

Webinar Report

Synergies against COVID-19 Webinar: Sharing of Expertise
and Experiences between Uganda and UK.

23rd April, 2020

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The COVID-19 pandemic has affected all regions of the world causing enormous health, economic, and social impact. Overall, an increase in the number of COVID-19 cases continues to be reported in various countries with no indication that the peak of the outbreak has been reached.

Established in 2013, The Uganda UK Health Alliance is a collaboration between the UK and Ministry of Health, Uganda to support UK derived programs in the health sector whilst fostering shared learning between the two health systems.

The Alliance recognises that UK and Uganda are at different stages of the pandemic. There is therefore an opportunity for institutions and individuals at the forefront of the outbreak to share knowledge and mount collaborative efforts in addressing the pandemic in Uganda and the UK. It is against this background that the Alliance organised a joint webinar on 23rd April 2020 where experts and participants from Uganda and the UK shared experiences and knowledge on collective measures to address the pandemic in the countries..

The Objectives of the Webinar were;

- To enable shared learning on the COVID-19 pandemic between Uganda and the UK
- To foster institutional collaboration on COVID-19 response between the two countries

The webinar was chaired by Prof. Nelson Sewankambo - Professor of Medicine Makerere University College of Health Sciences and Advisory Board Member Uganda UK Health Alliance. It was attended by over 300 participants mostly from the UK and Uganda.

The key areas of discussion included response measures in both countries and recommendations were made on building the capacity of individual health systems whilst strengthening global health collaboration in the fight against the pandemic.

We are grateful to Prof Rupert Jones the Co-Director , Makerere University Lung Institute for the technical input in the structure and content of the webinar.

Our appreciation goes to different government agencies from both the UK and Uganda that included Public Health England, Health Education England and Ministry of Health-Uganda for participating and sharing their expertise. We thank the very insightful and knowledgeable team of panelists from the different institutions who made the discussions very in-depth and interesting.

Most importantly, we appreciate the over 300 participants who spared time to listen in, challenge and contribute during the discussion.

The key proceedings of the webinar have been transcribed in this report in the next pages.

Profiles of Speakers

Chair

Prof Nelson Sewankambo

Professor of Medicine and former Principal, Makerere University College of Health Sciences, Advisory Board Member, Uganda UK Health Alliance.

Speakers and Panelists

Prof Gerard Ged Byrne

Director Global Engagement at Health Education England, Co-Chair Uganda UK Health Alliance, a Surgical Oncologist and Honorary Professor of Health Sciences at the University of Salford, Manchester, UK.

Dr Charles Olaro

Director Health Services –Clinical, Ministry of Health Uganda, a Senior Consultant Surgeon and Former Hospital Director Fort Portal Regional Referral Hospital.

Prof Neil Squires

Director of Global Public Health, Public Health England, UK

Prof Francis Omaswa

Executive Director and Founder, African Centre for Global Health and Social Transformation (ACHEST), Uganda, Former Special Adviser to the Director General of the World Health Organization.

Prof Mark Radford

Chief Nurse Health Education England, & Deputy Chief Nursing Officer of England, UK

Prof John Hurst

Professor of Respiratory Medicine at University College London and Honorary Consultant at Royal Free London NHS Foundation Trust, UK.

Dr Bruce Kirenga

Director Makerere University Lung Institute, Pulmonologist Department of Medicine Makerere University College of Health Sciences and Mulago National Referral Hospital, Uganda.

Dr Richard Mugahi

Asst. Commissioner Health Services-Reproductive Health, Uganda Ministry of Health, Former District Health Officer Kabarole District, Uganda

Dr Josephine Okwera

Director Health and Social Services-Uganda Red Cross Society, Kampala, Uganda

Dr Sheba Gitta

Country Director Tropical Health & Education Trust, Former Deputy Executive Director and Head of Science & Public Affairs at African Field Epidemiology Network (AFENET)

AGENDA

Time (EAT)	Activity	Responsible Person (s)
3:00pm-3:15pm	Opening Remarks (Ground rules of the webinar)	Prof Nelson Sewankambo/ Dr Henry Muwonge
3:15-3:25pm	Current situation and response in Uganda	Dr. Olaro Charles
3:25-3:35pm	Clinical aspects and management experiences in the NHS	Prof John Hurst
3:35-3:45pm	Clinical aspects and management experiences in Uganda	Dr Bruce Kirenga
3:45-3:55pm	Q & A	Prof Nelson Sewankambo
PANEL DISCUSSION		
3:55-4:00pm	Introduction of Panelists	Prof Nelson Sewankambo
4:00-4:10pm	How can countries strengthen national preparedness and response plans to the COVID-19 pandemic?	Prof F. Omaswa/ Prof Neil Squires
4:10-4:20pm	With critical supplies in short supply, how can countries adopt approaches to reduce health workers' risk of COVID-19 exposure?	Prof Mark Radford/ Dr Bruce Kirenga
4:20-4:30pm	What are the best strategies for testing, information flow and risk assessment?	Dr Richard Mugahi, Prof Neil Squires, Josephine Okwera
4:30-4:40pm	How can health systems ensure continuity of access to routine health services in health facilities whilst managing COVID-19?	Dr Bruce Kirenga, Prof John Hurst
4:40-4:50pm	What is the value of a lockdown in controlling the spread of the COVID-19 pandemic?	Prof Neil Squires/ Dr Josephine Okwera /Dr Richard Mugahi
4:50-5:10pm	Q & A	Prof Nelson Sewankambo
5:10-5:20pm	Next steps and the role of Health Partnerships in COVID-19 response.	Dr Sheba Gitta
5:20-5:30pm	Closing Remarks	Prof Gerard Byrne

Opening Remarks

Prof. Nelson Sewankambo

The Chair welcomed participants and thanked the Uganda UK Health Alliance for organising the webinar during such times where sharing of expertise and experiences between health systems is key to mitigate a pandemic of such extent.

He provided a background on the extent of COVID-19 pandemic in the different regions of the world and informed the audience that Uganda and the UK are at different stages and extent of the pandemic. This provides an opportunity for shared learning and health system collaboration.

