Data updated April 30, 2020

Uganda

Effective Implementation of Public Health and Social Measures in Uganda:
Situational Analysis

Background

Public health and social measures (PHSMs) are an important strategy to slow transmission of COVID-19 and reduce the burden on health care systems. Effective implementation of PHSMs requires public support and adherence, but they can place a significant burden on people, especially when they restrict movement or entail the closure of services. This situational analysis, based on publicly available data and a recent phone survey, aims to inform efforts in Uganda to balance PHSMs to mitigate COVID-19 with other priorities, including public acceptance and social impacts.

Highlights[1]

Public health and social measures should respond to data about the growth of the epidemic and be implemented in a way that engages communities. Communities should be involved in helping to determine strategies for adapting measures to the local context, protecting livelihoods, and introducing appropriate relief measures to counteract the economic impact of these measures. The government should counter misinformation with appropriate risk communication and engage with communities to ensure voluntary adherence to COVID-19 response measures.

- According to reported cases, the growth rate of the epidemic in Uganda has been slow. The government has implemented strong measures to mitigate the spread of the virus, with the country in lockdown since the end of March. These measures are also reflected in a large decrease in population mobility since mid-March.

- Truck drivers carrying essential goods from port cities in neighboring Kenya and Tanzania prompted worry of increased spread of the disease. Extensive mandatory testing at border crossings has identified 25 cases among foreign truck drivers, but is resulting in lengthy delays to cross the border. Foreign drivers have protested a proposal that they hand over their trucks and cargo to Ugandan drivers at the border.

- A survey of adults in Kampala found that public support for and trust in the government remained relatively high, with 79% supporting the government response and 82% trusting government information about COVID-19.

- There is widespread belief in some rumors and myths about COVID-19, a number of which could offer a false sense of protection or put specific groups of people at risk due to stigma. Ugandans surveyed have low risk perceptions compared to other African Union Member States polled, with only two in three thinking that the epidemic would be a problem for the country and only one in three believing their personal risk of infection was high.

- The current lockdown has the potential to threaten livelihoods and have severe negative social and economic impact, particularly for poor households and informal workers such as market traders, food vendors, drivers of boda bodas (bicycle or motorcycle taxis), and others who cannot work due to regulations.

- Food security is a major concern, particularly given the desert locust invasion affecting the east and northeast of Uganda.
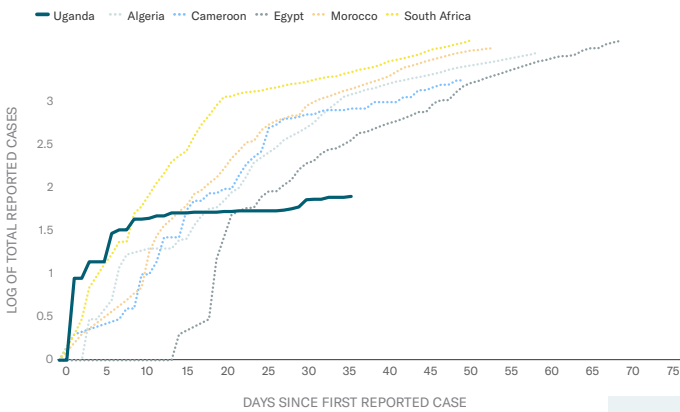
1   This situational analysis brief is based on data from available sources as of the date of publication, and may not reflect more recent developments or data from other sources not referenced. Information about data sources available here: https://preventepidemics.org/coronavirus/perc/data

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Disease Dynamics

THE GROWTH OF THE EPIDEMIC IN UGANDA HAS REMAINED LOW, WITH A TOTAL OF 81 CONFIRMED CASES AS OF APRIL 30.

