

A stylized world map in shades of yellow and orange, set against a background of diagonal stripes and a dotted pattern in the bottom right corner.

THE 3RD ***UGANDA UK HEALTH ALLIANCE*** ***SYMPOSIUM***

SYMPOSIUM **REPORT**

THEME: The Role of Global Health Partnerships in Ensuring Equitable Recovery from the COVID 19 Pandemic.

DATE: 30TH NOVEMBER, 2021

TIME: 9:00-12:00 (UK time)
12:00-15:00hrs (Kampala Time)

Acknowledgment

The Uganda UK Health Alliance Secretariat takes the pleasure to thank the contribution of all Institutions and Individuals that supported and participated in the 3rd Annual Symposium held on 30th November 2021.

We thank the conveners /co-chairs of the Uganda UK Health Alliance; Dr Diana Atwine the permanent Secretary, Ministry of Health and Prof Ged Byrne-the Director Global Engagement Health Education England for the visionary leadership to the Alliance.

In the same vein we appreciate the enthusiasm of UUKHA Joint Advisory Board that ensured the planning and organization of a seamless event with a pertinent agenda. The Uganda UK Health Alliance extends sincere gratitude to the different Ministries of the Government of Uganda and the Departments of Her Majesty's Government (HMG) for the instrumental efforts and support towards the success of the Symposium and the wider UK led global health programs.

In a special way, we thank the Honorable Minister of Health Dr Jane Ruth Aceng for committing time to deliver a keynote address and reaffirming Uganda's interest in continued health sector collaboration with the UK.

The symposium was privileged to have Lord Dolar Popat, the UK trade envoy to Uganda, HE Kate Airey the British High Commissioner to Uganda speak on the ongoing cooperation between our two countries particularly in the Health Sector.

UUKHA appreciates other Ministers that included Hon. Margret Muhanga, Hon. Monica Musenero and different leaders in the health sector who took time to participate in the different sessions of the symposium.

We acknowledge the contribution and insights of the different panelists and speakers in the discussions and the recommendations set.

In a very special way, we appreciate the delegates who included government officials, Institution representatives, development partners, health workers, civil society, academia among others who took their valuable time to attend and participate in the proceedings of Symposium.

The success of the symposium represents the wider interest in global health partnerships by individuals in both health systems and the framework of the Uganda UK Health Alliance is ready to support and expand these partnerships.



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Dr. Henry Muwonge
Country Lead, Uganda UK Health Alliance.

Acronyms

ACHEST	African Centre for Global Health and Social Transformation
ART	Anti-Retroviral Therapy
CEHS	Continuity of Essential Health Services
COVAX	The COVID-19 Vaccines Global Access Facility
COVID-19	Corona Virus Disease 2019
GAVI	Global Alliance for Vaccines and Immunization
GHWA	Global Health Workforce Alliance
GOU	Government of Uganda
ICU	Intensive Care Unit
NCDs	Non Communicable Diseases
NHS	National Health Service
NTF	National Task Force
SDGs	Sustainable Development Goals
SOPs	Standard Operating Procedures
UHC	Universal Health Coverage
UK	United Kingdom
UK AID	United Kingdom Agency for International Development
UUKHA	Uganda UK Health Alliance
WHO	World Health Organisation

Executive Summary

It was close to 2 years since the outbreak of the COVID-19 Pandemic and as of 25th November 2021, the world had cumulatively registered 262,457,910 cases of COVID-19 and 5,225,521 deaths. At the time of the symposium, Uganda like many countries in Africa had only vaccinated an estimated 4.1% of the population. This was far below the target set by the World Health Organisation for all countries to have 10% of their populations vaccinated by the end of September 2021.

Uganda's prospects for socio-economic recovery were therefore still indeterminate and the pandemic continued to compound social determinants of health, worsening both social and health indicators. For instance, the closure of schools had kept 15 million learners out of school and contributed to over 500,000 teenage pregnancies. Global Health Partnerships if harnessed represent a strategic opportunity for solidarity and cooperation in ensuring equitable access to vaccines, building of health sector capacity and spurring socio-economic recovery for all. Uganda has indeed benefited from Global Health Partnerships with the United Kingdom and other development partners in responding to the different stages of the COVID 19 pandemic.

