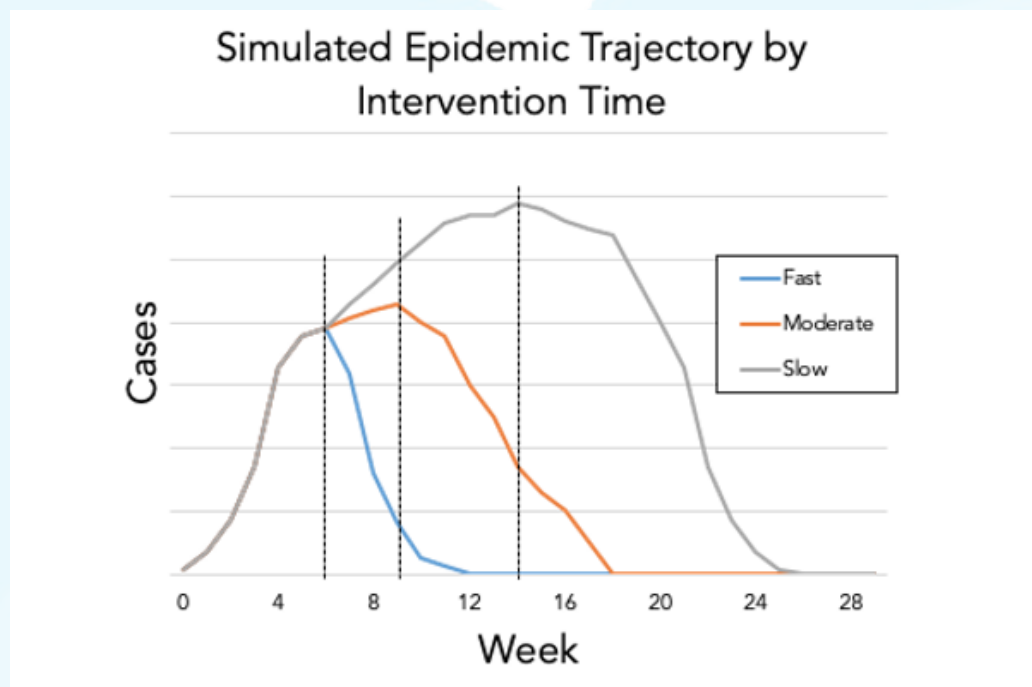


# Preparing a Rapid Response Team to COVID-19 pandemic in Uganda: Trials and Triumphs - 12<sup>th</sup> June 2020

In December 2019, when the world became awash with shocking news of the epidemic outbreak of a severe acute respiratory syndrome – coronavirus2 (SARS-Cov-2) in Wuhan China, a global pandemic that we have five months down the road – May 2020 - was unexpected. Continued reports of high mortality as a result of the virus-elicited disease (COVID-19) as well as the dangers of its unparalleled transmission by infected but asymptomatic people, further complicated the pandemic. In fact, some studies showed that asymptomatic infection is between 20 to 40% of total cases of COVID-19, which makes control of community transmission very complicated. The speed at which the virus spread all over the globe, did not afford global health and political leaders adequate time to harmonize lessons and strategies to combat the pandemic, leaving each country on its own, to flatten the virus infection curve as it unfolded



In Uganda, the head of the state, **H.E. YK Museveni** led the national COVID-19 taskforce, promoting several infection prevention and control (IPC) interventions fit for community level including social distancing (aka Tonsemerera), hand hygiene. The President of Uganda also ordered a national lockdown to allow the ministry of health (MoH) prepare for all eventualities, basing on lessons from China. The Infectious Diseases Institute IDI, with its capacity building expertise in Global Health Security (GHS) programming, was tasked with preparing a rapid response team. The GHS' previous experience from combating the Marburg and Ebola virus disease (MVD and EVD) would be pivotal in leveraging MoH to triumph over the COVID-19 pandemic trial.



**The Trials:** Implementing the national COVID-19 rapid response plan in a safe manner was not an easy task.

- Remote (online) training was a new concept to health workers
- Resource mobilization and re-purposing to support COVID-19 IPC was a potential hazard to other infectious disease programs.
- Risky communication about COVID-19 and its ravaging effects was concerning, especially to at-risk populations and people living with HIV (PLHIV)





- The Triumphs:** IDI successfully leveraged the COVID-19 national task force in various ways, which saw the MoH triumph in flattening the COVID-19 outbreak to the best extent possible.



