

# Finding the Balance: Public Health and Social Measures in Uganda

Data updated 19 August 2020



Uganda



## Background

Public health and social measures (PHSMs) are an important strategy to slow transmission of COVID-19 and reduce the pressure on health care systems, but they can place a significant burden on people, especially when they restrict movement or access to services. This brief aims to inform policy decisions in Uganda that balance the benefit of PHSMs for reducing transmission with other priorities, including economic and social impacts. It is based on the review, synthesis and analysis of data illuminating different dimensions of COVID-19 in Uganda—including a nationally representative telephone poll, media monitoring, epidemiological data and other publicly available data sources. Data sources and methods are described at the end of the document.

## Highlights

**Disease Dynamics:** In the past month (23 July - 19 August), Uganda has seen an 88% average increase in the number of new cases reported each week. On 18 August, it recorded its highest seven-day average (57 daily reported cases), with the majority of new cases reported in Kampala. Despite the recent increase in new cases, Uganda still has one of the lowest incidences of COVID-19 per capita in Africa (4 per 100,000 population) and a high test per confirmed case ratio (201 tests per case).

**PHSM Implementation:** Before Uganda reported its first COVID-19 case on 21 March, the government implemented precautionary PHSMs that limited the spread of the virus. Although the lockdown and nightly curfew have remained in place since 1 April and schools remain closed, certain measures have been relaxed, including the reopening of restaurants and shopping centers and resumption of public transportation and motorcycle taxi (boda boda) services. Cases have increased since these measures were relaxed.

**PHSM Support and Adherence:** There is a stark contrast between the criticism of PHSMs in traditional news and social media and the high support seen in survey findings. Compared to other African Union Member States, respondents in Uganda report a level of support and adherence to PHSMs that is higher, on average. This may reflect the stringent level of PHSM enforcement in the country. Satisfaction with the government response was also higher.

**Risk Perceptions and Information:** Despite having one of the lowest incidences in Africa, personal risk perception in Uganda was similar to most other AU Member States, and for some measures, even higher. Still, widespread belief in misinformation narratives exists, with almost half of respondents agreeing that people recovered from COVID-19 should be avoided and more than half agreeing that foreigners are trying to test vaccines on them. This indicates a need for stronger government risk communication interventions, including community engagement to dispel common COVID-19 myths and misconceptions.

**Essential Health Services:** Of respondents that reported they or someone in their household needed medical care, more than half had difficulty accessing health care services or medicines. Those with longstanding illnesses were particularly affected. The findings suggest that the indirect health impact of the epidemic are considerable, with significant disruptions to suspected malaria cases, general/routine checkups, maternal and child health care and HIV treatment. Delays in these services could have detrimental effects on population health for years to come.

**Economic Burden and Food Security:** A majority of respondents report having lost income and many are facing difficulty accessing food, with almost nine of ten reporting their household income has fallen since last year and more than half reporting loss of income affected their access to food. Food insecurity was highest among low-income households.

**Security:** More than 60 events where Uganda police or military used force to implement PHSMs were reported. All but one resulted in violence. Many of these events were criticized in both traditional news and social media. They also contributed to more than 50 citizen protests against police brutality, with most leading to violence.

## Disease Dynamics and PHSM Implementation

<b>Total Cases</b> (Cumulative incidence per 100,000 population)	<b>Total Deaths</b>	<b>Diagnostic Tests</b> (Tests per confirmed case ratio)	<b>Case-Fatality Rate</b>
1,656 (4)	16	333,667 (201)	1.0%