Health systems are looking at how they can further harness Global Health partnerships to build health system resilience as well as stimulating the equitable recovery for all. Its against this background, that the Uganda UK Health Alliance organized the 3rd UUKHA symposium under the theme: **The Role of Global Health Partnerships in Ensuring Equitable Recovery from the COVID 19 Pandemic.**

The Objectives Of The Symposium Were

- 1 To provide a platform for governments, institutions and individuals to share expertise and opportunities on fast-tracking equitable recovery from the COVID 19 Pandemic.
- 2 To identify priority areas for Partnership between Uganda and the UK in Health sector development.

Highlights of the symposium

1. Uganda has had a robust response to the COVID pandemic that has greatly helped to control the spread of the disease.
2. To sustain previous gains on the on Sustainable Development Goals (SDGs) there is need for strong partnerships between governments, development and implementing partners, civil society organizations and the private sector to realign resources, avoid duplication and create synergies.
3. Strong partnerships contribute to resilience with in the health care systems to absorb shock, with adequate research, skilled human resource, vaccines, supplies overseen by a strong leadership.

Symposium structur

The Symposium was held on 30th November 2021 as a virtual event via Zoom from 9:00-12:00 (UK time)/12:00-15:00 (EAT).

It was co-chaired by Prof. Ged Byrne, the Co-chair of the Symposium and Director of Global Health Partnerships NHS Health Education England and Dr. Diana Atwine the Permanent Secretary in the Ministry of Health Uganda.

KEYNOTE SPEECHES

Key note speakers included:

Dr. Jane Ruth Aceng, Minister of Health – Uganda, Her Excellence Kate Aiery, British High Commissioner to Uganda,

PANEL DISCUSSIONS

Panel 1:

This Panel provided a platform for governments, institutions and individuals to share expertise and opportunities on fast-tracking equitable recovery from the COVID 19 Pandemic.

Panel 2:

As part of this year's agenda, 2021 had been designated as the International Year of Health and Care Workers (YHCW) in appreciation and gratitude for their unwavering dedication in the fight against the COVID-19 pandemic. This panel paid particular focus on global and national commitments for Health workforce development

Delegates

Over 150 participants including officials from the UK and Ugandan governments, development partners, academic institutions, NHS Trusts, Health facilities, leads of global health partnerships among others participated actively in the various topics of discussion.

Symposium Outcomes

Joint commitments towards equitable recovery from the COVID 19 pandemic set
Progress towards the Global Strategy on Human Resource: Agenda 2030 evaluated

Symposium Recommendations

- Shared learning on developing a rapid, effective, high-quality and sustainable COVID-19 vaccine delivery programs.
- Enabling collaboration with UK institutions in vaccine and pharmaceutical manufacturing through sharing of technology to scale-up Uganda's manufacturing capacity.

- Recovery of other pillars of the health system including health workforce development, routine health services, public health capacity, research, humanitarian responses among others.
- A call was made to re-establish the Global Health Workforce Alliance (GHWA), or something independent of the WHO to drive the health workforce agenda.
- A Health Workforce Observatory should be established to monitor who has gone for training, left training, got employed etc. to show where the country stands. This Observatory could be located outside the ministry of health; may be a university or an organization like UUKHA.



OPENING REMARKS



In his opening remarks, Prof Byrne noted that the virus continues to be a threat to all of us causing major disruptions in every sector. He underscored on the emergence of new variants like the Omicron variant which continue to cause further anxiety across the globe.

He critiqued draconian measures by countries to work in isolation and make frantic attempt to contain the virus.

Prof. Byrne challenged participants to work jointly to make the world a secure place, make the health workforce more adaptable and resilient, and to help identify and nurture the leaders of the future who will help transform health care better for both Uganda and UK.

He welcomed participants and wished them a resourceful symposium

Prof Ged Byrne,
Co-chair Uganda UK Health Alliance
Director of Global Health Partnerships NHS Health Education England



She appreciated the mutual collaboration between UK institutions and the Ministry of Health in Uganda not only in the fight against COVID 19 but also in other areas of the health sector.

She noted that the ongoing cooperation and global health partnerships have been and continue to be very instrumental in mobilizing for adequate doses of the vaccines, recovery of health care systems across the globe as well as spurring wider recovery for all countries.

Emphasizing the role of vaccines as the most critical tool to end the pandemic, prevent mutations, save lives and enable reopening of economies amidst a very stiff global demand, Dr. Diana appreciated the UK for the vaccine donations rendered to Uganda through the COVAX facility.

