

Policy Action Memo

TO: Global Livingston Institute
FROM: Global Scholars Fellowship Program
Date: July 3, 2020

Issue: The impact of the COVID-19 lockdowns on communicable diseases, HIV, and gender-based health.

Background:

Along with the rest of the world, Uganda is battling the COVID-19 pandemic in its own way. This country has seen a surprising victory with 859 cases and 0 deaths. One of the factors that contribute to the low number of cases is the strict lockdown measures that were enforced in the country since March of this year. Uganda has enforced one of the strictest lockdown measures in Africa. Now, as the restrictions are slowly starting to ease, it is important to understand the impact of COVID-19 on other facets of health, especially for those suffering from debilitating diseases such as HIV, other communicable diseases, and gender-based violence.

Analysis:

Uganda has an adult HIV prevalence of 5.7%. Women, sex workers, and LGBTQ men are affected at higher rates, largely due to stigma and punitive laws. The Ugandan government, along with other national and international organizations, has been fighting to reduce the high prevalence of HIV. However, the COVID-19 pandemic and subsequent lockdown have become a roadblock in this endeavor. The Ugandan health system was already facing an uphill battle as they worked to reduce the prevalence of HIV through increased testing and more closely regulated follow-ups and medication administration. The over-burdening of the health system has caused a rapid increase in complications and deaths from HIV because of slowed testing and treatment. This has been especially troublesome for those in rural areas and those without transportation. Additionally, food shortages and the inability to obtain food have affected HIV patients, who require food before they ingest their medicines. Hence, more patients are refusing their medicines due to a lack of food.

The COVID-19 pandemic has also affected the prevention and treatment of communicable diseases in Uganda. Among the top ten leading causes of death in Uganda reported by the CDC, five communicable diseases were listed: HIV/AIDS, malaria, lower respiratory infections, tuberculosis, and diarrheal diseases. The COVID-19 pandemic has affected the administration of vaccinations for many children, which threatens to have lasting effects years from now when children are not immune to diseases such as polio and measles. Additionally, those currently suffering from communicable diseases are facing hurdles in their treatment plans. For example, treatment for tuberculosis (which can be up to 6-9 months of taking daily antibiotics) has been hindered because of transportation issues.

Finally, the COVID-19 pandemic has put greater pressure on women, especially pregnant women in Uganda. The lockdown rules state that all patients must have permission from the Resident District Commissioners to leave their homes. The permission has been allotted only for emergencies. This results in insufficient prenatal care and women in labor face challenges in reaching hospitals. There have been reports of women who have given birth and/or died en route to the hospitals. Reports also show that domestic violence and teenage pregnancies have increased during the lockdown, as women have been forced to remain indoors with their abusers for long periods of time. The lockdown prevents these women from accessing the health care required in these cases.

Among these three major facets of health care, some common issues have emerged. The first obstacle to obtaining adequate healthcare has been the lack of transportation and the rules that restrict transportation, especially in rural areas. This presents itself both in the inability of a patient to reach a healthcare facility and also in the inability to access medications. Additionally, many of the local health centers (Health Centers 1 and 2) have been closed. This means that many patients have to travel further distances to reach open health facilities, which is difficult with very limited transportation. Another important issue that is prevalent in all three of these issues is the lack of food due to inaccessibility and lack of funding. The absence of food weakens patients and demotivates them to comply with their medication. Finally, the COVID-19 pandemic has further disincentivized patients from going to healthcare facilities, as they do not want to risk exposing themselves to coronavirus.

Options:

The restrictions on transportation due to the COVID-19 pandemic have created issues in different facets of health and public policy. For those suffering from HIV and other communicable diseases who have been unable to get their medications, the use of volunteers to deliver medication can be especially useful. This includes bodaboda drivers who can serve as volunteers to deliver not just medicines but also contraceptives and menstrual products. Additionally, lowering the restrictions against the stockpiling of Antiretroviral medications (ARVs) will improve medication access. Finally, combining testing and treatment centers so that patients can be tested and receive ARVs on the same day will improve adherence to treatment among newly positive individuals.

To increase accessibility to healthcare, we promote the involvement of midwives, traditional healers, and community leaders in health product distribution and health education. For pregnant women in rural communities, we suggest the use of mobile services such as GetIN that connect expectant mothers to midwives. Prominent figures in rural communities, such as traditional healers and religious leaders, have the ability to spread helpful information and distribute health services such as vaccinations or tests. We recommend collaborating with these community leaders in order to foster involvement and raise health awareness. The involvement of trusted and reliable elders such as ‘navachala’ would further increase community trust in healthcare services. One other policy option includes the compulsory requirement of masks on public transportation (as this is a primary source of transportation for a large majority of the Ugandan population). It could also extend to free public transportations or the use of incentives to encourage bodaboda drivers to give free rides to health care workers.

The use of technology in battling this pandemic also requires analysis. Technology can be used as part of the medical response to enhance patient care. The use of Telehealth, for example, is an innovative method to help patients in this time of crisis. This can extend from phone calls to patients from health workers to ensure conversations about the different areas of their health, to SMS reminders about medications (especially those suffering from HIV and communicable diseases). Health care workers can also take advantage of newer technologies such as the virtual Directly Observed Treatment (DOT) for treating communicable diseases like tuberculosis. Technology can also be used to spread legitimate and accurate information to the public. The use of social media and websites such as the Ministry of Health are providers of essential information. Apps such as SafePal are a tool that can be accessed by women who face gender-based violence. However, the number of people who have smartphones or access to such platforms is limited in some regions. Radios are common all throughout Uganda, and hence the use of radio as an interface to spread legitimate information is likely to be successful. To ensure the accuracy of the information spread it is important to converse with health workers and others who work within the community in combating HIV, communicable diseases, and gender-based differences. Along with radio and television, megaphones can also be used as a means to spread information.

Recommendation:

1. The use of radio, television, and social media to encourage the spread of accurate information. The campaign would discuss not just the current COVID-19 pandemic but also those diseases and health services that have been ignored and disrupted due to this crisis. Among other things, it would include doctors and health care workers emphasizing the importance of compliance with medication such as ARV. The discussion regarding the safety of getting immunizations would also be prominent. Issues such as maternal health and domestic violence will also be a part of the dialogue. Though the use of social media may be restricted to mainly urban areas, the radio and the television can be accessed by a larger public. Megaphones attached to vehicles that drive around the community can also be a source of information. This would be especially useful to inform communities about their closest access points in case of concerns or questions regarding COVID-19, hygiene, HIV, and communicable diseases.
2. Uganda has a community-based culture, hence the integration of religious leaders with health care workers would work as a means of trust enhancements. This would be particularly helpful to encourage people to be tested and treated for HIV and other communicable diseases. Senior women in the community (navachala) should be integrated into the fight against gender-based violence as they have a better rapport between the community.

3. As bodabodas are a popular form of transportation, this should be used as an advantage. There have already been cases of bodaboda drivers delivering medication to those who require it. This needs to be encouraged and expanded to include contraceptives and menstrual products. As drivers deliver en-route with a customer, their business will not suffer because of this delivery.