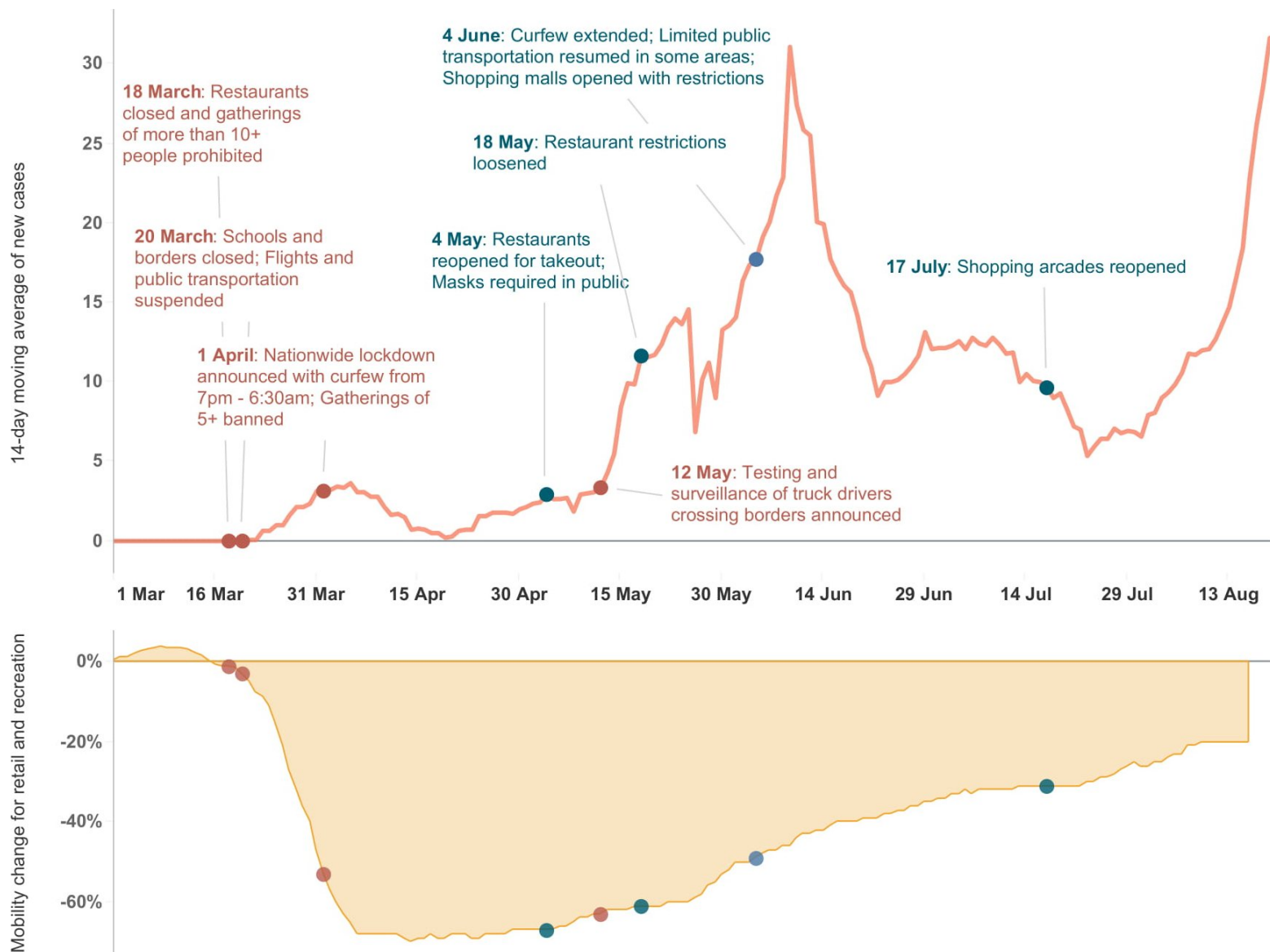
*WHO* recommends 10-30 tests per confirmed case as a benchmark of adequate testing.

*The use of PHSMs should respond to the changing epidemiological situation. When these measures are effectively implemented and adhered to, they can significantly reduce disease transmission. Phased and adaptive loosening of measures can prevent spikes in transmission while lessening the burden on communities. If transmission accelerates, reintroduction of targeted measures may be needed to control the epidemic.*

Uganda has one of the lowest reported incidences of COVID-19 in Africa. With recent relaxing of PHSMs, reported cases have risen sharply.