He stated the objectives of the webinar and introduced the speakers and panelists and welcomed them to make their respective remarks.

Current Situation and Response in Uganda

Dr Charles Olaro

The Director appreciated the organisers for an opportunity to share learning between the two health systems. He highlighted the current situation in Uganda;

- By the time of the webinar on 23rd April 2020, Uganda had a total of 63 confirmed COVID-19 cases, 45 recovered with no deaths. The country is under a 21-day lockdown and the government has dispatched teams to ensure that once the lockdown is lifted there is capacity at the district level to test, isolate and manage cases at hospitals near to the communities.

The other ongoing measures include;

- Testing, active surveillance and epidemiology
- Monitoring at the Uganda border entry points; The country receives over 2000 trucks entering the country every day and has received 2 mobile laboratories to be stationed in Northern and Eastern Uganda.
- Protection of health workers; The personal protection equipment (PPE) are progressively increasing and health workers are being tested and non is positive so far.
- Ongoing case management and continuity of routine services
- Case management and continuity of routine services
- Risk communication and community engagement
- Providing social support to vulnerable communities; The Government is distributing food items to the more vulnerable communities.
- Other public health measures like physical distancing, hand hygiene etc. are continuing

He thanked participants and encouraged them to continue efforts to protect themselves and communities.

Questions from the audience

1) How is Uganda handling truck drivers at the border?

At the moment discussions are ongoing at regional level to coordinate efforts between the East African countries. However mobile laboratories have been established at 2 border posts to reduce the turn around time for results.

2) How are diagnoses recorded, and communicated with MoH? Have EMR systems been able to add this new diagnosis, and how has that information been transferred to MoH?

Results are received every day from the Uganda Virus Research Institute and communicated by the Ministry of Health to the Nation on a daily basis.

Clinical Aspects and Management Experiences in the NHS

Prof John Hurst

Prof Hurst provided a background on the extent of the COVID-19 outbreak in the UK with over 130,000 confirmed cases, over 18,000 hospital deaths so far and 4000 new cases every day.

He informed members on the preparations taken by hospitals as cases started rising which included;

- 1) Suspension of outpatient and elective work allowing only urgent services to continue. Clinicians are now using technology to reach patients remotely to mitigate the spikes of increased mortality and morbidity from the usual regular health conditions.
- 2) This allowed hospitals to re-organise staff to increase capacity attending to COVID-19 patients.
- 3) 2 separate systems are being kept in the hospital to ensure that regular patients do not get into contact with COVID-19 patients. Elsewhere new hospitals dedicated to COVID-19 have been opened up.

He highlighted challenges so far faced in patient care and protection of frontline health workers which include;

- 1) Most COVID-19 patients presenting to the hospitals have comorbidities that require as much attention.
- 2) Over 120 health professionals have died in the UK which has posed a challenge on the availability of adequate level of PPE to frontline staff.
- 3) Oxygen supply systems in some hospitals reached limits of oxygen capacity due to high flow rates required
- 4) As more patients are being discharged, there is need to think about appropriate follow up and rehabilitation

Questions.

- 1) **Out of the deaths in the UK, how many are children?**
There is a strong relationship between age and mortality, with the risk much lower in children. The youngest patient so far was 10 years old.
- 2) **How are you handling contact tracing in the UK?**
With the cases rising due to community transmission it was not possible to do contact tracing. Currently there is no contact tracing and community-wide testing in the UK.
- 3) **How has TB affected case presentation in the UK?**
Generally, people with comorbidities are at a higher risk of COVID-19 mortality which includes patients with pre-existing lung disease like TB although TB is less common in the UK.
- 4) **How are diagnoses recorded, and communicated with MoH? Have EMR systems been able to add this new diagnosis, and how has that information been transferred to MoH?**
Hospitals in the UK are reporting cases and deaths through the EMR Systems.

Clinical Aspects and Management Experiences in Uganda

Dr Bruce Kirenga

- He shared experiences from the Mulago Hospital Complex which includes a number of institutions and the Mulago National referral Hospital
- He provided a background on the outbreak of COVID-19 in Uganda and a series of preparations at the hospital to receive patients. These included training of health workers, organisation of clinical teams and gazettement of wards.
- Patients are being managed by a multidisciplinary team based on international management guidelines and specialist advice on management of co-morbidities.
- The risk of infection among health workers is being prevented through PPE
- Patients are discharged if they are asymptomatic and have completed 14 days of hospitalisation and had 2 negative tests on PCR 24 hours apart. 19 patients have been discharged, no patient has been on mechanical ventilation or admitted to ICU
- A research group called COVEDIPI has been established and is undertaking several studies

Recommendations;

- There is need to address stigma
- Every health worker should be trained and involved in the COVID response
- There should be sharing of experiences to new care centres around the country
- We need to ensure continuity of Public Health measures for prevention and control

Conclusion

He acknowledged the leadership of Ministry of Health and Mulago Hospital Complex for the support in patient management.

Questions.

- 1) **Should healthcare workers outside the COVID-19 treatment centres be tested?**
Health workers in non COVID 19 centres should be tested and provided with the appropriate PPE
- 2) **Why use antibiotics in management of a viral infection?**
Patients with viral pneumonias have secondary bacterial infection(s) which justifies use of antibiotics
- 3) **Have you used hydroxychloroquine in management?**
Currently in Mulago, hydroxychloroquine is not being used

PANEL DISCUSSION

Panel Question 1: How can countries strengthen national preparedness and response plans to the COVID-19 pandemic?

Panelists: Prof Francis Omaswa, Prof Neil Squires.

Prof Omaswa:

- He informed the audience that Uganda is one of the best examples for national prepared and response in Africa. Since the Ebola Virus Disease outbreak in 2000, follow up was made and infrastructure put in place which now makes Uganda under the circumstances one of the star performers on the continent in preparedness and response to outbreaks.

