

COVID-19 a litmus test to the fragility of health systems

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The COVID-19 pandemic has caused global uncertainty and panic from which no country has been spared. Across the world travel has been put on indefinite hold; countries have closed borders, schools, businesses, restaurants, markets and offices; religious, social and political functions have been suspended. I have never seen so much uncertainty in my lifetime.

Closing down travel and businesses has had consequence that industries have halted production, global supply chains have shut down and commodity prices have gone on a rise. This has caused panic among governments and their citizens alike. Countries have put restrictions on cross border travel and some on in country movements.

These dire times have exposed the lack of preparedness of health systems globally. There have been media reports of insufficient capacity in the Global North and a rush to ramp up production, importation of essential protective and supportive supplies, efforts to develop tests and treatment as well as to improvise infrastructure to manage the pandemic. Whereas countries in the Global North are struggling to cope, the situation in developing countries with weak, fragile health systems is expected to be dreadful if urgent measures are not taken to control the spread of the virus.

The Ugandan government has been on top of matters. A highly coordinated and responsive national taskforce as well as district taskforces were set up, guidelines have been developed and regularly updated. As of 30th March 2020, the entire country was placed under lockdown with only essential services, such as food and emergency services like medical services allowed to operate. Time will tell, but the hope is that these precautionary measures will help to avoid unfurling catastrophes seen in Europe and the United States. However, these measures should be coupled with health system strengthening to address challenges, particularly at community level:

There are no sub-county and village level rapid response units. Communities currently coordinate their own efforts to reach district level, but even when they do, the response is very slow. I have heard of instances where community members contacted the district taskforce but a response was not received within six hours. District task teams should designate a contact person for each village. The district taskforces are not adequately facilitated to undertake their assignments. There is information that districts rapid response units have not been provided with funds to support their activities. They have to improvise

from within the district department budgets for fuel to allow them to reach areas where COVID-19 suspects are identified. The districts lack testing kits and are overwhelmed by individuals that desire to take tests. There is one national testing centre to which all collected samples have to be sent; lack of hand sanitiser and protective gear, such as face masks, gloves, gowns for the health workers on the frontline. Many hospitals lack the capacity to deal with patients that may require critical care as result of COVID-19. A telling story is one from Budaka district circulated on social media where the community mobilised and transported a suspected COVID-19 patient to Mbale regional referral hospital only for the hospital to refer the patient back to Budaka due to lack of equipment. Urgent review and capacitation of hospitals with required infrastructure such as intensive care units, ventilators, protective gear and supplies is required.

The prevailing fear and panic have and will further constrain other essential services at health facilities. The lack of protective gear, coupled with limited counselling for health workers creates concerns they may (understandably) fear to expose themselves to the disease for the sake of serving their communities. Training of health workers is therefore necessary during this time.

The closure of both public and private transport will not only affect the availability of health workers at health facilities, but the means for patients to reach the facilities. Health workers that do not reside at health facilities use public means such as *boda bodas* to get to work as does the majority of the population.

There is an overload of information and misinformation via formal and informal media. Misinformation circulated on social media may be dangerous. Vigilantes have emerged in community to seek out suspected patients, lists of supposed recent travellers have also been shared via social media. Such acts create stigma and may push individuals into hiding. The Ministry of Health has done well in terms of providing prevention information through fact sheets, use of radio and television. However, this information should be translated into different languages and measures taken to ensure it reaches those that may not be connected to mainstream media. More information and guidance is required for the public beyond prevention information to manage stress from lock downs and how to handle other consequences of COVID-19.

The government response has so far focused on the public sector and yet the private sector offers up to 50% of health services and is the first point of contact

for the public. Engagement of private sector in identification of patients, testing, counselling and referral will help to reduce constraints at public facilities. Due to disruption of global supply chains and increased demand buoyed panic buying, private sector prices of medicines have skyrocketed. For example, the price of hand sanitizer increased from UGX 27,500 per litre to UGX 125,000, Vitamin C increased from UGX 4,000 per 100 tablets to UGX 20,000, hand gloves from UGX 15,000 to UGX 30,000, face masks from UGX 700 to UGX 5000 each. To avert such shocks, these and many other commodities can be manufactured locally and it may be an opportune time to rethink price regulations. Government should look beyond prevention measures to ensure the health system is prepared for eventualities of increased COVID cases. Community mobilisation, increased funds to health sector as well as multistakeholder and inter-country efforts are required.