- On 21 March, the government implemented swift, precautionary PHSMs. The lockdown and nightly curfew have remained in place since 1 April, but certain measures have been relaxed.
- Due to its strict enforcement of PHSMs, Uganda has contained the spread of COVID-19. Uganda was already on high alert due to Ebola in neighboring DRC. This equipped the government with existing PHSM protocols and the stakeholder support to enact them. It also likely primed the population to accept harsher disease control measures.
- However, between 23 July and 19 August, Uganda saw an 88% average increase in the number of new cases reported each week. On 18 August, Uganda recorded its highest seven-day average (57 cases daily), with the majority of new cases reported in Kampala.
- The current increase in new cases is much higher than the peak Uganda experienced in late May and early June. That peak was attributed to truck drivers from neighboring countries (Kenya and Tanzania). The government announced on 16 August the launch of a rapid assessment survey in Kampala to determine the cause of the increase and is considering a lockdown of the city if necessary.
- Uganda still has one of the lowest incidences of COVID-19 per population in Africa (4 per 100,000 population). Uganda also reported one of the highest number of tests per confirmed case ratio among AU Member States (201 tests per case).
- Despite Google mobility data showing a gradual increase in movement since May, Uganda still has a lower mobility average when compared to its pre-COVID-19 mobility levels.
- Uganda still has a number of PHSMs in place, including a nightly curfew and limits on public transportation capacity. Schools, places of worship, sport facilities, and entertainment venues remain closed.

Reported cases in Uganda increased in early June following the relaxing of PHSMs and then decreased in July. However, as mobility continued to increase, reported cases started to rise rapidly in August.



Data sources: Africa CDC, Google Community Mobility Reports, ACAPS, OxCGR Note: Mobility changes for retail and recreation shows the percent change compared to baseline (3 Jan-6 Feb) in visits to retail and recreation sites (e.g., restaurants, cafes, shopping centers, etc.) among Google users.

## PHSM Support and Adherence

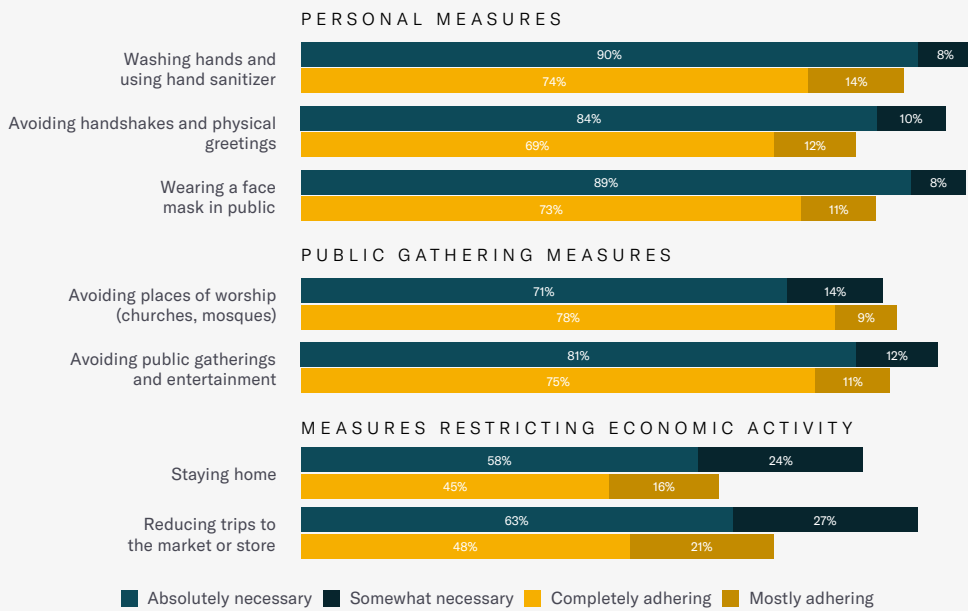
PHSM effectiveness relies on widespread behavior change. To identify measures that have a higher likelihood of acceptance, it is critical to monitor public support, adherence, and overall trust and confidence in the government response. Where adherence is lower, further analysis of barriers to behavior change can strengthen PHSM implementation and help to mitigate burdens.

Survey respondents in Uganda report high levels of support for and adherence to personal measures (such as washing hands, wearing a mask and avoiding physical greetings) and public gathering measures (such as avoiding large gatherings and places of worship).

