



## INTRODUCTION

Although the Ministry of Health 2020/22-2025/26 EMS strategy recommends a decentralised approach to emergency medical services (EMS), structures on the ground lacked a robust and functional regionalised EMS system. Emergency care is an integrated platform to deliver time-sensitive health care services for acute illness and injury across the life course. Its effective organization extends from care at the scene through transport and emergency unit care, and it ensures continuity and access to early operative and critical care when needed. It is an essential element of universal health coverage as it is often one's first point of contact with the health system. The COVID-19 pandemic has dealt a heavy toll on the fragile health system unlike any other public health emergency. As of 3rd August 2021, the World Health Organisation (WHO) reported a cumulative case load of 198,778,175 and 4,235,559 deaths due to COVID-19.

In Uganda alone, the Ministry of Health (MoH) registered 94,537 cumulative cases, 85,937 recoveries and 2,725 deaths by 30 July 2021. Crucial to effective control of the spread of the pandemic, is the emergency care systems. With rapidly increasing community spread of COVID-19, the Uganda MoH set out to strengthen EMS at regional level (regionalising EMS) with support from the US Centres for Diseases Control and Prevention (CDC). The aim is to reduce preventable deaths from complications of COVID-19 and other emergencies like trauma, maternal will be reduced through a better EMS system.

## OBJECTIVES

- To improve regionalized EMS coordination for the COVID-19 response.
- To improve capacity of general hospitals staff to triage, provide basic emergency care and make appropriate referrals of COVID-19 suspects or confirmed cases.
- To collect and disseminate data for continuous quality improvement.



## PROBLEMS BEFORE INTERVENTION

- Unforeseen and rapid increase in demand for emergency care due to COVID-19 pandemic.
- A highly centralised EMS System
- A COVID-19 containment 'avoid spread' strategy that was overtaken by community spread
- Lack of an integrated EMS Call and Dispatch Centre to support timely response to COVID-19 related demands at community based health facilities
- Limited and poorly coordinated human resource to manage emergency calls 24/7
- Delays in patient evacuations as a result of poor coordination, contributing to poor patient outcomes
- Poor coordination of ambulance services resulting affecting access and use
- Limited understanding of the emergency care continuum at health facility level (triage, recognition of acutely ill patients, providing basic resuscitation, timely and appropriate referral)
- Poorly disseminated protocols for EMS and limited oversight on their implementation.

## WHERE ARE WE TODAY?

The Makerere University Infectious Diseases Institute (IDI) is providing technical support to the MoH to regionalise EMS with funding and technical support from the US Centres for Disease Control and Prevention(CDC)

to implement the CDC/IDI EMS project under the Strengthening Partnerships for Preparedness and Response in Uganda Project (#1 NU2HGH000045-01-00 - \$5,010,000) .The goal of the project is Protecting and Improving Health Globally: Building and Strengthening Public Health Impact, Systems, Capacity and Security.



## PROGRESS TOWARDS IR1 –IMPROVED EMS COORDINATION

# 01

The project supported the existing National EMS Coordinator at the MoH EMS Department.

# 06

Regional Coordinators recruited to strengthen EMS regionalisation.