This has been possible because;

- The country has a multi-sectoral taskforce that is led by the Minister of Health including all other relevant agencies that in principle meets every month with or without an outbreak. There is also a command centre with full time staff
- In the Health Sector Strategic Plans, there is emergency preparedness and response with structures that goes all the way to the village health teams. This makes it easy for notification and public awareness.

What lessons can be drawn from Uganda?

- Strong systems all the way down to the communities are required.
- Strong leadership from the top as demonstrated by the President of Uganda since the days of the HIV outbreak.
- There is need for guiding documents on what countries need for outbreak preparedness. These include WHO's International Health Regulations that guide countries on the capabilities needed to respond to outbreaks (Uganda is currently voluntarily assessing its-self on an ongoing basis) although self-assessment is currently being discouraged in favor of external evaluations.
- Community engagement is key.

He encouraged participants to read a report on; The Neglected Dimension on Global Security: The Role of Infectious Diseases which describes in detail the topic at hand.

Prof Neil Squires

- He re-echoed Prof Omaswa's remarks on the WHO International Health Regulations where joint external evaluations show that a number of countries are still having significant weaknesses in their preparedness for epidemics/disease outbreaks
- With this pandemic, even the best prepared nations are facing challenges. The UK for instance would be considered to have been well prepared with longstanding plans for an influenza pandemic and many of these plans were mobilized with the outbreak of COVID 19. However, with an pandemic of this scale, health systems are tested to the limit.
- In terms of preparation however, he re-echoed that strong systems are necessary, and these include effective communication and leadership to ensure that the population is fully aware and on board
- Flexing existing systems to re-organise their function to respond to new threats is essential as highlighted by Prof John Hurst on the Hospital changes that have taken place.
- Developing, disseminating, and encouraging people to follow guidelines is critical.
- Countries should exchange lessons learned because of the so many unknowns and global cooperation is essential. The UK is for example working with partners overseas and with Africa CDC to build a network of national Public Health Institutions for effective response to the epidemic

Questions to the Panel.

- 1) **Some other African nations are combining forces between Ministries of Health and Research institutions to strengthen health services delivery, monitoring and surveillance. Is anything similar planned in Uganda?**

Prof Francis informed the audience that the National Task Force has a Scientific Sub-committee comprising of research institutions and funding is being sought to support Research.

A lot of research work has started towards vaccine and diagnostics development. He appealed to UK partners to support counterparts in Uganda.

- 2) **Why are UK borders still open with no testing, no quarantine of new arrivals?**

This is in adherence with the International Health Regulation requirements which recognise the huge impact on travel and trade when borders are closed.

The UK's response has been on individuals taking responsibility, information is given to arrivals to be aware of symptoms and self-isolate.

This is different from the approach of test and quarantine to avoid a situation in future where if there is a disease threat, the whole economy is shutdown.

Panel Question 2: With critical supplies in short supply, how can countries adopt approaches to reduce Health worker risk of COVID-19 exposure?

Panel: Dr Bruce Kirenga, Prof Mark Radford

Prof Mark Radford: The core of good practice in relation to pandemics and outbreaks is high quality Infection Prevention and Control practices to reduce on transmission.

Reinforcing the Basic and Core Infection Control Practice

In the UK, the focus on infection control has been about supporting hospitals to ensure basic strategies and protocols like good quality cleaning and hand hygiene. As a result some other infections have also reduced

Increasing the supply of PPEs

The supply of PPEs has been sporadic with a significant global demand which resulted in limited availability in the UK. Domestic production was increased.

Strong Advice on National Standards for PPE required

Technical Advice was sought from PHE to issue guidance to clinical practitioners to align with supply within the service on what PPE to use and when.

Training of Frontline workers on the Level of PPE

Some health workers desire to have the highest level of PPEs out of anxiety for the pandemic. This has been addressed by having good local training on what PPE level is required in the different clinical circumstances

Testing of Health Workers, enabling self-isolation and supporting their ability to return to work when appropriate.

Dr Bruce Kirenga:

He stated that PPE is key in frontline health worker protection. However, these are in short supply. He suggested the following strategies to deal with PPE shortage;

- 1) There is need for a two stage screening process in every facility where the first stage would be before patients access any services. This is currently being done for TB and would on top of other measures protect health workers from obvious exposure.
- 2) There is need to map out the Uganda situation on where the concentration of the cases is and best allocate PPEs available. There is need to allocate PPE according to the risk in 3 levels, where there is minimal PPE (N95 masks and gloves), medium PPE (Eye protection and exposed body protection) and then full PPE.
- 3) Efforts should be put on making PPE available including local production and innovation.

Panel Question 3: How can health systems ensure continuity of access to routine health services in health facilities whilst managing COVID-19?

Dr Bruce Kirenga

- It is critical that other health services continue. There is need to build the confidence of health workers to attend to patients through tiered screening and rationed PPEs.
- Innovative ways to deliver planned care to patients remotely should be explored with only critical patients coming to the facilities.
- Creation of dedicated centres to screen and manage COVID-19 patients would free other facilities to continue with routine services.

Prof John Hurst

- Anecdotally, patients are presenting in a more serious state due to delays in coming to hospitals. It is therefore very important to continue chronic care for long term conditions and managing other acute presentation through several strategies.
These include:
Task shifting to support primary and community health services from secondary care. The NHS colleagues have adapted to remotely attend to patients and NHS Hospitals are operating 2 separate systems for COVID-19 and non COVID-19 patients.

Panel Question 4: What is the value of a lockdown in controlling the spread of the COVID-19 Pandemic?
Dr Josephine Okwera

She informed the audience that with the mode of spread of COVID-19, there is need to reduce human contact to control the spread of the disease. This has led to a lockdown in many countries to break the chain of transmission and enable health systems to test interventions.

The lockdown further helps in flattening the curve and avoid overwhelming the fragile health systems with many cases coming in at the same time.

The goal of the lockdown in Uganda was to control on-going spread and prevent transmission to new geographical locations.

There were 4 main objectives for the lockdown and these were;

- To enable the country trace travellers.
- To implement safe containment measures (Quarantine).
- To allow decentralization of COVID-19 services at regional and district level.
- To enhance community sensitisation and risk communication.