Total cases	Total deaths	Case-fatality rate (%)	Total # of days to double case count	Date of first reported case
81	0	0	30	March 22

Rate of growth of caseload in Uganda has slowed compared to high-caseload African Union Member States
as of April 30, 2020

Uganda   Algeria   Cameroon   Egypt   Morocco   South Africa

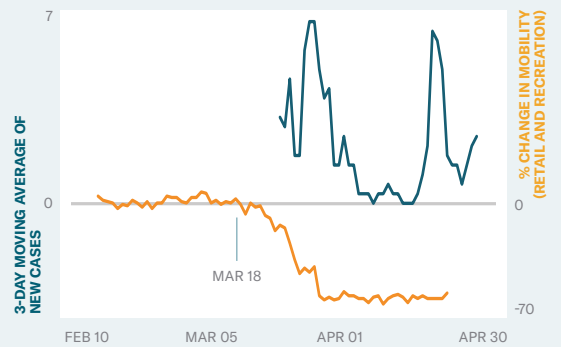LOG OF TOTAL REPORTED CASES

DAYS SINCE FIRST REPORTED CASE

- Uganda first began reporting cases on March 22. When compared to the five African Union (AU) Member States with the highest caseloads, Uganda's caseload has grown at a slower pace.

- The daily number of new reported cases in Uganda has remained low over the past two weeks.

- As of April 30, the doubling time is 30 days. Doubling time is the number of days it took for cases to double to reach the current level. This metric can be used to estimate the recent rate of transmission, with higher doubling times indicating slower growth. In general, doubling times exceeding seven to 10 days and increasing over time suggest a slowing of the epidemic.

- If testing is deemed to be sufficient or is increasing, then changes in case counts per day can also be used to assess COVID-19 transmission. To date, 31,348 people in Uganda have been tested for COVID-19, equivalent to 0.69 tests per 1,000 population. This is similar to the rate of testing in Senegal (0.76 per 1,000) but low relative to South Africa (3.5) and Tunisia (1.94).[2]

Implementation of Key PHSMs

UGANDA BEGAN IMPLEMENTING PHSMS BEFORE ANY COVID-19 CASES HAD BEEN REPORTED. STRONG LOCKDOWN MEASURES WERE IMPLEMENTED WITHIN A WEEK OF THE FIRST REPORTED CASE AND WERE FURTHER INTENSIFIED WITHIN TWO WEEKS.

A large decrease in population mobility followed mid-March school closures and limits on public gatherings, with further declines around the time of the lockdown at the end of March. Visits to retail and recreation sites are down by 68% from baseline.

3-DAY MOVING AVERAGE OF NEW CASES

% CHANGE IN MOBILITY (RETAIL AND RECREATION)

MAR 18

FEB 10   MAR 05   APR 01   APR 30

3-day moving average of new cases and date of PHSM implementation

March 7: Testing, isolation and self-quarantine of all travelers returning from high-risk countries; travel to those countries restricted

March 18: Religious, political and cultural gatherings of more than 10 people prohibited; schools closed; court hearings and appearances suspended for 32 days; discos, dances, bars, sports, music shows, cinemas and concerts closed

March 22: Public transport suspended; trading in non-food items at markets suspended; selling cooked food in streets prohibited

March 25: All borders closed; flights suspended

March 31: 14-day lockdown announced, all movement prohibited, even in private vehicles. Nightly curfew from 7 p.m. to 6:30 a.m.; food market sellers may not return home during lockdown, but must find accommodation close to their food stall if they wish to continue to op-

erate; gatherings of more than five people prohibited; all shops closed except for those selling essential products

April 8: Outdoor exercise banned; boda bodas banned after 2 p.m.

April 14: Lockdown extended for an additional 21 days

3-DAY MOVING AVERAGE OF NEW CASES

Mar 05   Mar 08   Mar 11   Mar 14   Mar 17   Mar 20   Mar 23   Mar 26   Mar 29   Apr 01   Apr 04   Apr 07   Apr 07   Apr 10   Apr 13   Apr 16   Apr 19   Apr 22   Apr 25   Apr 28   May 01

LESS   ● ● ● ● ●   MORE   **NUMBER OF PHSMs IMPLEMENTED**

2   Note that Our World in Data only collates testing data for the following AU Member States: Ethiopia, Ghana, Kenya, Morocco, Nigeria, Rwanda, Senegal, South Africa, Tunisia, Uganda and Zimbabwe. Source: official sources collated by Our World in Data https://ourworldindata.org/grapher/full-list-total-tests-for-covid-19

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Public Reactions to COVID-19 and Related PHSMs

