

Assessment of the preparedness of the Ugandan health care system to tackle more COVID-19 cases



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Coronaviruses are human and animal pathogens causing mainly respiratory infections but their potential to cause serious diseases, even pandemics, with the right conditions have been predicted by several studies [1]. For example, in a 2017 briefing to the United States (US) president, the US military predicted the possibility of such an outbreak [2]. The Coronavirus Disease 2019 (COVID-19), a global pandemic caused by the novel SARS-CoV-2 virus, confirms the accuracy of such predictions. This disease which originated from Wuhan, China gave the rest of the world some window of opportunity to prepare to tackle a possible widespread outbreak. The Ugandan health care system, for example, had an 81-day pre-outbreak opportunity and still has a post-outbreak opportunity since it only has 413 confirmed COVID-19 cases, a relatively low figure, as at May 30, 2020 [3]. Did the system utilise the pre-outbreak opportunity? Is the system utilizing the post-outbreak opportunity? These are the questions this paper aims to address.

Uganda's doctor-patient and nurse-patient ratio is approximately 1:25 000 and 1:11 000 respectively [4]. This is way below the WHO recommended doctor-patient ratio of 1:1000. Also, even though there is no official WHO recommended nurse-patient ratio, 1:11 000 is still inappropriate considering that most developed health care systems have a doctor:nurse ratio of 1:2-5. In addition, the latest report, on staffing levels in public health facilities in Uganda, pegged the figure at 72% [5]. This is below the acceptable standard. Also, the country's health sector allocation is 8.9% of the national budget (for the 2019/20 fiscal year), down from 9.2% (in the 2018/19 fiscal year) [6]. This budget is 6.1% lower than the acceptable health sector allocation according to the Abuja Declaration of 2001.

The Ugandan healthcare system might soon be overwhelmed by the increasing number of COVID-19 cases.

In Uganda, there are 2 national referral hospitals, 4 specialized government hospitals, 14 regional referral hospitals and hundreds of lower rung hospitals. Of these, only one of the national referral hospitals, one of the specialized government hospitals and the 14 regional referral hospitals have been designated as COVID-19 treatment sites by the Ministry of Health as at May 30, 2020. Most of these facilities, especially the regional referral hospitals, are ill equipped to handle COVID-19 cases. Some experts project that 500 cases could completely overwhelm the health