**Entrenching Basic Infection Prevention & Control (IPC) Measures:** Through the Risk Communication pillar of the Ministry of Health, IDI assigned a full time duty officer Peter Babigumira Ahabwe to catalyze entrenchment of the basic IPC measures in personal and institutional routines.





✓ **Remote meetings:** IDI enabled remote meetings via Zoom® for the national and districts task force teams, thereby ensuring rapid response while social distancing.

✓ **Legal aid:** IDI's legal experts supported the office of the minister of health to draft "a legal opinion on the Mandate of Minister of Health on COVID-19 Preparedness and Response" and a legal instrument on COVID-19 IPC.

✓ **Formulating the National COVID-19 Response Plan:** With IDI's support, MoH drafted and reviewed the National COVID-19 Preparedness and Response Plan and Framework, which was approved as a national guide on 21<sup>st</sup> February 2020. IDI supported the development of COVID-19 guidelines for Case Management and Infection Prevention and Treatment and skilled health workers in Infection Prevention and Control

✓ **Embedding IDI experts in government incident management team:**

**1. Solome Okware** (Senior technical advisor, Policy, coordinating the COVID-19 RESOLVE to save lives grant implementation)

**2. Peter Babigumira** (Peter Babigumira (Senior Project Pharmacist, and expert Pandemic Influenza Preparedness planning)

**3. Rodgers Ayebare CIC** (CBIC Certified Infection Preventionist)

✓ **GHS Key Performance Indicator Dashboard:** We developed an interactive dashboard to provide data on Key Performance Indicators (KPIs) which are monitored by the programme. [https://idighsp.shinyapps.io/GHSP\\_KPIs/](https://idighsp.shinyapps.io/GHSP_KPIs/)

✓ **Zoom® - based Health Worker Training:**

- Continue to deliver IPC training online using IDI regional platforms which remain active.
- Trained 20 health worker COVID-19 responders at Entebbe Grade B Hospital on IPC.
- Trained 43 health worker COVID-19 responders at Naguru-China Fellowship Hospital on IPC.
- Trained 100 health workers from Fort Portal Regional Referral Hospital and Mengo Hospital on COVID-19.
- Facilitated Continuous Medical Examinations and COVID-19 trainings at Mengo Hospital (100 health workers) and Fort Portal Regional Referral Hospital.

**Logistics Supply:** IDI procured and delivered basic personal protection equipment for isolation facilities supplies to facilitate

✓ isolation of cases in Entebbe Grade B Hospital

**Surveillance and Contact Tracing:** As part of the National Rapid Response Team, IDI deployed its GHS human resource to

✓ support surveillance and contact tracing as well as follow-up self-isolated cases.