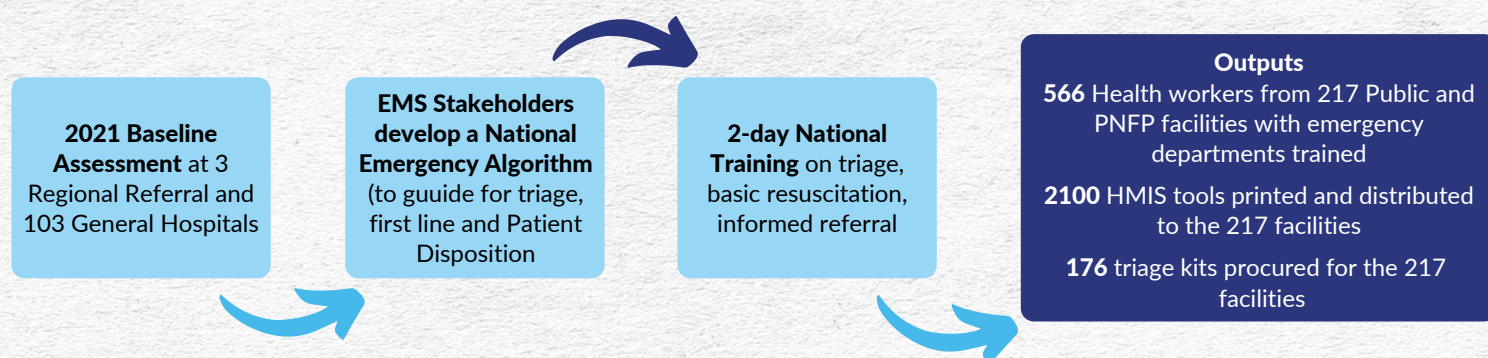
# 6/14↑

RECs deployed to Lira, Mbale, Jinja, Fort Portal, Arua Regional Referral Hospitals and Central GKMPA



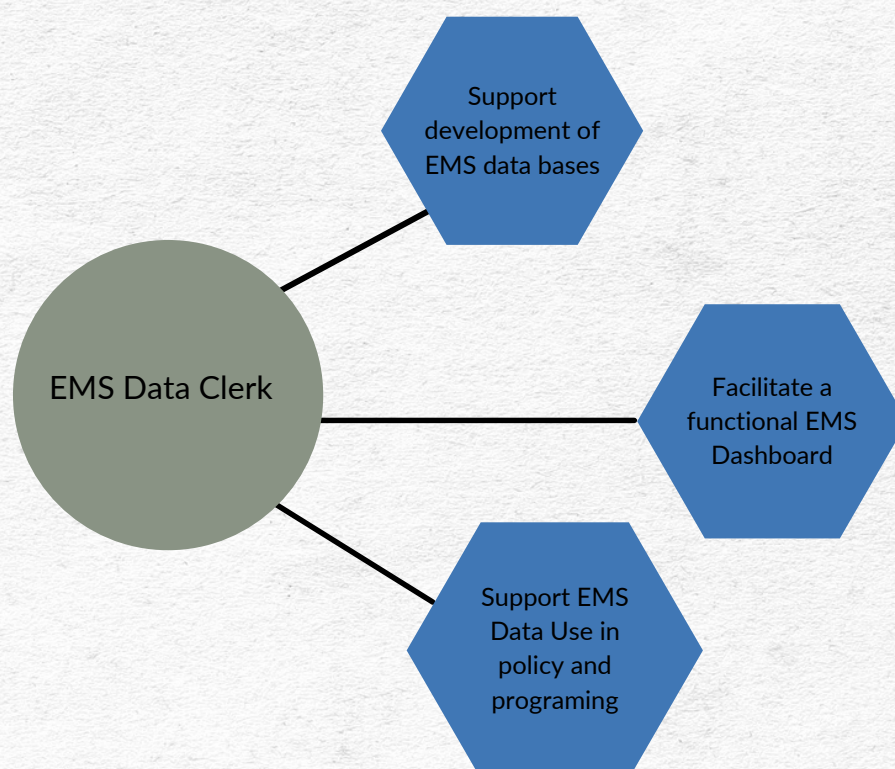
## PROGRESS TOWARDS IR2 – IMPROVED EMS CAPACITY AT HEALTH FACILITY LEVEL

The MoH collaborated with IDI and other partners including Emergency Care Society of Uganda, Makerere University Nursing and Emergency Medicine Departments, Walimu, Uganda Paediatrics Association to work with national experts from Mulago National Referral Hospital, Mbarara and Soroti Regional Referral hospital to build different EMS capacities at health facility level. The CDC/IDI EMS project supported a baseline assessment of health facilities to inform the training curriculum development and roll out. The baseline complemented a previous MoH-led baseline facility assessment in 11 health centres with support from KOFIH and SEED Global Health.