Timing of poll in Uganda

RESULTS FROM RECENT POLLING

Market research firm Ipsos conducted a telephone poll of 1,073 adults in Kampala between March 29 and April 1, 2020. At the time of polling, Uganda had 30 to 44 confirmed COVID-19 cases.
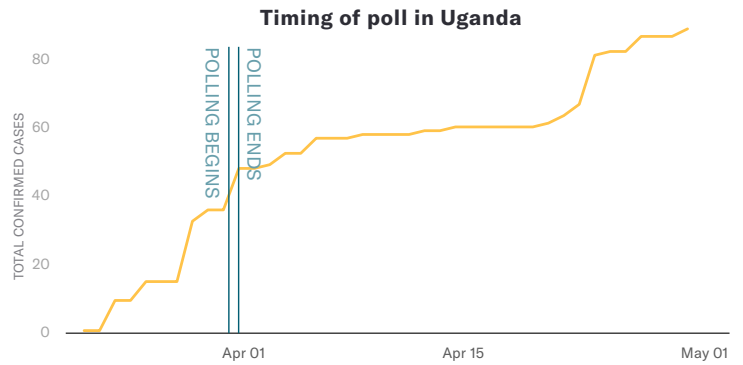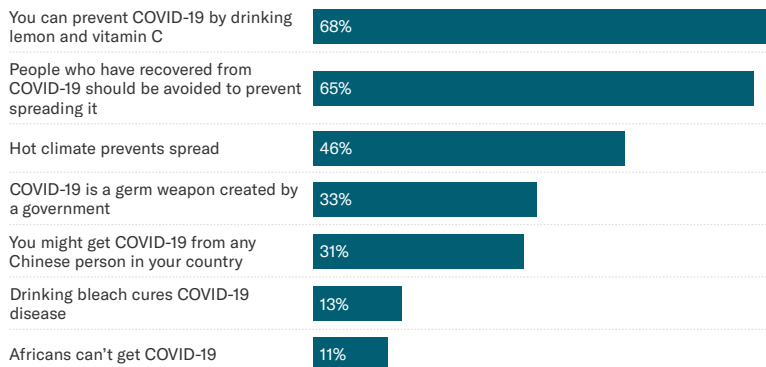
Information on COVID-19

In the poll, Ugandans reported high awareness of COVID-19 (99%) and basic awareness of disease symptoms and spread. However, some harmful misconceptions persist around avoidance and "cures," such that hot climate prevents spread (46% believe this to be true), Africans cannot get COVID-19 (11%) or that drinking bleach is a cure (13%). There are also some prevalent misconceptions that could lead to stigmatization of people with the disease, with 65% believing that individuals who have recovered should be avoided, and 31% thinking "you might get it from any Chinese person in your country." A sizeable minority (35%) felt they needed more information, particularly on transmission, treatment and whether there was a vaccine.
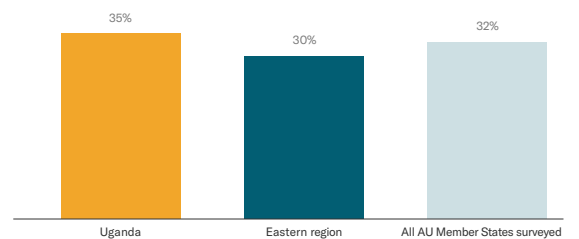
Belief in Misinformation and Rumors

Percentage believing each false statement is probably or definitely true

You can prevent COVID-19 by drinking lemon and vitamin C	68%
People who have recovered from COVID-19 should be avoided to prevent spreading it	65%
Hot climate prevents spread	46%
COVID-19 is a germ weapon created by a government	33%
You might get COVID-19 from any Chinese person in your country	31%
Drinking bleach cures COVID-19 disease	13%
Africans can't get COVID-19	11%

Demand for Information

Percentage reporting they **do not** currently have enough information about COVID-19