This has helped Uganda to contain the transmission but also allowing the health system to prepare. Over 18,000 travelers have been tracked for testing.

Prof Neil Squires

Knowing when to reduce the lockdown is still a challenge and the government is cautious on the exact strategy to relax the lockdown not to raise false expectations in the population.

The government is looking at titrating the response in relation with the ability of health services to manage the disease burden.

Dr Richard Mugahi

Relating the lockdown with experiences in quarantine centres for inbound travelers, the trend shows that with the lockdown, numbers in quarantine from all entry points are going down which is an indicator that the lockdown is impacting on suspected cases entering the country.

Panel Question 5: What are the best strategies for testing, information flow and risk assesment?

Prof Neil Squires

In the UK, the ultimate goal is to test anybody who needs to test and the ambition is to test 100,000 per day in 5 key phases; the first strategy is to boost the swab testing capacity, in parallel capacity to boost partners delivering commercial testing, develop antibody tests, major surveillance surveys to get a sense of population prevalence and immunity, develop a diagnostic industry that can scale up in the long term.

The key challenges so far are accuracy and reliability of tests and PHE is working with a number of companies to evaluate and validate tests, others are logistical challenges.

Questions from the Audience for Panelists.

1) Does the Ministry of Health have PPE guidelines?

Dr Bruce Kirenga: There are draft guidelines being finalized

2) When is the series of Lockdown likely to end in Uganda?

Dr Josephine: In the case of Uganda the initial lock down was extended for another 21 days and an assessment will be done to see if the lock down will be lifted. The current WHO guidelines on lifting the lockdown recommend gradually taking down measures after having transmission under control and the health system being able to detect and treat cases effectively.

3) Why is there no contact tracing in the UK?

Prof Neil Squires: With wide-spread community containment it was not possible to do contact tracing. The plan is to re-introduce contact tracing once the level of new cases decrease because of the lockdown. New innovations are being piloted including those for self-reporting in case of exposure.

4) How are you coordinating your quarantine with other countries?

Dr Richard Mugahi: Uganda is working with border securities to repatriate and handover non nationals who have completed quarantine in Uganda.

5) Are we monitoring the discharges?

Dr Kirenga Bruce: Patients are being followed up and return in 2 weeks for review

Dr Richard Mugahi: Social stigma that relates to individuals from quarantine and treatment centres getting back to communities is growing and requires robust community sensitisation

6) What is the response plan in refugee communities and mental health aspects?

Dr Okwera: The Office of the Prime Minister issued out guidelines on how refugees can observe Public Health measures. It was emphasized that there should be a lockdown in refugee settlements as well stopping reception of new refugees and limiting movements.

Prof Neil Squires: The level of Mental Health issues is rising with the lockdown and there is need to design broader Mental Health awareness campaigns in this crisis

Next steps and the role of Health Partnerships in COVID-19 response

Dr Sheba Nakacubo Gita

She defined what health partnerships model and highlighted the work of Tropical Health and Education Trust (THET) in building capacity and facilitating the engagement of UK institutions to work in partnership with counterparts overseas in Global Health. A number of health partnerships established during past outbreaks were highlighted to provide insights on the role of institutional collaboration during the COVID-19 pandemic.

In Uganda, THET manages a number of grants for institutional partnerships

THET has conducted an initial survey of 20 partnerships and is preparing for a more extensive one to better mobilise needed support in alignment with wider UK response.

She announced a THET Health Worker Action Fund to meet the training and equipment needs of frontline health workers and invited applications from institutions. See link <https://www.thet.org/covid-19/hwaf-applications>

Closing Remarks

Prof Gerard Ged Byrne, Co-Chair Uganda UK Health Alliance

Prof Byrne thanked all participants and panelists for the quality and depth of discussion. He shared on some of the critical observations in the response to the outbreak as follows:

- It is easy as a clinician or citizen to be introverted when something at the scale of a global pandemic hits the world
- During the first phase of the threat, most of the conversation focused on local response rather than global response which was dangerous in the face of a pandemic.

He informed the audience that whilst different health systems have their own concerns, history shows that collaborating and co-developing in health care helps to create much better response and more effective interventions. It has therefore never been truer that countries need to maintain relationships beyond borders to address common Global Health challenges.

This was further demonstrated during the course of discussions as conversations repeated themselves that all regions of the world face similar challenges in terms of PPEs, border control, testing, quarantine and fundamentally managing the unknown as well as new phenomena common to all of us..

Sharing of information as done in this webinar strengthens the efforts to defeat the current pandemic as well to prepare for future global health threats.

He appreciated the efforts of the Chair, organisers and participants for the time devoted to this webinar and looked forward to the situation improving rapidly in both countries.

Annex 1 Attendance

The Total Number of Participants were 300 and from the following Institutions listed below.

No.	Institutions
1	Adhar Mental Health Project
2	Africa Broadcasting Uganda Limited
3	African Children and Families Support
4	African Eye Trust
5	Arian Teleheal International Telemedicine Charity
6	Arua Regional Referral Hospital
7	Baylor-Uganda
8	Bristol Eye Hospital/ University of Bristol
9	Burgess Sports
10	Cambridge Global Health Partnerships
11	Cambridge University
12	Cambridge University Hospitals NHS Trust - Physiotherapy
13	Cardiff and vale university health board
14	CBK Consult
15	CHCB-Uganda
16	Christie NHS Foundation Trust, Manchester. UK
17	Church of Uganda Kisiizi Hospital
18	Clarke International University
19	Claudio Healthcare Clinic
20	CMA CGM
21	College of Surgeons East ,Central and Southern Africa
22	CRUK Cambridge Centre
23	Department of Health and Social Care
24	Destiny Doctors
25	DIDA Sports Organisation
26	Doctor with Africa CUAMM
27	East London NHS Foundation Trust
28	Electronic Medical Records for the Developing World
29	ENS Africa Advocates
30	Eye Health Uganda
31	Falck Ambulance
32	Fort portal regional Referral Hospital
33	General Military Hospital - Bombo
34	German Leprosy and Relief Association
35	Global Advancement Centre
36	Gulu Regional Referral Hospital
37	Harpenden Spotlight on Africa
38	Health Education England

