Uganda Receives first batch of 964,000 doses of AstraZeneca Covid-19 Vaccines
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Minister of Health Statement on achievements in the fight against Covid-19

Uganda receives doses of Covid-19

Uganda’s top position in suppressing Covid

What you need to know about coronavirus

Uganda Virus Research Institute Achievements

Uganda Redcross Society partners with government in saving lives

Uganda launches Covid-19 vaccination

KCCA Covid-19 interventions

How Uganda managed to control spread of Covid-19

Uganda shines in control of disease outbreaks

Impact of Covid-19 in Uganda
It has been a year of achievements, challenges and tribulations in the fight against COVID-19. “This far the Lord has brought us”. (1Samuel 7:12). We thank God and give Him the glory. As we talk about the achievements, I would like to say congratulations to all Ugandans, the health workers and a special tribute to H.E the President whose able leadership has enabled us to respond effectively to this pandemic.

Uganda’s fight against Public Health Emergencies is unique as we have been faced with various deadly epidemics for over 20 years. This has certainly created a sense of vigilance among our communities, tried, tested and strengthened our health systems and built capacity of our health workers. During the most recent Ebola threat in June 2019, the country had already established preparedness measures which were transitioned to responding to the COVID-19 outbreak.

The index case of COVID-19 in Uganda, was a 36-year-old male who arrived in the country from the United Arab Emirates on 21st March 2020. At that time UAE was categorized as low risk. He was detected by our Integrated Disease Surveillance and Response (IDSR) systems implemented by our vigilant health workers who raised the red flag when his temperature was above normal. He was evacuated to Entebbe Regional Referral Hospital, a nasal sample taken from him and tested at the Uganda Virus Research Institute (UVRI). The test was positive for SARS-CoV-2. This was the beginning of the COVID-19 pandemic in Uganda.

Uganda was not caught off guard and this is attributed to the full support and commitment of the President of Uganda, H E Yoweri Kaguta Museveni who rallied the entire population in an effort to raise awareness and prevent the spread of COVID-19. A few days shy of detecting the index COVID-19 case, the President directed closure of all schools, entertainment spots, places of worship, points of entry. Eventually a total lockdown following the detection of the index case was instituted to prevent the spread of COVID-19 and adequately prepare the health systems and country to respond to the disease.

The strides achieved thus far in managing the COVID-19 pandemic is dedicated to the strong leadership, streamlined coordination, intensified risk communication, a listening population, rapid development and dissemination of guidelines, decentralisation of the COVID-19 response to the districts, embracing information, communication and technology, resilient health systems, and last, our frontline health workers, without whom we could not be where we are today and now the roll out of the COVID-19 Vaccination.

In a special way, I want to use this opportunity to appreciate our army of frontline health workers who have dedicated their time, energy and some even have lost their lives on the line of duty to ensure we remain safe and healthy. This is not a small sacrifice and we value your contribution immensely.

Uganda launched the COVID-19 vaccination campaign using the AstraZeneca/Oxford vaccine manufactured by the Serum Institute of India on Wednesday 10th March 2021 at Mulago Specialised Women and Neonatal Hospital. The launch of the campaign was in line with the one year mark of the 1st COVID-19 case in the country.

Vaccination is a game changer. Vaccines provide the most potent tool to save lives, reduce risk of severe illness and congestion in health facilities and support a return to normal life. However, it is important for us to remember that the war is not yet over.

Let us support one another to follow the SOPs, get vaccinated against COVID-19 when your time comes and ensure we are our brother’s keeper. Remember, COVID-19 is real and it kills. Wear your mask whenever you are in public, wash your hands with soap and water or sanitize frequently and Maintain a social distance of at least 2 meters at all times.

Stay safe and stay healthy!

DR. JANE RUTH ACENG OCERO
MINISTER FOR HEALTH
Uganda receives 964,000 doses of COVID-19 vaccines

Ministry of Health received 964,000 doses of the AstraZeneca COVID-19 vaccine, shipped via the COVAX facility—the world’s facility for universal access to COVID-19 vaccines.

The arrival marked a historic step towards the goal to ensure equitable distribution of COVID-19 vaccines globally, in an unprecedented effort to provide at least 2 billion doses of COVID-19 vaccine by the end of 2021. Uganda targets to vaccinate 49.6 per cent of the population, which is about 21,936,011, in a phased manner. Each phase is planned to cover 20 per cent of the population – approximately 4.38 million people.

The vaccine doses were received at Entebbe International Airport by Uganda’s Health Minister, Dr. Jane Ruth Aceng Ocero accompanied by members of the COVAX Facility and ambassadors of the European Union and countries whose funding enabled manufacturing, transport, and distribution.

COVAX, the vaccines pillar of the Access to COVID-19 Tools (ACT) Accelerator, is co-led by the Coalition for Epidemic Preparedness Innovations (CEPI), Gavi - the Vaccine Alliance and the World Health Organization (WHO) – working in partnership with UNICEF as key implementing partner. UNICEF is handling the procurement and delivery of the vaccines and related supplies on behalf of the COVAX Facility.

The AstraZeneca vaccines manufactured by the Serum Institute of India (SII) were transported by UNICEF from India (Mumbai) to Uganda.

The COVAX facility has allocated 3,552,000 doses of the AstraZeneca vaccine to Uganda for the period of January – June 2021.

“The arrival of the vaccines in Uganda is a significant moment and a concrete example of global solidarity in action,” said EU Ambassador to Uganda, H.E. Attilio Pacifici. “Ever since the outbreak of this unprecedented crisis, which is affecting all of us, the European Union and its Member States have supported Uganda and our other African partners in responding to the COVID-19 pandemic.”

“Health care providers have been pivotal in managing the COVID-19 pandemic in Uganda. With their crucial role, dealing with patients comes the high risk of being infected with the disease. We, therefore, thought it wise to have them immunized first along with teachers to protect them,” said the WHO Representative to Uganda, Dr. Yonas Tegegn Woldemariam. “We especially want to thank the donor partners including the European Union, the UK Government, The United States of America and others for the support they made to COVAX through GAVI to make this possible,” he added.
The beginning of instituting Institutional quarantine in Uganda

On 19th March 2020, in the early hours of the day, mobile phones were frantically ringing, tempers flaring and stress levels high as the sun as the first group of travelers arrived from the United States of America, United Kingdom, Netherlands, to mention but a few, all COVID-19 high risk countries. This was the pioneer group that would ‘inaugurate’ institutional quarantine- a measure that the Ministry of Health instilled to prevent the importation of COVID-19 into the country. However, remember, this was a few days shy of Uganda detecting the first COVID-19 confirmed case.

A team from the Ministry of Health set out from Kampala to Entebbe to calm, counsel and ease the situation experienced by the angry and frustrated travelers who were subjected to mandatory institutional quarantine for 14 days. The situation was hot-some of the high-risk individuals were threatening to escape the quarantine sites while others were hurling insults and prompting to riot.

This reaction from the travelers was well expected, given that there was no prior communication of mandatory institutional quarantine, at their cost. However, this had to be done- Government was not about to let go of over 2,000 high risk travelers and risk the lives of over 40 million Ugandans to a new viral yet highly infectious disease, COVID-19.

The Ministry of Health team, backed by security personnel, visited the famous ‘Central Inn’ in the leafy neighborhood of Church road, Entebbe where over 50 high risk travelers, some with infants were situated. It was not a pleasant sight, to say the least. Babies were crying hysterically; elderly and middle-aged women were bitter and the hot Entebbe air was filled with even hotter emotions as the now residents of Central Inn saw the health officials disembark from the Government car and make their way to the lobby.

Being a frontline health worker, you cannot at any one-point exhibit fear, worry, or even bat an eyelid as an angry possibly highly infectious group takes to hurling insults in less than a one-meter distance. Many a times, the public uses every opportunity to lash out at Ministry of Health officials, blame them for this, that and the other – always forgetting that we are humans too. While we are as resilient as we can be, we are not robots. But alas!