Information Needs

26%
want more information on how to cure COVID-19 or if there is a cure

18%
want more information on how COVID-19 spreads

17%
want more information on how COVID-19 spreads
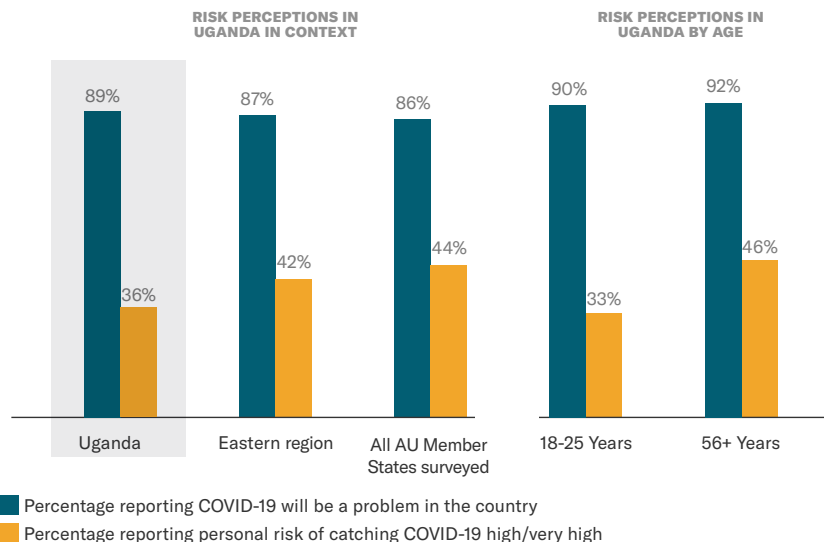
Risk Perceptions

Two in three (66%) urban Ugandans polled said they expected that COVID-19 will be a problem for Uganda. Far fewer respondents (36%) believed that their personal risk of infection was high or very high, a lower proportion than the East African region (42%) and across all Member States polled (44%).

RISK PERCEPTIONS IN UGANDA IN CONTEXT

RISK PERCEPTIONS IN UGANDA BY AGE

■ Percentage reporting COVID-19 will be a problem in the country
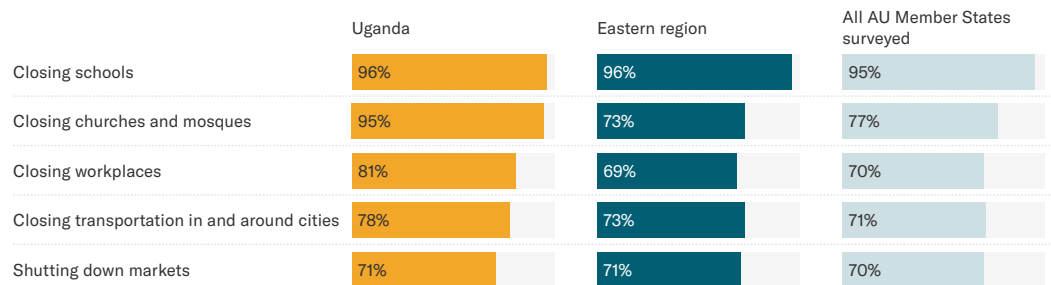■ Percentage reporting personal risk of catching COVID-19 high/very high

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Support for Government and PHSMs

A large majority of Ugandans surveyed were positive about the government's response to date, with 79% satisfied. These levels of satisfaction are reflected in high levels of trust in information from the government (82%). These are higher levels of support and trust compared to the regional and continent-wide average. Respondents expressed optimism that they would be able to get the care they needed to if they became ill, with 62% confident that they could get help.
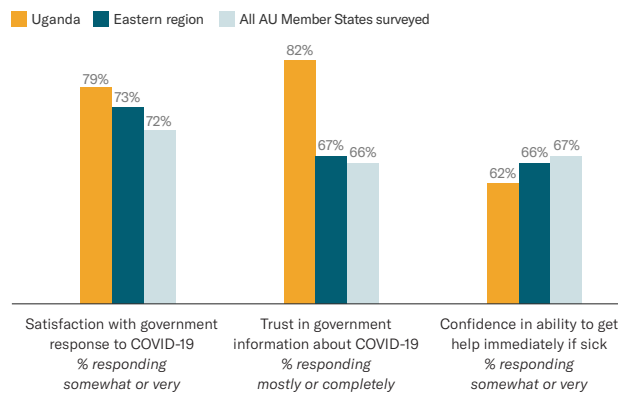
Respondents expressed support for a wide range of personal and community public health and social measures to help limit the spread of COVID-19 (for example, 96% support school closures), but there was somewhat lower support for closing markets (71%) and transport in and around cities (78%).