- Support for and self-reported adherence to PHSMs that restrict economic activities (such as staying home and reducing trips to markets and stores) are lower than for other PHSMs.
- Reported adherence to personal measures is high (around 70%) and adherence to public gathering measures was even higher (75%). High support and adherence to PHSMs generally may be influenced by strict enforcement.
- Given the large gap between stated support and self-reported adherence for measures that restrict economic activity, analysis of the environmental, economic or other barriers to adherence could inform strategies to increase adherence.
- Ugandan survey respondents are almost evenly split between those who would prefer to delay reopening to reduce risk, and those who want to loosen restrictions to get the economy moving.

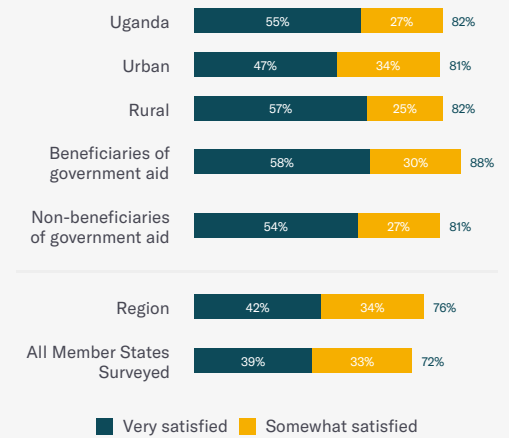
**In Uganda, support for and reported adherence to measures that restrict economic activity is lower than for personal protective measures.**

Support (perception of necessity over previous month) and adherence (over previous week) for preventive measures



**Support for government's handling of COVID-19 in Uganda is higher than in other AU Member States.**

% satisfied with government COVID-19 response, by country, subgroup and region



Data Source: Ipsos Survey

**Face Masks**

Since 4 May, Uganda has had a mandatory face mask requirement for anyone traveling outside their home. The government said that it would distribute masks to the entire population before 4 June and that any violators of the directive would be denied access to public facilities. Only 12% of respondents in Uganda reported that they had received a mask from the government.

**93%**

of survey respondents had a face mask ready to use

**93%**

recognized that wearing a mask could prevent spread

**84%**

report wearing a mask in the previous week

Data Source: Ipsos Survey

**Attitudes About Reopening**

Timing of reopening:

**49%**

favor waiting longer to loosen restrictions

**50%**

favor opening up to get the economy moving

Comfort with resuming activities:

**64%**

report that resuming normal activities makes them anxious

**61%**

would feel comfortable using public transport if it were not too busy

Data Source: Ipsos Survey

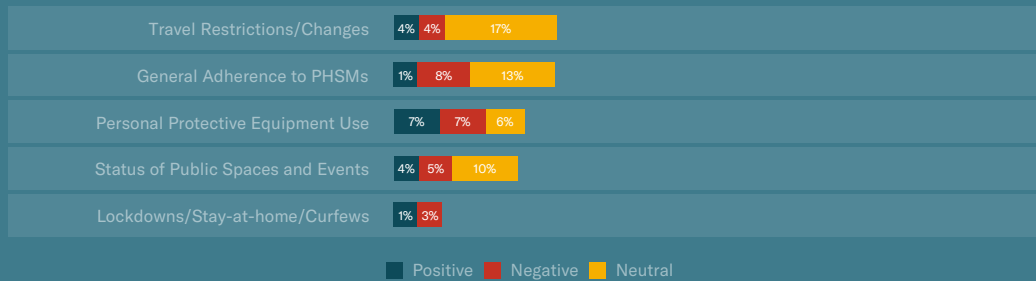
## Traditional news and social media coverage of PHSMs

Monitoring public narratives in traditional news and social media can shed light on how critical issues are perceived and beliefs are formed. By design, media monitoring and analysis captures the views and opinions expressed by a subset of the population that is actively engaged in public debates and discussion through online and social media. These data are qualitative and are not intended to be representative of the views of the wider population.

**Traditional news and social media coverage of PHSMs from May - August focused on travel restrictions, adherence and use of personal protective equipment. The vast majority of coverage was neutral to positive in tone.**

- Negative coverage from both domestic and regional news centered on public non-adherence to PHSMs (both by public officials and regular citizens) and police brutality in enforcing PHSMs. These social media reports were not consistent with the survey findings, which reflected high adherence to and support for PHSMs and satisfaction with the government response.