Efforts to make the group understand the importance of mandatory institutional quarantine were futile. We had to leave and request another team to speak to the angry lot which was also unsuccessful. That is how day one ended. And this is how institutional quarantine in Uganda begun.

Health workers undergo training on COVID-19 case management

It should be noted, though, that this measure, though tough is not isolated to our country. Many nations across the world have employed this COVID-19 preventive measure in order to arrest the spread of the disease.

As Uganda receives more returnees who have been stranded in over 50 countries across the world, let us appreciate the proactive measures that Government of Uganda has put in place.

Drastic measures were taken by the leadership, but this has been solely in the interest of the population. To the returnees who braved institutional quarantine, we fully understand that it was not easy but worth it for yours and your dear one’s safety. To the population, discipline is key if we are to win this COVID fight.

The Ministry of Health finally resolved to lift institutional quarantine after seven months on October, 01st 2020 when Entebbe International Airport and other points of entry were declared open to international travelers. However, all incoming and outgoing travelers are required to have a COVID-19 negative certificate taken within 120 hours.
Uganda’s top position in suppressing Covid-19 is rooted in her history in Combating epidemics

By: Emmanuel Ainebyoona
Ministry of Health Public Relations Unit

Uganda has been ranked by the Medical journal, the Lancet as one of the top 10 best performing countries in the world in suppressing COVID-19 as of August, 2020.

The latest ranking also confirms that Uganda is the best performing country on the African continent, a position that Ugandans must be proud of. This is largely attributed to the frontline health workers who have committed their time and lives to serving and saving both Ugandan citizens and residents who have been afflicted by the COVID-19 pandemic.
According to the Lancet Commission, the data reports were based on four indicators of the pandemic which include; number of newly confirmed cases per million population per day averaged over the 31 days of August, the mortality rate measured as the deaths per million per day averaged over the same period, the number of COVID-19 tests done in August relative to the number of new cases in August.

The country recorded her first case of COVID-19 on March 21st 2020 of a 36-year-old Ugandan male returning from abroad. The index case was detected by Uganda’s screening mechanisms at Entebbe International Airport, an intervention that was adopted in the Country’s preparedness phase following the outbreak of COVID-19 in Wuhan, China in December, 2019.

The country’s latest ranking is not a mere accident but a milestone shaped by Uganda’s previous experience in combating emerging and re-emerging epidemics like Yellow Fever, Marburg and Ebola Virus Disease.

In one of her regular updates to the country on the COVID-19 Response, Minister of Health, Dr Jane Ruth Aceng Ocero observed that Uganda’s ranking was largely attributed to the strategic and exemplary leadership by President Yoweri K. Museveni and the selfless efforts by the country’s health workers and scientists.

“I would like to appreciate H.E. the President for his visionary and remarkable leadership in the COVID 19 response which has enabled Uganda to make her mark on the global front in the response to this pandemic,” Dr. Aceng said while referring to Uganda’s ranking by the Lancet COVID 19 Commission of experts in their statement to the 75th session of the UN General Assembly.

She added that Uganda’s performance in controlling COVID-19 is rooted in her previous experience in combating other major outbreaks such as the Gulu Ebola outbreak of 2000 and the HIV epidemic.

“Before the West African Ebola outbreak, the Ebola outbreak in Gulu was the largest Ebola outbreak ever registered globally, but we managed to avert the situation and similarly prevented another bigger Ebola outbreak from DRC since 2018 to 2020 from becoming a big outbreak in Uganda,” she said.

While commenting on Uganda’s global performance, the Ministry of Health Permanent Secretary, Dr Diana Atwine said it’s the frontline health workers and the leadership by the President that have made Uganda shine.

We thank God for whatever we have achieved. It is because of our President, the Champion of Health and the dedicated health workers and the entire scientific community” Dr. Atwine said.

She observed that the government will continue investing into its health care system with a key focus on the human resources, health infrastructure and in research.

Uganda has invested heavily in equipping the Mulago National Referral Hospital and all Regional Referral Hospitals with key critical care equipment needed in treating COVID-19 like Intensive Care units and ventilators. It has also embarked on a process of building emergency medical services systems that have centrally controlled ambulances.

According to the Acting Commissioner in charge of Health Infrastructure at the Ministry of Health, Eng. George Otim, the exercise for Installation of ICU beds and ventilators has been concluded at Mulago National Specialized Hospital, and Regional Referral Hospitals like Jinja, St. Mary’s Hospital, Lacor, Lira, Kabale, Fort Portal and Mbale.

Over 1,500 health workers directly working in the COVID-19 Response have also been trained and equipped with knowledge on the various protocols that have been deployed to control the pandemic.

In the same vein, Uganda has ensured that there is continuity of other non Covid-19 health services like care and treatment for Non Communicable Diseases and other Communicable disease like HIV/AIDS, TB and Malaria.

In a nutshell, Uganda marked her 58th Independence anniversary with great improvements and milestones in the Health care system that are all geared at achieving the Health Sector vision of “Having a healthy and productive population that contributes to social and national development.”

The Writer is a Senior Public Relations Officer
WHAT YOU NEED TO KNOW ABOUT CORONA VIRUS

What is Coronavirus?
This is a new virus that causes a respiratory illness in people and animals and can spread from person-to person through sneezing and coughing droplets. This virus has signs and symptoms similar to the common cold but is dangerous and if not reported early and managed by Health Workers it can cause severe illnesses in humans and can lead to death.

Where did Coronavirus come from?
There are ongoing studies on the origins of Coronavirus. However, the current outbreak started in a large animal and seafood market in China, in a city called Wuhan.

How does Coronavirus spread?
Initially, the virus was believed to be spread to humans through contact with infected animals. Currently, transmission is human-to-human. It occurs when an infected person’s sneeze or cough droplets come into contact with others.

Who is at risk?
Everyone is at risk. However, severe symptoms and death appear more frequently among older people. People with underlying health conditions such as lung or heart diseases, renal failure or weak immune systems are noted to be at a higher risk of infection.

Coronaviruses (CoV) are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV). A novel coronavirus (nCoV) is a new strain that has not been previously identified in humans.

Coronaviruses are zoonotic, meaning they are transmitted between animals and people. Detailed investigations found that SARS-CoV was transmitted from civet cats to humans and MERS-CoV from dromedary camels to humans. Several known coronaviruses are circulating in animals that have not yet infected humans.

Common signs of infection include respiratory symptoms, fever, cough, shortness of breath and breathing difficulties. In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome, kidney failure and even death.

Standard recommendations to prevent infection spread include regular hand washing, covering mouth and nose when coughing and sneezing, thoroughly cooking meat and eggs. Avoid close contact with anyone showing symptoms of respiratory illness such as coughing and sneezing.
The Uganda Virus Research Institute (UVRI) is a Government Institution which engages in health research of human infections and disease processes associated with or linked to viral aetiology. UVRI conducts research, surveillance and diagnostics, in addition, the institute provides expert advice, enables partnerships and serves as a centre of excellence for training and education. The institute’s programmatic activities include basic research, clinical, epidemiological, social behavioural and intervention studies. UVRI is a home to several national and international reference and specialised testing laboratories including: The national and regional reference centre for vector borne viral diseases; The national influenza centre, a WHO influenza collaborating laboratory; the national diagnostic laboratory for highly infectious viral infections; The Africa WHO yellow fever reference laboratory; The national HIV reference and quality assurance laboratory; The national and regional reference laboratory for HIV drug resistance, a WHO Measles and Rubella Regional Reference laboratory and WHO Inter-country Polio laboratory. More recently, UVRI was designated as the national, Africa CDC and WHO SARS CoV-2/COVID-19 reference laboratory.

The Institute has improved Uganda’s health security by contributing to the enhancing and strengthening the preparedness to common health threats and biosafety risks at national and regional levels, through:

i. Preventing outbreaks of zoonotic viruses through early detection, diagnosis and identification within the region
ii. Improving integrated surveillance (animal, human, entomological)
iii. Provide risk assessment of the different emerging viruses (transmission, spread, human impact)
iv. Recommending and implementing public health measures for control where possible.