No.	Institutions
39	Health Forum Uganda
40	Helping Uganda Schools
41	Her Majesty's Revenue and Customs
42	Home Based Medical Services
43	Imperial College London
44	Infectious Disease Institute
45	Innovative Vision Organisation
46	International Council of Ophthalmology
47	International medical group
48	International Organization for Migration
49	International Rescue Committee
50	Jinja Regional Referral Hospital
51	Joseyar Ltd
52	Kagote Health Center III
53	Kampala Hospital limited
54	Kawempe National Referral Hospital
55	Kingston University
56	Kiruddu National Referral Hospital
57	Kisiizi hospital
58	Kisubi Hospital
59	Kitovu Hospital
60	Leeds Teaching Hospitals NHS Trust
61	Liverpool John Moores University
62	London metropolitan University
63	London School of Economics and Political Science
64	London School of Hygiene and Tropical Medicine
65	Makerere Palliative Care Unit and Cairdeas IPCT
66	Makerere University
67	Makerere University College of Health Sciences
68	Makerere University John Hopkins University Research Collaboration
69	Makerere University Lung Institute
70	Makerere University School of Public Health
71	Massachusetts General Hospital
72	Mbaba Community Healthcare Centre
73	Mbale regional referral hospital
74	Mbarara University of Science and Technology
75	Midas Touch Medical Services
76	Ministry of health-Uganda
77	Ministry of Health- Sierra Leone
78	Muhimbili National hospital
79	Muhimbili university of health and allied sciences
80	Mulago National referral hospital

No.	Institutions
81	Muni University
82	National Medical Store
83	National Midwifery Association of Uganda
84	NHS England/NHS Improvement
85	NHS Oxford health
86	Northampton University
87	Northwick Park Institute for Medical Research
88	NTV Uganda
89	Nurses Reaching Out
90	Patriotic Medics Uganda
91	Petroleum Authority of Uganda
92	Preventive Care International
93	Public Health England
94	REMI East Africa
95	Royal College of Emergency Medicine
96	Royal College of General Practitioners
97	Rwenzori Center for Research and Advocacy
98	SaltPeter Trust
99	Sheffield Health and Social Care
100	Sight4Bwindi
101	South Asian Health Action
102	St George's, University of London
103	Sylvia Alijah Latim Foundation
104	Synlab
105	Tanzania UK Health Diaspora Association
106	The 625
107	The African Centre for Global Health and Social Transformation
108	The Christie NSH Trust
109	The MRC/Uganda Viral Research Institute & LSHTM Unit
110	The Surgery
111	Tropical Health and Education Trust
112	Uganda cancer institute
113	Uganda Embassy UK
114	Uganda Lung Institute
115	Uganda Martyrs Hospital Lubaga
116	Uganda Red Cross Society
117	UK Parliament
118	Ultimate Counselling Training and Support Services
119	United Arab Emirates University - UAE
120	University College London
121	University of Cambridge
122	University of Edinburgh

No.	Institutions
123	University of London
124	University of Plymouth
125	Visual Eyes Africa-International
126	Welsh Government
127	World Health Organisation
128	World Medical Education
129	Zimbabwe Diaspora Health Alliance

All Questions and Technical Comments Raised by The Audience.

Time	Chat Messages
00:03:20	The Alliance Welcomed Members
00:03:42	The following were the simple rules of the webinar
00:03:55	1. All videos will be muted
00:04:32	2. All microphones will be muted
00:05:10	3. It's only the current speaker whose microphone will be unmuted and for some participants, the video especially the speakers
00:06:26	4. You are encouraged to send all questions and concerns through the chat in the interest of time
00:08:31	5. However, in the event that one has to speak, please raise up your hand
00:26:26	Please share questions or concerns via chat
00:39:13	Are tests still all currently being sent to UVRI?
00:40:56	How can we ensure that we have accurate data on the number of tests taken and the results report-ed to the local centres quickly?
00:42:20	Dr. Charles, How is Uganda handling the issue of the truck drivers? Will the trucks at the border be sprayed too?
00:46:00	UK has so many cases compared to Uganda. Is that because they have a different strategy for test-ing?
00:47:13	Could you please also mention that antenatal and paediatric care have also been badly affected because of the fear of attending hospital, late presentations of sepsis and PET for example
00:49:09	How many of those deaths in UK are children
00:51:19	UK, How are you handling contact tracing?
00:51:45	Patients in Korea who were initially discharged from care ended up testing positive for covid again. Has UK had a similar issue?
00:51:53	Many thanks Dr Olaro and Dr Hurst. The continuum of care including psychosocial and also community including for those with comorbidities is highlighted and the Palliative Care Association of Uganda and specifically the Makerere palliative care unit have developed protocols and algorithims to support non-invasive management, goals of care and triage, symptom control and end of life care if needed
00:52:03	Thank you Dr. Hurst
00:52:30	How has TB affected COVID-19 case presentation and prognosis in UK?
00:55:30	Is it prudent to do a pilot on testing health care workers in Uganda in non COVID centers? Health care workers in COVID centres are more likely to have adequate PPE , possibly similar to ICU staff in the UK? We have heard that majority of HCW deaths in UK are from outpatients and general wards.
00:57:49	Following on from Kirsty Le Doare Apart from the difficulty of testing, which we face in the UK also, how are diagnoses recorded, and communicated with MoH? Have EMR systems been able to add this new diagnosis, and how has that information been transferred to MoH? We at EM-R4DW have done extensive work on this concept. Dr Peter Smith Chairman EMR4DW www.emr4dw.org
00:58:57	Can the host please invite the Act Commissioner Mulago national hospital Ms Beatrice Amuge and Entebbe, Hoima and the other facilities which have reported a positive Covid 19 patient. to get the information onsite