She paid tribute to all health workers for their tremendous contribution in the fight against the pandemic and wished participants fruitful deliberations. resourceful symposium

Dr. Diana Atwiine
Permanent Secretary-Ministry of Health Uganda Co-chair Uganda UK Health Alliance

KEY NOTE ADDRESSES

**Hon Dr. Jane Ruth Aceng,
Minister of Health – Uganda.**



Dr. Jane Ruth Aceng presented a detailed state of the COVID 19 response in Uganda.

She informed members that the country has had two waves of the pandemic since 21st March 2020 when the first COVID 19 case was registered at Entebbe Airport and the country has now gone through all stages of the pandemic.

As of 25th November, Uganda had cumulatively registered 127,423 cases, 3,252 deaths and 97,429 recoveries.

The Minister also gave a chronology of Uganda's response efforts, which include establishing coordination structures at national and district levels.

The National Task Force (NTF) led by the President of Uganda, deputized by the Prime Minister representatives from the Ministry of Health, and other government departments and the private sector was established.

The taskforce works on the pillars of (i) leadership, stewardship and coordination; (ii) case management, (iii) surveillance and laboratory; (iv) strategic information, research and innovation; (v) risk communication and social mobilization; (vi) logistics and operations, (vii) community engagement and social protection (viii) continuity of essential health services (CEHS). The task forces at the district levels provide strategic oversight and ensure decentralized response efforts.

Beyond the coordination, the Minister stated that the country has put emphasis on awareness and sensitization of the public on SOPs. As the cases increased, the country instituted lockdowns and restrictions on social gatherings, movements and closure of educational institutions.

Regarding the impact of the pandemic, the Minister noted that there has been enormous disruption on the socio-economic development, health care system, and achievement of health-related sustainable development goals.

It's worth noting that at the height of the both waves, health workers that offer routine health care services were reassigned to treat the increasing numbers of patients with COVID-19. Many health workers got infected, some died and the capacity of the health system was greatly strained compromising access to essential health care services like HIV/AIDS services, immunization among others.

The minister noted that the Government plans to open the remaining sectors of economy early 2022 after achieving 4.8% of the eligible population vaccinated. As part of the phased recovery plan, the country is building her capacity in disease surveillance to detect unusual epidemiological events and new variants.

She highlighted the importance of building resilience within the health care system noting that the country has increased the COVID-19 testing capacity from having one laboratory at Uganda Virus Research Institute, Entebbe in March 2020 to now 46 laboratories across the country; the Intensive Care Units (ICUs) bed capacity from 7 to 102; and emergency recruitments of critical care staff have been given priority.

Through global health partnerships and combined efforts with development partners, Uganda had so far received 15,541,890 doses of COVID-19 vaccines using direct procurement through African Union and COVAX Facility and donations from (Belgium, Canada, China, Denmark, India, Ireland, Norway, United Kingdom and the United States of America) through the COVAX arrangement. By the end of December 2021, Uganda expects to have enough vaccines to vaccinate 22 Million eligible Ugandans. Dr. Aceng pledged that her Ministry was up to the task of ensuring that the available vaccines reach the arms of Ugandans without any wastage/expiry.

The minister explained that some of the plans in the pipeline include:

- ▶ Utilizing emerging evidence to maximize the impact of existing vaccines.
- ▶ Working with partners to develop new public health solutions including a focus on Non-Communicable Diseases (NCDs).
- ▶ Shared learning on developing a rapid, effective, high-quality and sustainable COVID-19 vaccine delivery programs.
- ▶ Establishing potential vaccine-sharing commitments with UK institutions and NHS Trusts to facilitate progress towards the vaccination coverage target and other health related SDG targets.
- ▶ Recovery of other pillars of the health system including health workforce development, routine health services, public health capacity, research, humanitarian responses among others.
- ▶ Enabling collaboration with UK institutions in vaccine and pharmaceutical manufacturing through sharing of technology to scale-up Uganda's manufacturing capacity.

KEY NOTE ADDRESSES

H.E Kate Aiery,
British High Commissioner to Uganda



H.E. Kate expounded on the UK support to Uganda's COVID 19 response and recovery noting that the UK allocated over £1m to support the Government of Uganda to increase access to oxygen in health facilities.