UVRI performs cutting edge research in immunology, virology and molecular biology to understand better disease processes and protective immune responses in order to contribute to vaccine development, diagnostics and treatment. Of recent there has been a lot of work in HIV drug resistance leading to changes in treatment regimens for the country. Another area that is being strengthened is innovations in vaccine design and diagnostics.

Some of these activities are conducted in partnership with MRC/UVRI & LSHTM Uganda Research Unit and UVRI/IAVI HIV Vaccine Program and other partners. Among other recent work under the MRC/UVRI & LSHTM Uganda Research Unit is the initiation of the first HIV vaccine efficacy trial in the region, the PrepVacc, that is being conducted in four countries with the Unit in Entebbe playing the leading role. In the past four years, under this partnership, 23 students have completed and 38 are continuing with their PhD studies, and with over 60 master students. The UVRI/IAVI HIV vaccine program was one of the centers that participated in a trial that showed the efficacy of using long acting injectable cabotegravir drug as prep to prevent HIV transmission.
UGANDA VIRUS RESEARCH INSTITUTE

UVRI conducts Entomology and Vector Biology studies. The Institute conducts arthropod research for effective vector and disease management and control, especially yellow fever, dengue, chikungunya and other vectors important in East Africa. Studies of other vectors of public health importance such as malaria vectors have also been undertaken.

Through the EPI Lab UVRI has carried out surveillance and research on vaccine preventable diseases through:

i. Surveillance of acute flaccid paralysis (AFP) in the countries of the Great Lake region.
ii. Measles and rubella surveillance in support of the Uganda National Expanded program for Immunisation.
iii. The UVRI EPI lab has been re-accredited as a WHO Measles and Rubella Regional Reference Laboratory.

UVRI through the UVRI EDCTP-EACCR 2 partnership, has strengthened its capacity and the capacities of other institutions in Uganda and East Africa region to conduct internationally acceptable health research with specific focus on clinical trials on poverty related diseases (HIV, TB, Malaria) and neglected Infectious emerging and re-emerging diseases) in the Eastern Africa region.

UVRI in partnership with Makerere University Centre of Excellence for Infection & Immunity Research and Training (MUII-plus) has:

i. Promoted Africa-relevant Infection & Immunity (I&I) scientific excellence building a virtual Centre comprising senior Ugandan scientists and young, emerging leaders, their research groups, trainees, and international collaborators
ii. Provided career training for African research leaders
iii. Enhanced the UVRI-Makerere research environment in terms of infrastructure, equipment, capacity building and research support

UVRI in partnership with Target Malaria University Centre of Excellence for Infection & Immunity Research and Training (MUII-plus) has;

i. Promoted Africa-relevant Infection & Immunity (I&I) scientific excellence building a virtual Centre comprising senior Ugandan scientists and young, emerging leaders, their research groups, trainees, and international collaborators
ii. Provided career training for African research leaders
iii. Enhanced the UVRI-Makerere research environment in terms of infrastructure, equipment, capacity building and research support

UVRI was, at the beginning of the pandemic the only laboratory in the country with the capacity to confirm COVID-19 cases and confirmed the first case in Uganda on March 21, 2020. Uganda and UVRI in particular continued to test for SARS-CoV-2 amongst both asymptomatic and symptomatic individuals, their contacts and travellers. The supplies needed for the testing are procured on behalf of UVRI by different donors and partners.

Ministry of Health Permanent Secretary Dr Diana Atwine commissioning the newly constructed Diagnostic Laboratory at Uganda Virus Research Institute (UVRI), Arua, January 2019.

As of March 23, 2021, UVRI has performed 371,617 COVID-19 tests with 9,993 positive (3%). All diagnostic tests are first validated at UVRI. Fifteen polymerase chain reaction (PCR) tests have been evaluated. Seven antigen tests have been evaluated and two recommended for use. Twenty-three antibody rapid diagnostic test kits have been validated of which 5 have been recommended to the Ministry for use in the country. Adding to the diagnostics success story, UVRI was designated a SARS-CoV-2 reference and genome center by WHO and Africa CDC. As a genome center, the UVRI’s partner the MRC/UVRI & LSHTM Uganda Research Unit, published the first SARS-CoV-2 genome sequences demonstrating the entry of the first virus into the country from travellers. The UVRI has also trained other Ugandan scientists in SARS-CoV-2 biosafety and diagnostics who now contribute to the national SARS-CoV-2 testing. In total, UVRI has trained personnel from 21 laboratories, both public and private. The COVID-19 activities at UVRI have been performed as a joint effort, with contributions from different departments and partners. The UVRI Director chairs the National COVID-19 laboratory Quality Assurance Committee, he sits on the Ministry of Health Scientific Advisory Committee and on the SARS-CoV-2 National Vaccine Access Committee. Other staff members also sit on various national and international committees.

COVID-19 related activities

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The Institute has been involved in capacity building and providing advice to the Government of Uganda on vector control.

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Some of the interns under the MUII program

UGANDA VIRUS RESEARCH INSTITUTE

Advertorial

An entomologist demonstrating how mosquitoes are trapped.

UVRI-Target Malaria Insectary officially opened on 29th July 2019 with support from Target Malaria.

As of March 23, 2021, UVRI has performed 371,617 COVID-19 tests with 9,993 positive (3%). All diagnostic tests are first validated at UVRI. Fifteen polymerase chain reaction (PCR) tests have been evaluated. Seven antigen tests have been evaluated and two recommended for use. Twenty-three antibody rapid diagnostic test kits have been validated of which 5 have been recommended to the Ministry for use in the country. Adding to the diagnostics success story, UVRI was designated a SARS-CoV-2 reference and genome center by WHO and Africa CDC. As a genome center, the UVRI’s partner the MRC/UVRI & LSHTM Uganda Research Unit, published the first SARS-CoV-2 genome sequences demonstrating the entry of the first virus into the country from travellers. The UVRI has also trained other Ugandan scientists in SARS-CoV-2 biosafety and diagnostics who now contribute to the national SARS-CoV-2 testing. In total, UVRI has trained personnel from 21 laboratories, both public and private. The COVID-19 activities at UVRI have been performed as a joint effort, with contributions from different departments and partners. The UVRI Director chairs the National COVID-19 laboratory Quality Assurance Committee, he sits on the Ministry of Health Scientific Advisory Committee and on the SARS-CoV-2 National Vaccine Access Committee. Other staff members also sit on various national and international committees.

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Policy
UVRI continues to contribute to policy and practice in the areas of HIV prevention and treatment, HIV drug resistance, control of emerging, re-emerging infections, and immunisable diseases among others.
Uganda Red Cross Society partners with Government in saving lives of people across the country

As an auxiliary to the Government of Uganda, the Uganda Red Cross Society continues to serve the people of Uganda through providing humanitarian lifesaving services to those affected by emergencies and disasters. Uganda Red Cross Society closely works with the Ministry of Health and the Office of the Prime Minister to undertake interventions in health, disaster preparedness and response.

The Uganda Red Cross Society is an impartial, voluntary, neutral and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of victims of armed conflict, disasters, and other situations of violence and to provide them with assistance that protects and preserves their dignity.

In 2020, through close collaboration with the Office of the Prime Minister, Uganda Red Cross responded to disasters that affected many parts of the country. The National Society provided nonfood items and Cash through the Cash Transfer Program (CTP) to those that are affected by floods, landslides, and other natural calamities in the areas of Kasese, Bundibugyo, Kibaale, Ndaiga/Kagadi, Ntoroko, Kaberamaido – Kalaki, Mbarara – Isingiro, Kisoro, Katakwi, Mbale - Bungkho North and south, Entebbe - Busi Island, Mukono - Buvuma Island and Kayunga T/C, Moroto, Adjumani - Maaji Central, Ukusijoni, Moyo, Kasese, Sironko, Gulu – Elegu.

Uganda Red Cross supported over 2.2 million people affected by disasters across those districts with relief non-food items, cash transfer services, psychosocial support, food donated by government of Uganda and other partners.