Time	Chat Messages
00:59:28	Thank you Peter. How many cases have been recorded in Bududa?
01:02:42	What was the age range for your patients?
01:02:49	Why antibiotics for a viral infection
01:03:09	Is there any evidence of increased vulnerability in the context of people living with HIV?
01:03:36	Was there any microbiological evidence that necessitated the use of antibiotic therapy in covid19 viral pneumonia?
01:04:28	Why antibiotics for a viral infection-. The antibiotics are most likely fir co-infections/secondary infections
01:05:18	Did you at any one point consider using chloroquine or hydroxychloroquine as was recommended by the USFDA?
01:05:45	What's the nurses and midwives involvement in all these? in research? in implementation strategies? in training? in PPE? in public health awareness?
01:06:01	As there are so many national and international studies on COVID-19, is there consideration of an approach to reduce the burden on the health system as these are implemented? For example open data sharing etc.
01:06:37	Please elaborate on the role of nurses and midwives in the management of COVID-19
01:07:37	Is Uganda's success story mirror what is on ground with other African states, And if that is true does that mean time is now for the west to learn from Africa, in regard to strict health care protocol in the western world
01:07:38	Thanks Dr Bruce. I would like to seek clarity on use of antibiotics in the management. Are they being used therapeutically or prophylactically?
01:08:17	I have heard that many patients struggle to reach the health centre from the rural villages. Women in labour having to walk long distances. Can anything be done to support access in the time when public transport has stopped under the lockdown?
01:08:40	Question to Dr Kirenga: How has the issue in reference to stigmatization been handled? How is it handled for all COVID 19 related screenings for travellers, now probably also for truck drivers? And to our colleagues from UK: What is the experience with stigmatization for HCW, recovered patients etc?
01:09:50	@ Dr Olaro; Two months after the first COVID-19 case in the UK, 18,000 people have lost their lives. And the number could be higher than official figures show. However, six weeks on, no single deaths have been reported. What is Uganda doing that the western world can borrow a leaf?
01:10:59	Dr Bruce: have you aggregated patients into treatment groups, azithromycin and hydroxychloroquine vs non , have u seen any likely signs of toxicity to hydroxy chloroquine
01:11:00	How can local capacities of individual countries like Uganda be supported to build a robust health systems that can stand the test of time sustainably
01:11:42	Thank you Dr. Bruce. With the possibility of cured patients turning positive again, does Uganda have a clear follow up plan for cured patients who are being discharged into the community?
01:12:23	Congratulations to Uganda...I think they responded quickly by closing down their borders and testing at points of entry and enforcing quarantine...the U.K. is still wide open ..People arrive and jump on trains and buses defeating the very purpose of lockdown.
01:13:22	DR ORARO my question is why is MOH so much on only Drs working in government facilities ONLY and nothing like training Doctors from private institutions as it used to be with HIV. In the 1990s USAID could train ALL Drs in both Private and Public institutions. But now all emphasis is on public institutions.

Time	Chat Messages
01:14:05	In some countries, patients who have been discharged after testing negative have been found to have Traces of the Viruses in their Feaces/Stools; have you got measures in place to trace the cases in UK and Uga.who have been discharged as negative?
01:15:50	Quick note - the youngest death that I remember has been a child aged five https://www.theguardian.com/uknews/2020/apr/04/five-year-old-child-among-latest-uk-coronavirus-deaths
01:16:00	Babies have been diagnosed as infected: https://www.bbc.com/news/uk-england-mersey-side-52269084
01:22:29	Question for current panel: any plans/provision for protection and safe management of vulnerable groups such as the refugee settlements and also mental health patients? Thank you
01:22:56	This is very important. Can I also ask about the plans to integrate palliative care?
01:24:53	Can I ask my question again please to current panel - I have heard that many patients struggle to reach the health centre from the rural villages. Women in labour having to walk long distances. Can anything be done to support access in the time when public transport has stopped under the lockdown?
01:27:59	Some other African nations are combining forces between MoH and research institutions to strengthen health services delivery, monitoring and surveillance. Is anything similar planned in Uganda?
01:30:47	Prof omaswa: how do you assess Uganda's preparedness at the early stages of the emergence of covid19 in China given that Uganda does a lot trade and travel to and from China?
01:32:19	As already asked above by Synergies: why are UK borders still open - no testing, no quarantine of new arrivals?
01:33:30	Is vaccination the only end to this Covid-19 pandemic?
01:33:32	To effectively tackle any pandemic any country needs to have the following 3 pillars.1. Good Governance 2. Strong and effective health system 3. Social capital(prof . omaswa gave a relevant example of empowering people through “ clan heads and chiefs”, a well informed and educated at local level)
01:33:50	Anecdote - when I came to Uganda on February 12, careful well organised screening was in place at Entebbe. Screening was implemented reusing the facilities in place for checking Yellow Fever vaccination status. Nothing when returning to the UK.
01:35:19	To effectively tackle any pandemic any country needs to have the following 3 pillars.1. Good Governance 2. Strong and effective health system 3. Social capital(prof . omaswa gave a relevant example of empowering people through “ clan heads and chiefs”, a well informed and educated society at local level)
01:37:38	someone asked a question about special populations, such as refugees, etc. please include this important question
01:37:45	What is the nurses and midwives involvement in all these? In research? implementation strategies? in training? in PPE? in public health awareness?
01:38:08	How do we prevent imported cases?
01:39:00	Currently Uganda's challenge is the cross boarder truck drivers who are importing covid-19 from their countries of origin. how can this challenge be addressed because it's like collecting water using
01:40:01	Can they comment on vulnerable population like mental health an refugees
01:40:42	If there a cooperative effort among bordering nations; such as Kenya, Rwanda, Tanzania
01:41:29	Refugee and mental health question possibly better for next panellists?
01:42:00	Can the presentation be sent to the participants