This grant boosted the country's capacity to produce and distribute medical oxygen, through the installation and maintenance of oxygen plants at four regional referral hospitals.

Cognizant of the fact that schools had been closed for nearly two years, and millions of children out of school, UK AID has been supporting Uganda's education response plan to ensure that learning continues even during the closure of schools - through radio programming and community led learning.

She also noted that UK AID was working with the Ministry of Education and Ministry of Health Joint Task Force to support school surveillance for prevention and management of COVID and mental health among school children as critical areas for the safety and care of children as the country prepares to reopen schools.

UK has also been at the forefront of championing equitable access to COVID vaccines, therapeutics, and diagnostics through the COVAX Facility and contributions to GAVI, the Global Fund and the World Bank which have been instrumental to financing the response in Uganda.

Further, support has been given to the MOH to increase vaccine uptake among the elderly through a UK / Government of Ireland funded social protection programme for the elderly.

The programme, which is in the process of transitioning to full GOU ownership, supports almost 370,000 people aged 80 years and above across Uganda with a monthly stipend. Teams are working to coordinate the roll out of future payments with the Ministry of Health so that beneficiaries can have access to a vaccination team when they go to receive their stipend.

She appreciated the Ministry of Health and Ugandan government for the mutual collaboration and partnership with UK institutions and looked forward to more opportunities for cooperation between the two countries.

PANEL DISCUSSIONS 1

Global Health Strategies to ensure equitable recovery from COVID 19.



Chair:

Lord Dolar Popat,
*UK Trade Envoy to Uganda, Rwanda and DRC
Board Member of the Uganda UK Health Alliance*

Lord Popat noted that many countries including Uganda are making significant recovery after rolling out robust vaccine campaigns and are fully opening up their economies. He acknowledges however, that the prospects of full socio-economic recovery are still indeterminate and the effects of the pandemic continue to stretch the social, economic and health wellbeing of the populations.

He commended the resilience and cooperation of both countries in responding to the pandemic and stated the objectives of the panel discussion as follows;

1. To discuss Joint strategies that are being undertaken at different levels to ensure equitable recovery from the COVID 19 Pandemic.
2. To Set commitments as governments and development partners towards equitable recovery from the COVID 19 pandemic

Panelists:



Hon. Dr. Monica Musenero,
*Uganda's Minister of Science,
Technology and Innovation.
She is also a Senior Presidential
Advisor on Epidemics.*



Prof. David Laloo,
*The Director Liverpool
School of Tropical
Medicine*



Dr. Charles Njuguna,
*The COVID Incident Man-
ager/Health Emergencies
Team Leader WHO Country
office, Uganda.*

The panel discussion highlighted the following key strategies towards equitable recovery from the pandemic.

The world is interconnected. We are living in a global village. One public health threat in one area will affect another. Diseases don't need visas to enter a country. Infectious diseases know no borders and boundaries. They can spread at the speed of a jetliner. Unless we are all safe, the risk will continue.

Dr. Charles Njuguna

1. Decentralize the COVID 19 response to maximize surveillance and intensify vaccination campaigns.
2. Increase investment in the health sector to revamp health infrastructure and systems for both communicable and non-communicable diseases.
3. Community engagement for effective socio-economic transformation and to tackle social problems such as high rates of teenage pregnancy and youth unemployment that have exacerbated by the covid-19 imposed

lockdowns.

4. A national health insurance policy including the national ambulance systems to reduce the cost of emergency and referral services on the government is needed.

5. Governments ought to establish partnerships to promote research in viruses, vaccine and pharmaceutical development. This involves engaging and collaborating with pharmaceuticals and vaccine development companies

6. Owing to the fact that there has been enormous reduction in the UK funding for global health, UK led organisations ought to take up a critical role of advocating and demonstrating to the UK government how important investing in global health is for not only global health security but also for people and health systems in other countries.

The Ministry of Health has also intensified surveillance and genomic sequencing at entry points to detect any new variants.

Hon. Dr. Monica Musenero

7. UK led organizations should continue to support Uganda's surveillance efforts to keep track of what is going on to build resilience in the health care system.

8. Vaccine hesitancy is an issue affecting everyone in the world. It is broader. It shows a lack of trust in our systems. There is a need to understand better how people engage with health systems such that trust can be restored and improve vaccine uptake.