During times of conflict and emergencies, lives are lost and some people are separated from their loved ones. Uganda is home to many refugees and internally displaced persons whose challenges among others include loss of family contacts.

Uganda Red Cross Society works closely with the International Committee of the Red Cross, UNHCR and the Office of the Prime Minister to provide family restoration services to those separated. These family reunifications are conducted between refugee settlements, while some are conducted across borders (Uganda to another country). In 2020, over 600 formerly separated family members were reunified with their loved ones after running successful contact tracing processes hence restoring broken family links.

HEALTH AND EMERGENCY MEDICAL SERVICES

In March 2020, Uganda registered the first COVID-19 positive case. Uganda Red Cross Society immediately developed and presented a COVID-19 response Plan of action to the Ministry of Health Task force, well-aligned to Government of Uganda Plan to combat the Pandemic.

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DISASTER PREPAREDNESS AND RESPONSE

Disaster affected couple walking through a flooded pathway to their home in Soroti

URCS volunteer disinfecting trucks at a border point as a COVID-19 Prevention measure.

Uganda Red Cross team of Safe & Dignified burials for COVID-19 and other highly infectious diseases.

Uganda Red Cross Society has since been monitoring the situation as it evolves amidst concerted efforts aimed at curbing the spread of the virus.

Red Cross Involvement in the COVID-19 Fight

The National Society has since March 2020 been involved in carrying out lifesaving interventions which among others include risk communication (community sensitizations on COVID-19), Community engagement, Community surveillance, screening of travelers, hygiene promotion, disinfecting trucks entering and departing the country at all points of entry, ambulance and referral services, psychosocial support to the affected, community contact tracing, and also carried out burials for suspected and confirmed COVID-19 cases.

The National Society also managed to complement Government interventions in food distribution to vulnerable people in Kampala, Wakiso and Mukono districts that were affected by the lockdown as a result of the Pandemic. Food distribution started on Saturday 4th April.
2020 and the exercise was commissioned by the Rt. Hon. Prime Minister Dr. Ruhakana Rugunda, who is also the chair/head of Uganda's Coronavirus Response team for the relief food distribution.

Uganda Red Cross was allocated a responsibility of co-chairing the vulnerable groups sub-committee and also developed the SOPs on food distribution.

Uganda Red Cross society is still at the forefront of fighting the pandemic, at different points of entry across the country and in communities enforcing the SOPs as guided by the Ministry of Health.

In October 2020, the Government of Uganda launched the Community Engagement Strategy (CES) aimed at strengthening the community structures to enhance interventions to curb the spread of COVID-19 in the communities. This was at a time when COVID-19 situation was escalating in the country since the country had entered phase 4 of the pandemic where there was widespread community transmission.

Uganda Red Cross supported the development and launch of the CES, bringing to the subcommittee her Community Engagement and Accountability (CEA) skills built over time. The event was presided over by the Rt. Hon. Prime Minister who also launched the CES Handbook at Hotel Africana.

In his address, the Rt. Hon. Prime Minister noted with concern the high level of complacency in the communities at a time when Uganda should be tightening vigilance in order to defeat the Pandemic.

In response, Uganda Red Cross trained and deployed more Volunteers across the country to beef up the already on-going community interventions across the country. To date, Uganda Red Cross has deployed over 500 Volunteers in community engagement to fight COVID-19.

On 25th September 2020, Uganda Red Cross Society with support from the Government of Uganda launched and deployed additional 10 ambulances to support emergency response activities across 10 districts with a major focus to respond to road traffic injuries along major highways in Uganda. The selected highways are considered hot spot areas that are prone to accidents and these ambulances are supporting emergency evacuations. A team of qualified emergency medical technicians (EMTs) is always on standby with the ambulances to provide on the scene first aid services to the casualties and also facilitate referral to health facilities while continuing with care along the way. A toll-free line, 0800 211 088 is available to the public to call in case of an emergency requiring ambulance service.

In addition, The National Society also deployed five (5) other ambulances to support in the referral of COVID-19 patients and these have supported various districts that were experiencing high caseloads.

Response to other Epidemics

Epidemics and pandemic begin in the communities and end in communities; Uganda Red Cross supports capacity building for communities to be able to prevent, detect and respond to epidemics and pandemics. Through our Community Epidemic and Pandemic Preparedness Program, dubbed CP3, we have trained close to 1,000 community based volunteers in 10 districts at high risk of
disease outbreaks, to conduct community-based surveillance. The program has also established an electronic sms-based reporting system with a mechanism to relay all alerts to the District surveillance team for a well coordinated response. This surveillance systems has contributed to fight the spread of coronavirus, Ebola and other epidemic diseases like cholera and typhoid, among others.

**Construction of Bunambutye Health Centre III**

As part of Response to Health Emergencies Project funded by Government of Uganda, URCS received funding through the Ministry of Health in the financial year 2019/2020 and commenced the construction of Bunambutye Health Center III. This health facility will serve the Bududa floods affected families that were relocated from Bududa to Bulambuli district. The health facility is expected to be functional by June 2021.

**Blood Mobilization**

Under the coordination of the Ministry of Health and close liaison with the Uganda Blood Transfusion Services, Uganda Red Cross mobilises voluntary blood donors in the country. In 2020, amidst the COVID-19 pandemic, the National society through the 51 branch offices, 400,000 volunteer network mobilized blood at village level. Over 300,000 units of blood were mobilised.

URCS also partnered with a number of private entities such as the corporate companies, Associations, membership organizations like Rotary, and collected blood. A new innovation (Blood4Uganda) Mobile phone application was developed by the Indian Association of Uganda and launched to support mobile blood collections through availing information to blood donors, blood consumers like hospitals and other stakeholders in the blood supply chain process to access important information as per need. The application was launched by the Katikkiro of Buganda Owkitiibwa Charles Peter Mayiga during the Uganda Red Cross mega blood drive conducted with the Buganda Kingdom fraternity blood drive week that closed on 30th October, 2020.

**Water Hygiene and Sanitation (WASH)**

In order to improve the health and wellbeing of people, URCS invests in the health security of people through construction of Hygiene and sanitation facilities in communities. In 2020, URCS put up latrines, water facilities (boreholes and tap water system), provided water collection facilities like jerricans and hippo rollers to ease water transportation and storage.

Over 30 WASH facilities were established in Panyamur, Yumbe, Kyaka II, Parolinya and Mbale. URCS commits to continued improvement of lives of the most vulnerable people in communities where we serve.

Uganda Red Cross, your partner of choice in saving lives, building community resilience, and promoting human dignity.
Community Intervention: Emerging Stronger together

Coca-Cola Beverages Africa in Uganda operates with a community ethos. The company draws its inspiration from its company purpose that aims to: ‘refresh the world and make a difference in the community’. Covid-19 was a challenging time for businesses as well as the community. Due to its people centered approach, all company commercial budgets were diverted towards covid-19 community relief initiatives.

“When all is said and done, all we have are people. Our business model revolves around people and its something we take pride in. From the onset of covid-19, we wanted to support our community of people who include; employees, customers, partners, suppliers and government. It was important that we go through this together and recover quickly from the set-back. Our Philosophy has been tested and proven by the different events that have happened in the past during our over 100 years of existence. People will always come first,” said Melkamu Abebe, General Manager Coca-Cola Beverages Africa in Uganda (CCBA)

The company directly and indirectly supported community recovery through partnerships with government, NGOs, schools, places of worship and other sector players during covid-19. Among the initiatives supported include;

- Food donation to the Mukono District COVID-19 Taskforce through Uganda Red Cross Society to feed vulnerable families affected by the lockdown due to the coronavirus disease (COVID-19) Pandemic. So far, 33,441 tons of maize (33,441KG), 16,723 tons of beans (16,723KG), 922 liters of Milk and 922KGs of Sugar have been distributed in areas of Ntinda, Bugoba and Gwafu to 5,000 people.