Time	Chat Messages
01:42:34	How do we prevent imported cases from Tanzania and Kenya -Why only Kenya and Tanzania. Your question should be generalised as how to prevent imported cases from neighbouring countries and other countries
01:43:31	Knowing what they know so far, or given their experience so far, is Uganda behind by 3 months or has Covid 19 been handled effectively to stop the spread?
01:43:48	This agenda is way too crowded. There are some topics we would have preferred to have more time dedicated to them. Right now we are skimming over them
01:44:58	If there a cooperative effort among bordering nations; such as Kenya, Rwanda, Tanzania -Collaboration, Coordinated care and collective thinking are the key in tackling any pandemic globally, the world is learning fast that working together is a key
01:47:53	There is need to reflect also on social care aspects aligned to health
01:48:56	Support at work... Buddying is very effective!
01:49:13	Mark. Public Health England guidance is being used to train the many staff for Nightingale London. learning module is supporting learning and it's being valued by all support workers too
01:49:16	social support and social protection - role of social work in challenging contexts linked to risk of abuse - mental health and safeguarding vulnerable communities
01:49:55	Uganda has taken great strides in response to the COVID19 global pandemic. As we learn through this experience, a new concern is on the increase in imported cases from the neighbouring countries mainly through cargo transporters. MoH and Government should decisively come out to deal with this new area that could surge spread and transmission of corona virus.
01:50:10	Looking at the experiences of US, UK, Italy, Spain and China, our best tool as Uganda is prevention. Our healthcare system can shut down should we get a similar surge. This puts many other categories of health consumers at risk.
01:52:09	As a Ugandan living in South Africa, I think these lock-down solutions are becoming worse than the problem. Hunger is becoming another pandemic
01:53:21	Dr. Bruce, thank you for your presentation. The idea of a volunteer screening non Covid-19 patients is not clear, infrared thermometers may not be the best since several Covid-19 patients are not symptomatic
01:53:30	To what degree is the very slow and inadequate response to the Covid-19 crisis by the UK - including lack of PPE, testing, contact tracing, etc - due to the ideological focus of the UK government on concepts such as herd immunity and Brexit? In other words, the high death rate in the UK is a result of political failures by the UK government?
01:53:44	Social aspects also need to be embedded into this discussion
01:53:49	Does the ministry of health of Uganda have a PPE guideline that includes PPE use for the health workers, other frontline workers and the general public?
01:54:50	How can confidence substitute the role of PPE????!!!! Why expose our health workers. we just need to prioritise and know what to spend our money on
01:55:10	Yes, the case management pillar of MOH has come up with PPE guidelines for Uganda
01:56:45	What is the role of the East African Community in this matter? Looks like each country is becoming "overwhelmed " clearly seen in the different measures being taken by individual countries. Won't this slow down the region's recovery period ? Looks like how EU has handled its fate with Italy as a case study. kindly advise. Thanks.
01:57:00	The Panelist didn't say that confidence substitutes for PPE but rather after putting on the recommended PPE for a particular situation, you use the same confidence in evaluating and treating the patient

Time	Chat Messages
01:58:08	Dr.Bruce: The required PPE depends on the risk assessment for every situation involving close contact with a patient. Is this going to be made a part of SOPs in health practice in Uganda?
01:59:20	No one knows who has Covid, dont forget that even the asymptomatic patients can spread.
02:00:24	I think the role of tiered screening has limitations depending to the level of transmission within the country.
02:00:36	Thanks for this great presentation. I have to run but will look out for the recording and follow up with some presenters through the UUKHA.
02:01:06	In epidemiology Accurate Information is key . What electronic systems are in place in Uganda to code diagnosis of Covid and transfer this data quickly to Health Authorities?
02:02:09	Question about refugees and MH patients for Richard and Josephine please? What are provisions/advice?
02:02:27	Uganda is fortunate to record mostly imported cases and a few local transmission cases. I hope Bruce and colleagues are planning a scaled response to use of PPE if Uganda's cases transit to the community
02:03:10	good afternoon Dr Josephine - good to have Uganda red cross perspective
02:03:16	What is the risk level to Ugandans
02:03:27	What is the role of the East African Community in this matter? Looks like each country is becoming "overwhelmed" clearly seen in the different measures being taken by individual countries. Won't this slow down the region's recovery period. Looks like how EU has handled its fate with Italy as a case study. Kindly Advise. East Africa Community and all. African countries should come together in form if 3Cs (Coordinated care of the citizens, collaborative Efforts and Collective thinking)
02:04:15	What is the risk level to Ugandans from other Patients who might turn
02:04:26	But lockdown also has implications for mental health, safeguarding domestic abuse and other risks and vulnerabilities
02:04:42	How can a Dr be expected to maintain social distance between them and the patient they are treating. All health workers need PPE for their safety. Otherwise they are not safe at all
02:04:57	Covid19 is also spread through indirect contact with surroundings and surfaces and to an extent through airborne transmission by aerosolisation
02:05:31	How is Uganda using the time bought to prepare the fragile health system for any surge in cases
02:06:12	We have seen an increasing concern about domestic abuse
02:06:47	Some of those travelers came back over 42 days ago, does it still make sense to screen them or concentrate on HCW who have been in contact with positive??
02:06:47	Thanks to all previous presenters. I have a question to Dr.Josephine . When is the lockdown ending? scientifically speaking.
02:07:26	What are the risks to Ugandans majority from People with antibodies or carriers when the borders and Airport is opened bearing in mind exposure has been limited (thanks be to God). What measures are in place to stop decontamination?
02:07:59	Lockdown for how long as we are looking at having a vaccine in 18 month. is it feasible to go on like this for that time
02:08:00	Government of Uganda is emphasizing prevention. I have not yet seen a plan to invest heavily into improving the healthcare system.
02:08:31	How are health facilities responding in west Nile refugee camps - water and soap is a scarce resource
02:08:51	Josephine: Out of the 18,000 contacts traced, how many have been tested and how epidemiologically possible is it that none of the contacts has tested positive for covid19?