Support for PHSMs
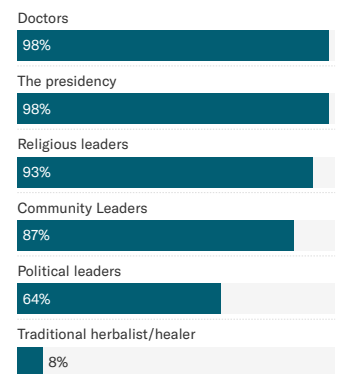Percentage of respondents that somewhat or strongly support

	Uganda	Eastern region	All AU Member States surveyed
Closing schools	96%	96%	95%
Closing churches and mosques	95%	73%	77%
Closing workplaces	81%	69%	70%
Closing transportation in and around cities	78%	73%	71%
Shutting down markets	71%	71%	70%

Perceptions of Government & Health System

Legend: Uganda / Eastern region / All AU Member States surveyed

	Uganda	Eastern region	All AU Member States surveyed
Satisfaction with government response to COVID-19 % responding somewhat or very	79%	73%	72%
Trust in government information about COVID-19 % responding mostly or completely	82%	67%	66%
Confidence in ability to get help immediately if sick % responding somewhat or very	62%	66%	67%

Trust in Information Sources
Percentage that completely or mostly trust each source for health information

Doctors	98%
The presidency	98%
Religious leaders	93%
Community Leaders	87%
Political leaders	64%
Traditional herbalist/healer	8%

Barriers to Adherence

Such interventions may be difficult to comply with as current personal supplies of food and cash will last less than one week for most Ugandans, and only one in three have separate rooms at home to isolate sick family members. These measures will be particularly challenging for lower-income Ugandans.
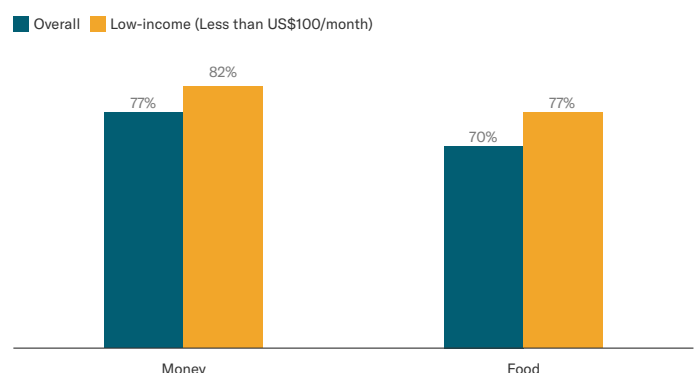
33%
of respondents have a separate room in the home to isolate someone with COVID-19

25%
of respondents in families making less than US$100 per month have a separate room in the home to isolate someone with COVID-19

Supplies of Food & Money
Percentage who expect to run out in 1 week or less

Legend: Overall / Low-income (Less than US$100/month)

	Overall	Low-income (Less than US$100/month)
Money	77%	82%
Food	70%	77%

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Economic and Relief Measures

The Bank of Uganda estimates that the effects of COVID-19 will reduce economic growth by 3% to 4% in 2020, with reduced demand for exports and domestic services. Food security was an ongoing concern prior to the COVID-19 crisis, with more than 13 million Ugandans consuming insufficient food.

- **Health care:** The government is using a contingency fund from the national budget to finance US$1.3 million for a Ministry of Health Preparedness and Response plan and has passed a supplementary budget of US$80 million to finance critical sectors.
- **Social support:** The government will subsidize credit to the private sector to engage in the response, provide tax and social security deferments, expand labor-intensive public works to offset employment effects, and provide support for water and electricity.
- **Food security:** The government distributed food to 1.5 million vulnerable households in Kampala and Wasiko following the lockdown. The distribution will be extended to other parts of the country if resources are available.

Overview of Security Incidents Related to COVID-19

A rise in unrest or insecurity—including peaceful protests as well as riots and violence by and against civilians—can affect adherence to PHSMs and serve as a warning sign of the burden such measures are imposing on the population. A high number of security incidents have been reported in Uganda. These have involved alleged violence and extortion by police and paramilitaries against civilians; use of tear gas and live rounds to disperse crowds; attacks on journalists, health care workers, migrants, women, and vulnerable groups; violence against boda boda drivers and passengers during enforcement of the transport ban; and demonstrations and riots by vendors and market traders whose livelihoods are affected by lockdown measures. Three fatalities have been reported.

INFORMATION ABOUT DATA SOURCES AVAILABLE HERE: HTTPS://PREVENTEPIDEMICS.ORG/CORONAVIRUS/PERC/DATA