- Supported the Ministry of Health to setup hand washing stations across the country. The company made a commitment to distribute 5,000 handwashing stations across the country and has so far set-up five (5) 5,000litre Community Handwashing Stations for the general public use in Mukono (Namanve), Kampala (Kyambogo) and Mbarara (Makenke and Municipality).

- Donated three brand new pick-up trucks added to the Ministry of Health COVID-19 fleet

- The company went further to manufacture Hand Sanitizer that is being distributed free of charge to select segments of society across the country, including those involved in fast-moving consumer goods wholesale and retail trading. Contributed 2,500 litres of Sanitizers to the Ministry of Health.

- The Coca-Cola Foundation (TCCF) donated UGX186m to Uganda Red Cross Society (URCS) towards promotion of mandatory handwashing and support Risk communication for COVID-19 with URCS as the implementing partner.

Innovation at a glance

CCBA Uganda’s COVID-19 response accelerated its digital transformation. There was a quick embrace and utilization of the virtual and Digital Space in the day to day work operations, in skills development and in the Marketing and Ecommerce space.

Marketing (E-Commerce).

From the commercial perspective COVID-19 presented an opportunity to expand on CCBA’s E-commerce platforms. The enforcement of social distancing, lockdowns, and other measures in response to the COVID 19 pandemic led consumers to ramp up online shopping. This resulted in spikes in business-to-consumers and an increase in business-to-business sales. The commercial team identified these two as the key channels that they needed to play in to drive increased interactions and sales on the digital platforms. Thereafter they identified and onboarded five major online partners for coke ecommerce trading who included Safe Boda, Jumia Uganda, KFC, Kikuubo online and Pink Cloud.

#STAYSAFEUG
That’s how we stand together to overcome COVID-19
“COVID-19” Community Investments in the Health and Safety of our People

FROM the onset of the COVID-19 pandemic, the leadership at Coca-Cola Beverages Africa in Uganda focused on one thing – the health and safety of the people at the company, of their families, and of the wider community. Part of the responsibility the company took on was ensuring that production and distribution would continue in order to protect the jobs of employees, earnings for business partners, and contributions to the economy.

When the president declared a national lockdown because of COVID-19, the company continued at work because of this focus on the responsibility to the people.

Coca-Cola people centered approach

COVID-19 inspired employees to unleash their full potential so that the business could emerge stronger after the crisis had passed. Coca-Cola Beverages Africa in Uganda (Century and Rwenzori Bottling Companies) had started the year with the motto “People First” and weaved it into everything the business did.

The company invested over UGX 720,621,257 on employee welfare from purchasing face masks, COVID-19 Tests, Vitamin C, distributed cartoons of drinks for employees during quarantine and UGX 272,609, 147 investment to produce sanitizers.

General Manager Melkamu Abebe started the year off announcing the “People First” focus and rallying all employees to follow it keenly.

“Our People will always come first – their safety, comfort and security at work. This is the culture of this business.

And COVID-19 gave us the opportunity to prove that our critical focus was to keep our employees safe, in an environment where possible repeated outbreaks could become a threat to the lives of employees and their families,” he said.

The company faced the significant operational challenges caused by the COVID-19 lockdown by adapting and innovating with speed and agility to keep the business running. Right from when the president announced a complete lockdown, temporary accommodation was set-up at the plant for a few employees in adherence to the government directive as a measure to curb the spread of COVID-19.

“We had anticipated the likelihood of different scenarios and the lockdown scenario played out. Immediately the directive was passed, our plans were kicked in motion. We need to ensure that our employees could be as comfortable as possible. The camping employees were provided with beddings, mattresses, toiletries, and other necessities as well as a financial token for their Organizational Citizenship Behavior. We also enacted strict policies and guidelines regarding interaction at the plant,” he further added.

The Leadership Team designed a COVID-19 Workplace Health and Safety Plan that included all employees in the workplace: staff, utility employees and relief employees.

The Plan included several initiatives such as:

- Secure, safe staff transport before and during the lockdown for production staff on duty.
- Enhanced hygiene measures like providing nine hands-free washing stations; hand gloves and masks for all security personnel; disposable overalls; 30 wall-mounted sanitizer dispensers; 20 Medical Waste Bins and stopped the use of all common touch points such as biometric clock-in points and water dispensers.
Provision of face masks and hand sanitizer supplies to all employees for use at home and in the field. Sanitizer packs were also distributed to customers at the Official Coca-Cola Dealerships, for use by all their employees in the field.

Provided Personal protective equipment (PPE) such as protective suits for the Plant Clinics and Environmental Occupational Safety and Health (EOSH) teams at the Plants.

Mental health sessions were organized for employees given that covid-19 had a strong toil on everyone. Through the company insurance cover, employees access counselling services to mitigate anxiety and depression.

Furthermore, food care relief packages were distributed to employees from March to July to support them through the difficult time. According to research, Vitamin C is believed to boost body immunity against Covid-19 contraction, the company supplied the tablets to frontline employees susceptible to contracting the virus.

Fast-forward to March, hope has been renewed as covid-19 vaccinations have started across the country. The government recently imported 964,000 doses of the covid-9 vaccine that will be administered free of charge to priority groups under its phase one roll-out. Melkamu encourages everyone to remain vigilant in guarding against contracting COVID-19, by following all the advice and guidelines given by the Ministry of Health and the WHO.

"As we have continuously committed, the health and safety of our people remains a major priority for us as a Business. Its not yet over until, we are all safe, let’s continue to be our brother’s, sister’s, and family’s keeper, together we shall beat this set-back,” he urged.
UGANDA LAUNCHES THE COVID-19 VACCINATION CAMPAIGN

Uganda joined the rest of the world to launch the COVID-19 Vaccination Campaign at Mulago Women and Neonatal Hospital in Kampala, where over 300 individuals were vaccinated against COVID-19 using the AstraZeneca/Oxford vaccine manufactured by the Serum Institute of India.

The launch of the vaccination campaign comes exactly one year after Uganda registered the index COVID-19 case.

At exactly 12:40pm, the Minister for Health, Dr Jane Ruth Aceng Ocero strolled into the vaccination tent to receive her jab. The process started with a health worker registering Dr Aceng’s details followed by the signature on a consent form. Dr Aceng was then led to the nurse who would then administer the vaccine intramuscularly on her left arm. In less than 5 seconds, the vaccine was administered and Dr. Aceng became the first recipient of the AstraZeneca/Oxford vaccine in Uganda.

“Vaccination is a game changer. Vaccines provide the most potent tool to save lives, reduce risk of severe illness and congestion in health facilities and support a return to normal life” Dr.Aceng said.

Speaking at the launch of the vaccination drive, the guest of Honor, the First Deputy Prime Minister, Gen. Moses Ali underscored the timely arrival of the vaccine in the wake of an anticipated second wave of COVID-19. Scientists have predicted that the second wave of COVID-19 will hit Uganda in May 2021.

Gen. Ali further alluded to the fact that Uganda has adequate cold chain storage capacity to handle the vaccination exercise. He added that this has been witnessed during previous vaccination campaigns such as Measles-Rubella.

He appreciated the vital role of the COVAX facility and other countries that have contributed to Uganda’s acquisition of 964,000 doses of the AstraZeneca/Oxford vaccine. The 964,000 doses are a donation from COVAX facility (864,000) and the Government of India (100,000).

The first group to receive the vaccines are the healthcare workers both in public and private facilities totaling to 150,000. The health workers will be followed by teachers and staff in all education institutions - public and private not-for-profit, as well as private for-profit and these are estimated at 550,000. This will then be followed by security personnel of all categories totaling to 250,000.

The Government of Uganda will vaccinate at least 49.6% of its population against COVID 19 vaccines in a phased manner. Each phase is planned to cover 20% of the target population which is about 4,387,202 people. The eligible population lies in the age range of 18 years and above.
Emergency Medical Services in Uganda receives boost

The outcry of sections of the public on the lack of adequate ambulances to evacuate accident victims from the major highways in Uganda has finally yielded positive outcomes. The Emergency Medical Services has received a boost of 10 fully equipped ambulances classified as class B procured with funding from Government of Uganda to the tune of UGX 2Bn.