9. Many countries especially in Africa still lag behind the WHO recommended vaccination targets. Governments, development partners and pharmaceutical companies must intentionally and deliberately commit to addressing the disparities and ensure that the vaccines reach all people across the globe.

10. The substantive efforts by COVAX and bilateral agreements need to be supported through in-country investments, domestic resource mobilization and political commitments.

11. Countries must aim at vaccinating a substantive percentage of the population or else the virus will continue circulating and thus mutate even further.

12. Children that have been out of school throughout the pandemic have had traumatic experiences due to abuse, many are teenage mothers, many families are distressed families as they lost jobs and livelihoods thus need psychosocial support.

13. Multisectoral partnership is very important to strengthen and bring together various groups of individuals with expertise in health systems approaches. "Building Back Together" is a current slogan in global health –which places emphasis on multisectoral and whole of society approach in dealing with the pandemic.

14. Lastly, stakeholders ought to ensure value for money on areas that are going to be prioritized in the recovery plans.

The Health workforce and Agenda 2030



Chair:

Prof Nelson Sewankambo
Makerere College of Health Sciences
Board Member, Uganda UK Health Alliance

Prof Sewankambo noted that Health systems can only function with health workers and that; improving health care delivery and realizing Universal Health Coverage is dependent on their availability, accessibility, acceptability and quality.

He mentioned that 2021 has been designated as the International Year of Health and Care Workers (YHCW) in appreciation and gratitude for their unwavering dedication in the fight against the COVID-19 pandemic.

He introduced panelists and highlighted the focus of discussion on; global and national commitments for Health workforce development

The objectives of the discussion were to;

1. Evaluate progress towards the Global strategy on Human Resources for Health, 2030
2. Set commitments as governments and development partners towards Health workforce development

Panelists:



Francis Omaswa,
Executive Director African Center for Global Health and Social Transformation and founding Executive Director of the Global Health Workforce Alliance (GHWA)



Dr. Kit Chambers, *Director of Policy and Learning at Tropical Health and Education Trust (THET)*



Patrick Okello,
The Commissioner of Human resource department at the Ministry of Health Uganda

The highlights of the discussion included:

- ▶ Recent reports indicate a global health workforce crisis characterized by widespread shortages, maldistribution and poor working conditions.
- ▶ It was also noted that there has been unregulated international recruitment of health workers from low income countries by recruiters from high income without any discussions with their native countries. However, this was addressed by the WHO Code on International Recruitment of Health Personnel that was adopted in 2010.
- ▶ The code should be supported and implemented to stop the unregulated migration and allow ethical and mutual benefits between the sending and receiving countries as well as for the individual health workers.
- ▶ A call was made to re-establish the Global Health Workforce Alliance (GHWA), or something independent of the WHO to drive the health workforce agenda. Despite tremendous achievements, GHWA closed due to lack of support and financing. The current Global Health Workforce Network is different and unfunded.
- ▶ The international community should strengthen countries more in developing their Health Workforce development agendas; to propagate tools so that countries can have skilled managers who know how to link disease burden to health workforce needs and skills.
- ▶ There ought to be coordination between the Ministries of Health, Education, Finance and Public Service and professional associations to amicably plan for the health workforce in Uganda.
- ▶ It was noted that the position of Assistant Commissioner for Human Resources for Health Development at the Ministry of Health has been vacant for 10 years. The position should be filled to stir proper planning and development of health workforce in the country.
- ▶ A Health Workforce Observatory should be established to monitor who has gone for training, left training, got employed etc. to show where the country stands. This Observatory could be located outside the ministry of health; maybe a university or an organization like ACHEST.
- ▶ A new Health Workforce recruitment system should be put in place. Right now, recruiting health workers for districts is decentralized. This is a major cause of problems. There are many unfilled posts for health services but there are also so many unemployed health workers and yet there is a budget for these unfilled positions.

