelines focusing on the acute phase of COVID-19. However, many patients have continued to experience signs and symptoms of Long COVID-19. Hence the Ministry of Health is updating the existing COVID-19 guidelines to include long COVID-19 treatment, follow-up.
- b) The country developed guidelines on how to integrate COVID-19 vaccination into routine vaccination. These guidelines are currently being implemented. As noted above, we have observed a slow progress in uptake of COVID-19 vaccines especially after the WHO declaration that COVID-19 is no longer a Public Health Emergency of International Concern.

Rt. Hon. Speaker

Hon. Members

In conclusion, the worst of COVID-19 seems to be over, but the medium- and long-term effects of the previously infected individuals remains a challenge which the Ministry of Health is addressing. Whereas the possibility of flares remains, as country we are more prepared than we were in March 2020. We hope to sustain all the health systems gains attained in the past three years of the pandemic to strengthen access to quality healthcare for the population.

Lastly, allow me to register my sincere appreciation to the Parliament of Uganda for the enormous support to the Health Sector not only during the COVID-19 Pandemic Response but always.

I beg to submit.



Dr. Aceng Jane Ruth Ocero
(Minister for Health)

Wednesday 11th October, 2023.