Flagging off the fleet, the Prime Minister of Uganda, Rt. Hon. Dr. Ruhakana Rugunda noted that this boost is a concrete step in ensuring that Ugandans receive appropriate and timely emergency health care. “This is a big achievement for our country. This collaboration is crucial because Red Cross has the capacity and there is already substantial evidence with Bududa and recently when we were faced with the COVID-19 pandemic,” Dr. Ruganda said as he handed over the 10 ambulances to Uganda Red Cross Society.

The Government of Uganda has availed UGX 8Bn to Uganda Red Cross to ensure targeted service delivery.

The project is expected to have a fleet of 20 ambulances for emergency medical services on the major highways across the country.

Representing the Ministry of Health at the handover ceremony, the Permanent Secretary, Dr. Diana Atwine added that the Uganda Red Cross has continuously supported the Government during various emergencies such as landslides in Bududa and the Ebola Virus Disease outbreak in Kasese District in June 2019. “It is our dream that in the next three years we shall have a fleet for every region with functional call centers” Dr. Atwine said.

The Uganda Red Cross Society, Secretary General, Mr. Robert Kwesiga said the fleet base of ambulances will continue to grow until the entire country is fully covered.

Speaking about the locations of the newly received ambulances, he informed that 2 will be stationed in the Kampala Metropolitan Area while the other ambulances will provide emergency services on the highways of Kampala-Masaka-Mbarara, Kabale, Lira-Mbale, Kampala-Gulu and Kampala-Malaba.

In Uganda, at least 9,000 people die annually due to Road Traffic Accidents, according to preliminary findings by a study conducted by Makerere University School of Public Health in 2018. The accidents were attributed to speeding, use of alcohol as well as lack of adequate infrastructure. This boost to the infrastructural arm of the Emergency Response Services will go a long way in preventing mortality due to Road Traffic Accidents in the country.
KCCA COVID-19 INTERVENTIONS TO SUPPORT THE KAMPALA CITY DWELLERS

Kampala Capital City Authority - KCCA has made remarkable achievements since its formation, ten years ago. The agency rebranded and earned good public will and credibility and todate we continue exercising this in all our work.

2020 was not an easy year for anyone be it individual, government or any organization but as a government institution, we put a number of interventions to help our people recover or move past the Covid period.

Below are some key interventions undertaken.

- **CDD program:** The Community Driven Development Program has provided livelihood support grants worth UGX. 760,000,000 to 152 groups comprising of 3,040 men and women.
- **UWEP program:** The Uganda Women Entrepreneurship Programme has extended loans worth UGX. 592,174,300 to 57 groups comprising of 622 women.
- **Childcare and Protection:** Rescued over 169 children from the streets of Kampala during the outbreak of COVID-19, quarantined them and later to transitioned children homes for family reunification.
- Supported 52 children that were rescued from the streets during COVID-19 lock down and quarantined to undertake a six months vocational skills training and these have since graduated with different skills for survival.
- Supported 1,500 children to receive better care and support by parents/guardians through ensuring that maintenance, visitation, custody rights are upheld.
- **COVID-19 vaccination:** Rolled out in Uganda and to date over 15,340 people including frontline workers and the elderly have been vaccinated in Kampala at our different vaccination points.
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- Supported 1,500 children to receive better care and support by parents/guardians through ensuring that maintenance, visitation, custody rights are upheld.
Youth Program:
The Youth Livelihood Programme has extended credit worth UGX. 37,800,000 from the revolving fund to eight groups (8) in Makindye and Nakawa Divisions to support them set up businesses.

The Presidential Initiative on wealth and job Creation (Emyooga) program: It was rolled out in October 2020 and to date 301 SACCOs have been constituted and will receive seed capital to boost their savings.

Through the National Agricultural Advisory Services (NAADS) program, a total of 2,467 (1,508F, 959 M) farmers in Nakawa, Makindye, Lubaga Central and Kawempe Divisions have been supported with farming inputs (178,550-day old broiler chicks, 13,720-day old layer chicks, 9,000 bags of poultry feeds, and 40 bags of sow and weaner feed, and value addition equipment for 1,307 farmers.

In addition, a total of 15,020 Kroiler chicks, 193,400 assorted vegetable seedlings and 116 piglets were produced and distributed to various farmers in the City from the centre.

During the year 2020, Urban Fish farming using tank fish farming was promoted as an enterprise and 127 (72 females, 55 Males) farmers were trained in aquaculture. 05 demonstration aquaponic units were setup in the 5 Divisions to demonstrate best practices in Urban Fish farming. 1,567 (851 females & 716 males) fisher folks have been sensitized about fisheries regulations and laws. In order to ensure compliance to fisheries regulations and laws 528 routine quality inspections were carried out at Ggaba, Munyonyo and Portbell landing sites and 22 fish markets.

Establishment of additional low cost work spaces Kasubi and Kitintale markets have been constructed. Kasubi was completed and is occupied by 1,400 vendors while construction works on Kitintale market is ongoing.

Cooperatives development: In the year 2020 a total of 208 community groups were mobilized to form cooperatives. Of these, 71 were recommended to register as co-operatives; 619 (278 females and 341 male) members of SACCOS were trained to build their capacity in governance, finance budgeting, administration of SACCOS laws and operations. A total of 103 co-operatives across the City were audited to ensure compliance in management of members savings.
How Uganda managed to control Spread of Covid-19

By Our Writer
25th March 2021
Kampala

When Uganda registered her first Coronavirus case on March 21, 2020 many Ugandans were worried for their lives. But with the guidance of President Yoweri Museveni and experienced health workers, the country has since March last year kept the disease in check. But what exactly did Uganda do differently compared to other African countries like South Africa that have registered high COVID-19 cases.

Lockdown
Uganda’s approach contrasts with that of many other African countries, which did not impose such strict measures and began easing them long before infections peaked to protect their fragile economies and mostly poor populations.

Uganda closed schools and banned large gatherings three days before confirming its first case on March 21. By the end of March, most businesses were shut, vehicle movement was banned, and an overnight curfew was in force. Masks became mandatory in public in May.

Uganda’s response was shaped by battling deadly infectious diseases like Ebola and Marburg virus. The country was already on alert because of an Ebola outbreak in neighboring Democratic Republic of Congo when COVID-19

Teams were in place to educate the public and trace those infected. Passengers were already being screened at airports. Isolation wards were ready to receive patients, and anyone infected was hospitalized.

Uganda - like China - could enforce aggressive containment measures with little domestic opposition. Uganda’s stringent measures bought the government time to prepare its health system and learn lessons about the disease.

Following the outbreak of the disease, the nation of 42 million people had by August 2020, recorded just over 1,200 cases and five deaths since March, a strikingly low total for such a large country. Uganda’s experience shows what can be accomplished when a government acts quickly and enforces a strict lockdown. But its success came at a cost, critics say.

Jobs were lost, and economic growth is set to plunge to as low as 0.4% in 2020, from 5.6% last year, according to the World Bank.

Some pregnant women died in labour, unable to reach hospitals because of travel restrictions. Security forces - criticised by rights groups for abuses - beat and arrested some rule-breakers.

As one of the ways to curb the spread of the disease, the country recently joined the rest of the world to launch the COVID-19 Vaccination Campaign at Mulago Women and Neonatal Hospital in Kampala, where over 300 individuals were vaccinated against COVID-19 using the AstraZeneca/Oxford vaccine manufactured by the Serum Institute of India.

The process started with a health worker registering Dr. Jane Aceng’s details followed by the signature on a consent form.

“Vaccination is a game changer. Vaccines provide the most potent tool to save lives, reduce risk of severe illness and congestion in health facilities and support a return to normal life” Dr Aceng, the minister of health said.