- ▶ The panelists recommended a bilateral agreement between the UK and Uganda to share health workers. This would be mutually beneficial- having Ugandans go to the UK and gaining skills, while delivering services abroad and UK can also send her health workers to learn or work with Uganda but also take a very rich experience on how systems here work.
- ▶ Partnerships between the UK and Uganda on Health worker force development have benefited in spheres of training, identifying unmet needs, curricula development and accreditation which have strengthened the healthcare workforce in the two countries.
- ▶ The health and wellbeing of health workers themselves is critical to delivering care and health partnerships can help foster this.
- ▶ The Symposium acknowledged the remarkable progress of the ministry of health on improving the staffing levels optimized performance and quality of the workforce by putting in place stringent measures despite the effects of the COVID-19 pandemic.
- ▶ Empowering regulatory bodies like Uganda Medical and Dental Practitioners Council, Allied Professionals Council, Uganda Nurses and Midwifery Council, Pharmacy Board, Pharmacy Council and the Allied Health Professionals Council to establish 10-year HRH strategic plans.
- ▶ The Ministry of Health has been instrumental in conducting trainings for staff development for health workers in partnership with the private sector and other government departments to ensure productive and empowered health workforce.
- ▶ Other steps include working with partners in order to promote and strengthen the utilization of HRH, improved financing for health, especially during the pandemic to strengthen HRH policy stewardship, evidence-based planning and monitoring and evaluation
- ▶ It was observed that the major challenge is attraction and retention of highly specialized health workers such as emergency physicians, cardiologists, ICU nurses, palliative care specialists etc. This calls for support in training and capacity building for specialists and super specialists
- ▶ Like everyone else, the health workers have been affected by the pandemic and thus the speaker hoped that there would be ways to support them in coping with the difficult situation.

Nursing Action and impact on the Global health



Sr Beatrice Amuge
Commissioner Health Services, Nursing
Ministry of Health

The last address of the day was by Sr. Beatrice Amuge the Commissioner Health Services, nursing who explained that nurses and midwives were integral in building stronger health systems needed to achieve UHC2030 and SDGs since they form the largest percentage of the workforce.

She observed that before the pandemic, global data indicated a shortage of 6 million nurses and midwives with challenges in skills, motivation heavy workload, scarcity and insufficient resources and unsafe working conditions and high rates of COVID-19 burn-out and stress given the fact that nurses form the majority frontline health workers.

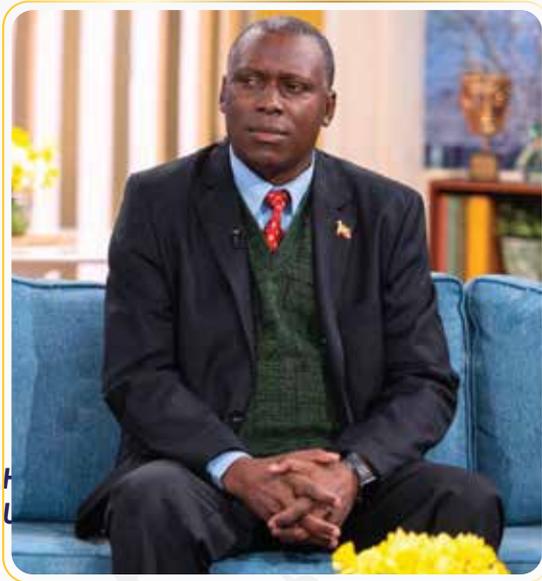
However, she also noted that not all is gloom. At this year's virtual World Health Assembly, the WHO Guidelines for Nursing and Midwifery 2021-2025 were adopted for the first time, recognizing the contribution of nurses to the pandemic and health care. The strategy places emphasis on four focus areas of education, jobs/employment, leadership and service delivery

Sr. Amuge explained in detail how these focus areas would guide the Ministry of Health in advancement of nurses and midwives to ensure competence to meet the ever-changing population needs, manage migration, retention and strengthening nurses and midwifery leadership, and ensuring that they are supported and motivated to do their work among other issues. She committed renewed efforts of the nursing department at MOH in achieving success in these areas of focus.

Participants at the symposium also learnt that training of specialized nurses and critical care nurses is underway. This will ensure service delivery and research-oriented professionals, that well protected, supported and motivated.

It was further noted that the UK led partnerships like the Nursing Now challenge, Florence Nightingale Challenge, will strengthen the role of nurses and midwives leadership in health. Sr. Amuge said the Ministry of Health was committed to renewed efforts and integrated these recommendations in the country's recovery plans.