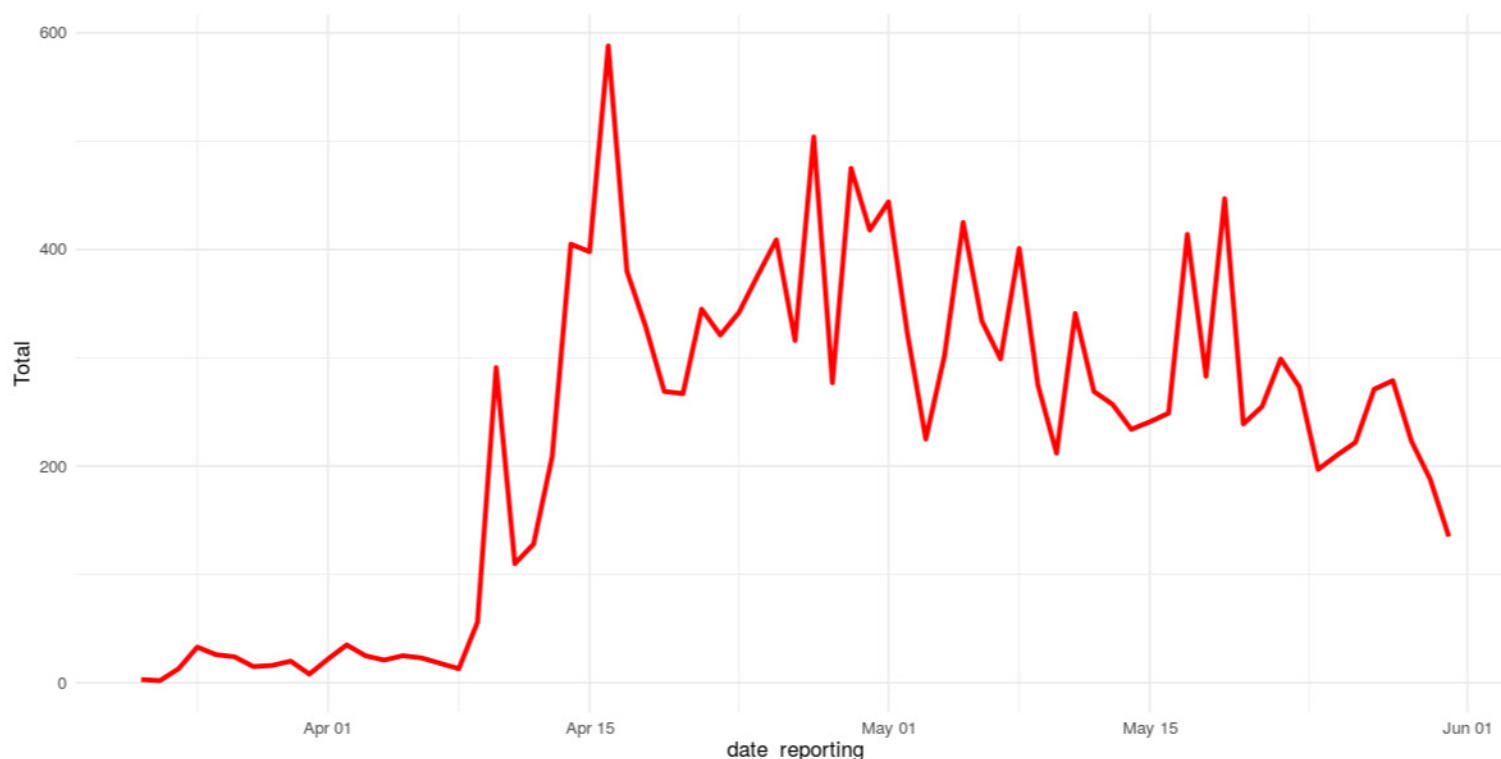
**Demystifying COVID-19 and Community transmission:** To address the problem of risky communication about COVID-19, we set up a Social Media WhatsApp group (Myth busters), to demystify social media and community-born myths as shown by the alerts

✓ received through the IDI GHS Dashboard The COVID-19 Incident Commander supervises the group and coordinates feedback. Significant issues were relayed and resolved from a total of 116 people. The Advanced Treatment Information Centre (ATIC) alumni widened the Myth busters' group to another 80 membership of 80 persons.

#### Country-wide Aggregated Data

Select Indicator:

number\_of\_covid19\_alerts ▼



✓ **Expert Opinion Contribution to global COVID-19 Correspondences:** IDI is continuously contributing to the international body of knowledge on COVID-19 through Opinions, Correspondences and Abstracts.

1. Adoption of COVID19 triage strategies for low-income settings. Lancet Respiratory Medicine. Authors: **Rodgers Ayebare, Robbie Flick, Solome Okware, Bongomin Bodo, Mohammed Lamorde**
2. **Ayebare R, Waitt P, Okello S *et al.*** Leveraging investments in Ebola preparedness for COVID-19 in Sub-Saharan Africa [version 1; peer review: 3 approved]. AAS Open Res 2020, 3:3 (<https://doi.org/10.12688/aasopenres.13052.1>) <https://aasopenresearch.org/articles/3-3>
3. **Avataneo V, de Nicolò A, Cusato J, *et al.*** Development and validation of a UHPLC-MS/MS method for quantification of the prodrug remdesivir and its metabolite GS-441524: a tool for clinical pharmacokinetics of SARS-CoV-2/COVID-19 and Ebola virus disease [published online ahead of print, 2020 May 3]. J Antimicrob Chemother. 2020;dkaa152. doi:10.1093/jac/dkaa152 (<https://pubmed.ncbi.nlm.nih.gov/32361744/>)

### Requests by frontline responders

- Continuous training on Global Health Security, IHR which are deemed as complex subjects
- Continuous training on hazardous sample collection packaging and dispatch
- Broadening trainings on several other underlying conditions that related to COVID-19
- COVID-19 Newsfeed for health workers as well as current affairs about zoonotic disease outbreaks



**INFECTIOUS DISEASES INSTITUTE**  
College of Health Sciences, Makerere University