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Since the launch of the vaccination campaign, many prominent Ugandans including President Yoweri Museveni have vaccinated against COVID-19.
Frequently asked questions in relation to COVID-19 Standard Operating Procedures at Entebbe International Airport

1. What are the requirements for departing passengers?
   • Passengers are advised to arrive at the Airport 4 hours before a scheduled flight’s departure time.
   • Will be subjected to temperature screening on entry to the airport and departure hall
   • Must wear a face mask appropriately within the Airport
   • Are encouraged to sanitize after touching surfaces or documents
   • Must present an authentic and valid negative COVID-19 Polymerase Chain Reaction (PCR) test certificate issued within 120 hours from the time of sample collection to the time of boarding the aircraft even if the country the passenger is going to does not require it. In case the destination country requires a COVID-19 PCR test certificate below 120 hours, the number of hours indicated by the destination country take priority.
   • The certificate should indicate the word “traveler” on it.
   • Maintain a social distance of 1.5 metres apart from each other within the passenger terminal.

2. What are the requirements for arriving passengers?
   • The passenger must wear a face mask appropriately within the Airport and will be subjected to temperature screening on entry to the arrival hall
   • Passengers should have an authentic and valid negative COVID-19 Polymerase Chain Reaction (PCR) test certificate from an accredited laboratory in the country of origin issued within 120 hours from the time of sample collection to time of boarding aircraft departing country of origin.
   • A passenger without the negative COVID-19 PCR test certificate will be denied entry and the Airline shall be obliged to take back the passenger.
   • If it is a returning Ugandan with an expired COVID-19 PCR test certificate, he/she will be allowed to enter the country, but shall have the test done at their cost of US $65, and will be quarantined at own cost till the results come out.
All passengers will be screened for any other signs of infectious diseases by the Port Health team. 
A Passenger who exhibits signs and symptoms of an infectious disease shall be transported in an ambulance to an isolation centre (Entebbe Referral hospital) for a COVID-19 test. The results shall be returned within 24-48 hours as the passenger remains in the isolation centre.
In case a foreign national tests COVID-19 positive and wishes to be repatriated for treatment in another facility outside Uganda, this shall be done at their cost following COVID-19 medical evacuation protocols.
Passengers shall scan fitness prints under instruction of the Immigration officer, but will be required to hand sanitize before and after.

3. Is a negative COVID-19 test certificate required by a departing passenger from Uganda even when the destination country does not require it?
Yes. An authentic and valid negative COVID-19 Polymerase Chain Reaction test certificate is mandatory for all departing passengers out of Uganda even if the destination country does not require it. This is to protect the airport workers, airline workers and other passengers in the aircraft.

4. Could you please clarify on requirement of negative COVID-19 test certificate for children travelling with adults?
It is only children of three (3) years and below that are exempt from having a negative COVID-19 Polymerase chain reaction test certificate on condition that their accompanying parents have it.

5. Can you please confirm when the COVID-19 test should be done? Is it 120 hours prior to travel or 120 hours prior to arrival?
It is 120 hours after sample collection prior to boarding aircraft leaving country of origin. (Transit time is not included in the 120 hours if you do not leave the terminal building of the transit airport)

6. I would wish to know where to go to have a COVID-19 checkup when I want to fly out of Uganda. Am I supposed to make a checkup at the Airport or in some special place?
There are now many designated sample collection points and testing centers and the Ministry of Health is accrediting more. These are updated on the Uganda Ministry of Health website. Those who live close to Entebbe can also have their samples taken from the Airport Medical Centre, which is open 24 hours.

7. Can I enter Uganda with a negative PCR test on my phone, or do I require a printout copy?
If the result is clear on the phone and easy to verify, it can be accepted. However, verification of the results on phone may take time and in case the queue is long, one may have to be asked to stand aside to wait for verification. A printed version is easier and more convenient.

8. Are there any restrictions on certain nationalities which cannot enter the country due to COVID-19?
There are no restrictions on any nationalities entering Uganda due to COVID-19 so long as they have an authentic and valid negative COVID-19 Polymerase Chain Reaction test certificate on arrival.

9. Are arriving passengers aboard the night flights such as KLM Airline that lands at Entebbe International Airport at 22:30 hours affected by the curfew in Uganda?
The passengers who arrive on the late night flights after curfew has started will have to show the police their copies of travel documents in case they are stopped by police along the way. Those who would have dropped passengers at the Airport would need to keep the Airport parking receipt, which is evidence of having been to the Airport.
Uganda shines in control of disease outbreaks

By Our Writer

2nd April 2021
Kampala

Since 2018, Uganda has been in emergency mode and has had to respond to outbreaks of Ebola Virus disease, Yellow Fever, Measles and Crimean Congo Hemorrhagic Fever all in regular succession.

At the same time, the country has been ready and constantly monitoring the Ebola outbreak in the Democratic Republic of Congo (DRC) with heightened keen interest.

While this might put Uganda slightly ahead of other countries in the region in terms of readiness, authorities are not taking any chances.

The Ministry of Health, with support from partners, has put in place a comprehensive response plan that is guiding ongoing preparedness activities, which many believe it is the reason the country is able time and again to control these deadly disease outbreaks. Consequently, all health workers are always on high alert and several health facilities are prepared to manage expected patients.

Public awareness and promotion of preventive behaviors such as regular hand washing are some of the major activities being implemented at the moment.

These efforts are spearheaded by His Excellency President Yoweri Kaguta who is constantly advising Ugandans to adopt and practice proven behaviours capable of stemming the spread of the infection (Covid-19).

Recently, Uganda was ranked by the Medical journal, the Lancet as one of the top 10 best performing countries in the world in suppressing COVID-19 as of August, 2020.

The latest ranking also confirms that Uganda is the best performing country on the African continent, a position that Ugandans must be proud of.

This is largely attributed to the frontline health workers who have committed their time and lives to serving and saving both Ugandan citizens and residents who have been afflicted by the COVID-19 pandemic.

According to the Lancet Commission, the data reports were based on four indicators of the pandemic which include; number of newly confirmed cases per million population per day averaged over the 31 days of August, the mortality rate measured as the deaths per million per day averaged over the same period, the number of COVID-19 tests done in August relative to
the number of new cases in August.

The country recorded her first case of COVID-19 on March 21st 2020 of a 36-year old Ugandan male returning from abroad. The index case was detected by Uganda’s screening mechanisms at Entebbe International Airport, an intervention that was adopted in the Country’s preparedness phase following the outbreak of COVID-19 in Wuhan, China in December, 2019.

The country’s ranking is not a mere accident but a milestone shaped by Uganda’s previous experience in combating emerging and re-emerging epidemics like Yellow Fever, Marburg and Ebola Virus Disease.

In one of her regular updates to the country on the COVID-19 Response, Minister of Health, Dr. Jane Ruth Aceng Ocero observed that Uganda’s ranking was largely attributed to the strategic and exemplary leadership by President Yoweri K. Museveni and the selfless efforts by the country’s health workers and scientists.

"I would like to appreciate H.E. the President for his visionary and remarkable leadership in the COVID-19 response which has enabled Uganda to make her mark on the global front in the response to this pandemic," DrAceng said while referring to Uganda’s ranking by the Lancet COVID 19 Commission of experts in their statement to the 75th session of the UN General Assembly.

She added that Uganda’s performance in controlling COVID-19 is rooted in her previous experience in combating other major outbreaks such as the Gulu Ebola outbreak of 2000 and the HIV epidemic.

“Before the West African Ebola outbreak, the Ebola outbreak in Gulu was the largest Ebola outbreak ever registered globally, but we managed to avert the situation and similarly prevented another bigger Ebola outbreak from DRC since 2018 to 2020 from becoming a big outbreak in Uganda,” she said.

While commenting on Uganda’s global performance, the Ministry of Health Permanent Secretary, Dr. Diana Atwine said it’s the frontline health workers and the leadership by the President that have made Uganda shine.

“We thank God for whatever we have achieved. It is because of our President, the Champion of Health and the dedicated health workers and the entire scientific community” Dr. Atwine said.

She observed that the government will continue investing into its health care system with a key focus on the human resources, health infrastructure and in research.