Closing Remarks



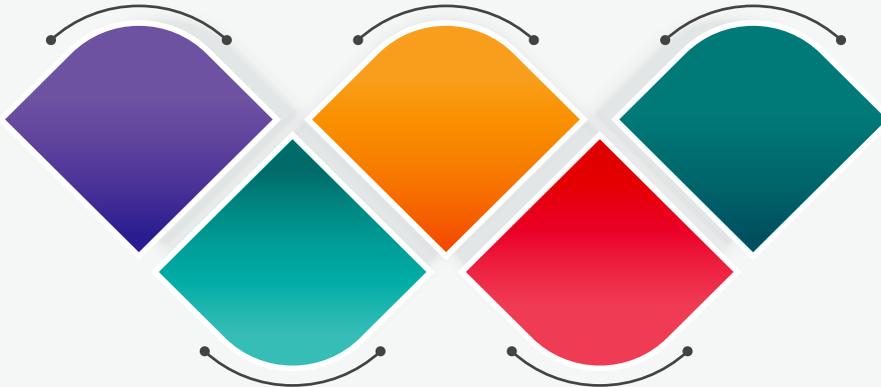
The Symposium was officially closed by the Uganda High Commissioner to the UK, HE, Julius Peter Moto who expressed optimism that this event would be an opportunity to further strengthen bilateral relations.

He mentioned that the government of Uganda is consolidating the UK historical relationship between UK and Ugandans for mutual development in all sectors including Health.

He paid tribute to frontline health workers who lost their lives to COVID-19 and reechoed other speakers' message that equitable access to Covid 19 vaccines would help open up economies of African countries and enable people to resume their lives without slipping further into hardship.

He delivered the assurances of the government of Uganda on its commitment to work with partners and build bilateral relations with the UK and thanked the Ministry of Health for taking the lead.

He thanked all participants for committing time to attend the symposium and appreciated the different speakers and panelists for their resourceful input in the discussions. The High Commissioner wished delegates a prosperous coming year and looked forward to the implementation of key recommendations from the symposium.



Annex - Program

EAT	UK Time	Session	Speaker
12:00-12:20	9:00-9:20	Opening Remarks from conveners	<p>Prof Ged Byrne Director of Global Health Partnerships NHS Health Education England</p> <p>Dr Diana Atwine Permanent Secretary, Ministry of Health Uganda</p> <p>Uganda UK Health Alliance Co-Chairs</p>
12:20-12:35	9:20-9:35	Key Note Speech 1	Hon Dr Jane Ruth Aceng Minister of Health Uganda.
12:35-12:50	9:35-9:50	Key Note Speech 2 UK support to Uganda in response and recovery from the COVID 19.	HE Kate Alery British High Commissioner Kampala
12:50-13:30	9:50-10:30	<p>Panel Discussion 1: What global health strategies can we undertake to ensure equitable recovery from the COVID 19 Pandemic for all countries?</p>	<p>Chair: Lord Dolar Popat House of Lords UK Parliament</p> <p>Panellist 1: Hon Dr Monica Musenero Minister of Science, Technology and Innovation/Senior Presidential Advisor on Epidemics</p> <p>Panellist 2: Prof David Lalloo Director Liverpool School of Tropical Medicine</p> <p>Panellist 3: Dr Henry Mwebesa Director General Health Services-Ministry of Health</p>

			Panellist 4: Dr Komakech Innocent Disease Outbreak, Emergency and Preparedness Officer, World Health Organisation
13:30-13:40	10:30-10:40	Q&A	Audience
13:40-13:45	10:40-10:45	<i>2021-The year of the health and Care Worker: Protect. Invest. Together.</i>	Video
13:45-13:55	10:45-10:55	Nursing Action and Impact in Global Health – ICN report 2021	Sr Amuge Beatrice Commissioner Health Services, Nursing Ministry of Health Uganda
13:55-14:35	10:55-11:35	Panel Discussion 2: What have been the achievements of health workforce development and what is the focus for Agenda 2030?	Chair: Prof Nelson Sewankambo, Past Principal Makerere University College of Health Sciences Panellist 1: Prof Francis Omaswa Executive Director, African Centre for Global Health and Social Transformation (ACHEST)/ Founder Global Health Workforce Alliance. Panellist 2: Dr Kit Chalmers Head of Policy and Learning, Tropical Health & Education Trust (THET) Panellist 3: Mr Okello Patrick Commissioner - Department of Human Resource Management, Ministry of Health Uganda
14:35-14:45	11:35-11:45	Q&A	Audience
14:45-14:55	11:45-11:55	Closing Remarks	HE Julius Peter Moto Uganda High Commissioner to the UK

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