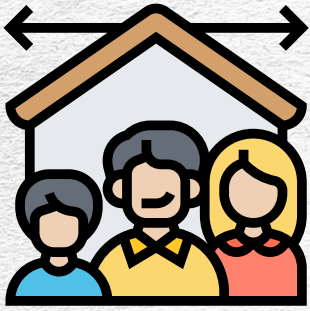


## Progress towards IR-3 – Improved EMS Data Management

The CARES Project supported the Ministry of Health recruit and deploy a data clerk at the national level to support EMS data management in a timely manner.



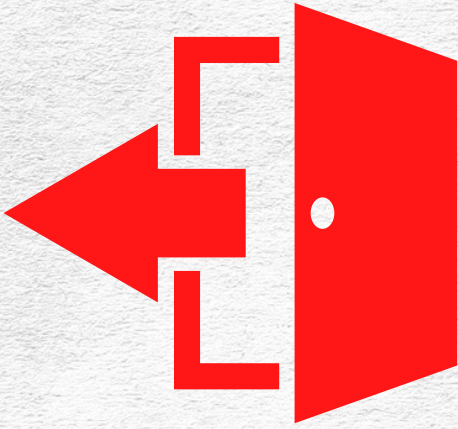




## EMS Training and mentorship sessions during the COVID 19 pandemic







Evacuation supported by the  
EMS Teams





# INNOVATING FOR TIMELY RESPONSE TO COMMUNITY EMS NEEDS

## Strengthened the Call and Dispatch Centre Human Resource

CDC/IDI EMS project supported recruitment of 18 nurses to support the GKMPA Call and Dispatch Centre workers and provide health advice to patients on home based home based care and required evacuations

## Created a 260-member Closer User Telephone Group to enhance timely EMS Delivery

EMS focal persons, COVID-19 focal persons, CTO managers, DHOs, RR Directors, Ambulance drivers, Emergency care providers

## Contributing to Ambulance Fuel Budget

CDC/IDI EMS project supported the national budget for responding to the second COVID-19 wave surge by procuring fuel for the ambulances operating in the regions

## Streamlining Communication for better EMS

CDC/IDI EMS project procured mobile telephone sets and sim cards to facilitate health worker communication and facilitate emergency patient care or referral from lower level to regional referral facilities

# SUPPORTING THE COVID-19 RESURGENCE EMS

In addition to the CDC/IDI EMS project supported targeted EMS activities as part of the resurgence response. These included the following;

**Print and Distribute EMS triage tools:** A total of 10,920 job aides were printed for the trained facilities (217) and lower level government health facilities.

## Printed Job Aides for EMS

2,100 medical checklists	2,100 paediatric UTAT charts
2,100 trauma checklists	210 large PVC Adult UTAT charts
2,100 pre-transport checklist	210 large PVC Paediatric UTAT charts
2,100 adult UTAT charts	



**Improving the Namboole CTU:** The Namboole CTU did not have EMS signboards and well-resourced triage area despite its high COVID-19 patient volume. With CDC support, the Namboole CTU team identified and equipped a triage area with signage, bed screens, job aides and a triage kit.

**Evacuation Equipment for Oxygen supply:** The Resurgence funding contributed towards the national COVID-19-related procurements. Prioritised items for early initiation of oxygen therapy for patients and continued care during evacuations from communities and between facilities.

- 03 portable cylinders
- 400 facemasks
- 200 nasal prongs.

**Improved Ambulance Response and coordination:** The project supported procurement of three tablets for GPS-enabled dispatch and tracking of ambulances.

USA AMBASSADOR TO UGANDA HER EXCELLENCY NATALIE BROWN VISTING NAMBOOLE TREATMENT CENTRE.