Uganda has invested heavily in equipping the Mulago National Referral Hospital and all Regional Referral Hospitals with key critical care equipment needed in treating COVID-19 like Intensive Care units and ventilators.

It has also embarked on a process of building emergency medical services systems that have centrally controlled ambulances.

According to the Acting Commissioner in charge of Health Infrastructure at the Ministry of Health, Eng. George Otim, the exercise for Installation of ICU beds and ventilators has been concluded at Mulago National Specialized Hospital, and Regional Referral Hospitals like Jinja, St. Mary’s Hospital, Lacor, Lira, Kabale, Fort Portal and Mbale.

Over 1,500 health workers directly working in the COVID-19 Response have also been trained and equipped with knowledge on the various protocols that have been deployed to control the pandemic. In the same vein, Uganda has ensured that there is continuity of other non Covid-19 health services like care and treatment for Non Communicable Diseases and other Communicable disease like HIV/AIDS, TB and Malaria.

In a nutshell, Uganda marked her 58th Independence anniversary with great improvements and milestones in the Health care system that are all geared at achieving the Health Sector vision of “Having a healthy and productive population that contributes to social and national development.”
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COVID -19 Support

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MPS inspect a laboratory set up by government for rapid testing

Uganda Police Spokesperson Fred Enanga briefs media and public on Covid-19

Response to accidents and other emergencies

Uganda Red Cross Society staff at the ground breaking of Bunambutye Health Center

Samples being picked from a truck driver at Vurra border point Arua district

Opening of the first port health facility at Mutukula border post
Parliament of Uganda staff waiting for their COVID-19 Jab

Hon. Peter Ogwang receiving his Covid-19 JAB

Pupils attending class while observing SOPS
The impact of Covid-19 on Uganda

By Our Writer

22 March 2021
Kampala

When Coronavirus, better known as COVID-19 broke out in Wuhan, China, many countries including Uganda, thought it was one of those viruses that would not have any major impact, and one that would not cross over China to other countries.

Infact many people especially in Africa called it a white mans’ disease that would not catch the Africans, but they lied to themselves, the virus was real and had come to stay.

Just like other countries, Uganda on March 21, 2020 registered her first COVID-19 case, which was imported from Dubai, by a 36 year old Ugandan male.

This worried many Ugandans who had believed that Uganda wouldn’t get any case after many months of not registering any case, despite the virus affecting neighboring states like Kenya.

With the first case of on record, the authorities in Uganda, under the leadership of President Yoweri Museveni moved fast and it was time to act, by declaring a partial lockdown of the country, which resulted into suspending of public, and private transport save for essential workers.

This went on for a number of months, affecting many Ugandans in different ways, but most importantly socially, and economically.

The country which started with one case in March 2020 now has 40,734 cases, with15, 147 recoveries and 334 deaths.

While COVID-19 is a health pandemic, the impacts of this pandemic is not limited to the health of a given population, but also has impacts on the economy and society’s well-being.

This is in part because efforts to limit and contain the spread of COVID-19 has led to a slowdown in economic activity and people’s ability to make ends meet.

For example, many in Uganda who rely on daily wages are unable to go out and work, and many business owners have seen supply chains disrupted and demand dry up.

Economic Impact

A likely increase in poverty as the economy slows down. The economy is projected to have slowed down by nearly half for the financial year 2019–2020 (referred to throughout as FY2019/20), with further uncertainties for FY2020/21.
This increases the likelihood of a rise in poverty during and after the Covid-19 pandemic.

Many people face a reduction in their income due to job and livelihood losses, reduced flow of remittances, loss of market and demand for domestic products.


However, the increase does not seem to be driven by the anticipated cost of Covid-19 response measures in FY2020/21. The structure of the current budget remains largely similar to the previous financial year despite the overwhelming impact of the pandemic on Uganda’s economy and resource basket for FY2020/21.

Works and transport remain the most funded sectors, and security, interest payments and education received increased investment. This reflects the same patterns as previous years, with these sectors as the top financed sectors of the economy.

Major shortfalls in domestic revenues: While total revenue is expected to grow, Uganda’s revenue collection will be affected by the pandemic.

Major shortfalls have already been registered in FY2019/20.

There are also projections for declines in FY2020/21 targets. These projections are based on a situation where the virus is quickly contained, but these shortfalls could significantly exceed projections if the current restrictive control measures continue.

Increasing public debt: Major shortfalls in revenue collection pushed the government into high levels of borrowing to cover its fiscal deficit for both FY2019/20 and FY2020/21. If this continues, it will contribute to a further increase in the total public debt, which has grown from 22.4% in 2010 to a projected 41% of GDP by the end of FY2019/20.

As a result, Uganda’s debt servicing commitments will continue increasing, as rising external public loan financing requires high commitment fees, and non-concessional domestic borrowing attracts huge interests.

Interest payments alone will take up 9 per cent of total resource envelop for financial year 2020/2021, thus more money is being allocated to interest payment and away from service delivery or development spending that could benefit people living in poverty.

Unequal targeting of Covid-19 response measures: Over 8 million Ugandans (19.7%) live below the national poverty line. However, the government’s Covid-19 relief programmes, like food and other relief aid, have been directed primarily at the 1.5 million people living in urban areas in the Kampala and Wakiso districts, rather than those in rural areas. Similarly, the government’s response measures are focused on the formal sector, meaning that they will not reach the poorest and most vulnerable citizens.

These people tend to work in the informal sector and are unable to access government measures like loans and tax benefits.

This is likely to cause further inequality between rural and urban populations, and exacerbate poverty and vulnerability.

Disruption of service delivery in health and other sectors: Due to Covid-19, Ugandans living in poverty who rely on the government’s free healthcare programmes have experienced a reduced access to primary healthcare.

As a result, Uganda has registered an increase in number of preventable deaths during childbirth and in other health emergencies, and an increased occurrence of deaths due to preventable disease like malaria. Access to family planning and other healthcare programmes has also been compromised.

However with the opening up, of many sectors, the country’s social and economic sectors are recovering little by little.
Symptoms of Covid

COVID-19 affects different people in different ways. Most infected people will develop mild to moderate illness.

Most common symptoms:
- Fever
- Dry cough
- Tiredness

Less common symptoms:
- Aches and pains
- Sore throat
- Diarrhea
- Conjunctivitis
- Headache
- Loss of taste or smell
- A rash on skin, or discoloration of fingers or toes

Serious symptoms:
- Difficulty in breathing or shortness of breath
- Chest pain or pressure
- Loss of speech or movement

Seek immediate medical attention if you have symptoms.

Protect yourself and others from COVID-19

If COVID-19 is spreading in your community, stay safe by taking some simple precautions, such as physical distancing, wearing a mask, keeping rooms well ventilated, avoiding crowds, cleaning your hands and coughing into a bent elbow or tissue.

COVID-19 Vaccination sites in Kampala Capital City

“Know your Vaccination Center in Kampala Capital City”

**Makindye Division**
- Kiruddu National Referral Hospital
- Kisugu Health Center III
- St. Francis Nsambya Hospital
- Kibuli Hospital

**Central Division**
- Kisenyi Health Center IV
- Vina Medical Center
- City Hall Clinic
- Kamwokya Christian Caring Centre

**Lubaga Division**
- Lubaga Hospital
- Mengo Hospital
- Kawaala Health Center III
- Kitebi Health Center III

**Kawempe Division**
- Komamboga Health Center III
- Kisaasi Church of Uganda MC
- St. Stephen Mpererwe Hospital
- Kawempe National Referral Hospital

**Nakawa Division**
- Butabika Hospital
- Kiswa Health Center III
- China-Uganda Friendship Hospital, Naguru
- UMC Victoria Hospital, Bukoto

In all other districts, COVID-19 Vaccination is taking place at designated health center III, IV, General Hospital and Regional Referral Hospitals.
Ist Deputy Prime Minister Rt Hon. Moses Ali flagging off mask distribution


Food distribution during Covid-19 lockdown
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