Time	Chat Messages
02:10:14	But Lockdown also has Implications for Mental Health, Safeguarding Domestic Abuse and Other Risks And Vulnerabilities- There Is No Correct Formula - “One Size Does Not Fit All”- Probably The Hybrid Model. No Institution Or Country Can Claim They Are Experts On Covid19. The World Has Learned A Lot For The Past 6-8 Weeks And We Are Learning Every day, And We Are Learning Fast!
02:10:25	With our shaky medical facilities, how is the MOH set to benefit from this pandemic given the fact that a budget request on table may receive close attention? It's now or never!
02:10:28	Some of those travellers came back over 42 days ago, does it still make sense to screen them or concentrate on HCW who have been in contact with positive??
02:10:33	Lockdown Has Implications For Social Wellbeing -Risks And Vulnerabilities Till Need To Be Managed And Social Support & Social Protection Afforded
02:11:04	But Lockdown Also Has Implications For Mental Health, Safeguarding Domestic Abuse And Other Risks And Vulnerabilities- There Is No Correct Formula - “One Size Does Not Fit All
02:13:43	Neil: what exactly is involved in the Uk covid19 testing strategy because you are doing so many tests yet there is no contact tracing?
02:15:07	LOCKDOWN HAS IMPLICATIONS FOR SOCIAL WELLBEING - NEED TO BE MANAGED AND SUPPORTED BY ALL OF US
02:16:27	Richard- Do you Coordinate your quarantine with other East African countries?
02:16:36	Richard- how is the current level of testing related to the numbers of those in quarantine?
02:17:54	Is vaccination the only end to this Covid-19 pandemic? I agree Dr Kitaka , we seem to think the vaccine is only solution
02:18:22	Is East Africa d Africa learning from Europe and North America.
02:18:46	Richard ,thanks for your presentation
02:20:09	@Dr Sabrina there a lot of unknowns about how vaccines might have an impact- anecdotal cases of reinfections or reactivations
02:20:17	Are we monitoring the recovered and discharged for re-infection or antibody titres?
02:20:31	Given the low numbers of new cases in Uganda now, wouldn't it be prudent for the MOH to turn attention to validating this by channelling resources to population-based surveys that will check the prevalence of COVID-19 in the population and different subgroups?
02:23:31	Why are vulnerable groups not covered among any of the questions or issues raised. We are aware of the government policy on refugees, how come no clear communication has been made?
02:28:38	Questions related to mental health/disadvantaged populations are being ignored
02:29:23	Knowing what they know so far, or given their experience so far, is Uganda behind by 3 months or has Covid 19 been handled effectively to stop the spread?
02:29:38	How safe is Uganda if her neighbour Countries like Tanzania have different government policies and interventions. Tanzania doesn't have a lockdown and recent cases in uganda were Tanzania truck drivers
02:29:54	What is the nurses and midwives involvement in all these? research? implementation strategies? training? PPE? public health awareness?
02:30:43	Josephine- Congratulations Uganda so far properly managing Corona so far

Time	Chat Messages
02:32:35	Our colleagues in the UK, thank you for your Service and to Team Uganda, thank you. We continue to provide provide care for our patients on the emergency and in patient service and hope that no community transmission is going on because our PPEs are minimal
02:33:47	Thanks for an excellent meeting...maybe some of the issues we did not have time to discuss including holistic needs, social, mental health, palliative care etc issues can be part of a follow up webinar
02:35:48	WHY ARE QUESTIONS RELATED TO MENTAL HEALTH/DISADVANTAGED POPULATIONS BEING IGNORED -Not ignored but I am sure we are going to see an explosion of mental health issue post COVID19 pandemic
02:38:58	An article in lancet this week is already projecting an increase in suicide risk during the COVID19 and post COVID period to me I think even to the survivors and relatives Mental Health has to be among the core things discussed as part of the core treatment strategies
02:39:50	In Uganda the COVID 19 response team constituted multi-disiplinary of 04 people a clinician, Nurse and two psychosocial workers. The teams are attached an Institutional Quarantine. They address a myriad of medical and psychosocial issues of residents and make daily reports for the attention of the coordination team. We are now scaling this same approach at sub national level
02:40:00	Mental health issues are critical at this time especially with the various implications of the lock down. at the national taskforce there is a subcommittee for mental health and psychosocial support who are conducting a number of activities: of the national Taskforce that With the lock down
02:40:10	To all questions on PPE; the short answer is that PPE is needed for HWs to stay safe; all efforts should made to make it available
02:41:32	Thanks to UUKHA for such an informative meeting.
02:42:45	Thanks for the discussions and an immensely informative meeting.
02:42:46	PSS activities include: training of health workers, providing support to patients in hospitals and supporting their reintegration into their communities upon recovery. Uganda Red cross is also supporting this subcommittee, our volunteers visit the patients and also provide support to their families
02:43:23	Speakers if you can type responses to some of the questions, please do
02:43:31	this would be very welcome
02:43:54	Because of time, we couldn't have everyone speak about the questions
02:46:00	I wonder if everyone can type in their email so that future contact around this topic can be made. We are hoping to do an Ophthalmology COVID 19 session again soon and would like to include the wider audience again too. Marcia Zondervan VISION 2020 LINKS Programme, LSHTM Marcia.zondervan@lshtm.ac.uk
02:46:43	Very informative and interesting discussions



Synergies Against COVID-19: Sharing of Expertise and Experiences between Uganda and the UK.



Chair

Prof Nelson Sewankambo



Speaker

Dr Charles Olaro



Speaker

Dr Bruce Kirenga



Speaker

Prof John Hurst

Panelists

- | | |
|------------------------|----------------------------|
| 1) Prof Gerard Byrne | - Health Education England |
| 2) Prof Neil Squires | - Public Health England |
| 3) Prof Francis Omaswa | - ACHEST |
| 4) Prof Mark Radford | - Health Education England |
| 5) Dr Richard Mugahi | - Ministry of Health |
| 6) Dr Josephine Okwera | - Uganda Red Cross Society |
| 7) Dr Sheba Nakacubo. | - THET |

Date:

23rd April, 2020

Time:

3:00PM-5:30 PM (EAT)

1:00-3:30PM (UK)

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