### Top Trending Topics in Traditional News and Social Media Coverage of PHSMs, May-August



■ Positive ■ Negative ■ Neutral

An article on 2 August from *Chimp Reports*, an online news source in Uganda, reported that people were protesting wearing masks distributed by the government because they were the color of the ruling party: "However, the residents... rejected and protested against the masks wondering why the government was giving them only yellow masks [the color of the ruling party]...ahead of the national elections."

On 12 July, a Twitter user criticized the Minister of Health for not wearing a face mask in public: "Does it justify you not wearing a mask, I [remember] your threat of another lockdown if people don't wear masks, what has happened dear doctor, are u lying to Ugandans about the coronavirus facts in Uganda."

Data Source: Novetta Mission Analytics

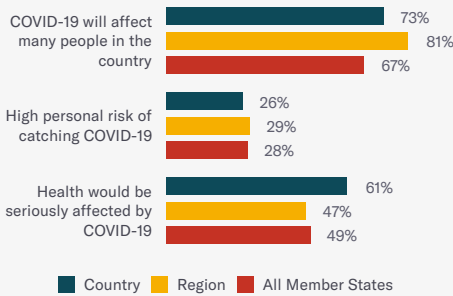
## Risk Perceptions and Information

Evidence from past epidemics shows that both information and risk perceptions influence preventive behavior, including adherence to PHSMs. People who are well informed may have a high level of awareness about COVID-19, but may not perceive that their personal risk of catching the disease is high or that the disease would have severe health implications. In addition, people must believe that they can change their behavior to effectively reduce risk—both for themselves and the community at large. Misinformation narratives can undermine motivation to adhere to preventive measures.

Despite having one of the lowest COVID-19 incidences in Africa at the time of the survey, personal risk perception in Uganda was similar to most other countries surveyed, and for some measures, even higher. The majority of respondents in Uganda believed that following public health guidelines would prevent themselves and others from getting COVID-19.

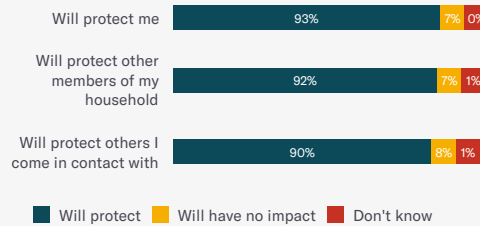
- Nearly three-quarters of respondents in Uganda said that they thought COVID-19 would affect very many people in their country (compared to about two-thirds across all AU Member States surveyed). Similarly, more than 60% of survey respondents in Uganda said that they believed COVID-19 would seriously affect their health if they were to be infected (compared to only half of respondents across all AU Member States surveyed). Belief that the virus would seriously affect their health was highest among older respondents (> age 45).
- About one in four respondents in Uganda said that they think their risk of catching COVID-19 was high or very high, which is slightly lower than other AU Member States. This is concerning given the recent increase in new cases in Uganda and may be cause for increasing risk communication and community engagement to elevate personal risk perception.
- Almost half of respondents agreed that people recovered from COVID-19 should be avoided and more than half thought that foreigners were trying to test vaccines on them and discrediting African medicines. Widespread belief in these types of narratives may prevent people from seeking testing or care for COVID-19 due to stigma and limit acceptance of a vaccine once available. Early communication and community engagement to dispel misinformation about vaccines will be critical to ensuring vaccine uptake when a vaccine becomes available.

**More respondents reported that their health would be seriously affected by COVID-19 compared to other AU Member States.**

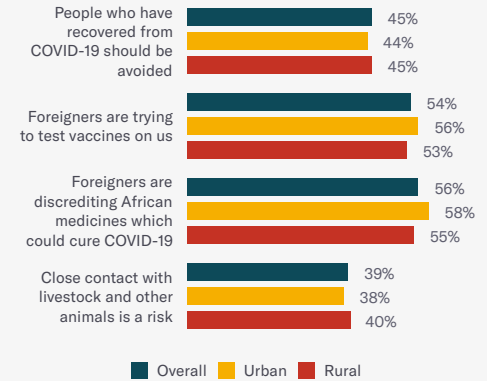


**The vast majority of Ugandan respondents believed that following public health guidelines would prevent themselves and other from getting COVID-19.**

**Attitude toward following public health guidelines**



**A COVID-19 diagnosis carries significant stigma in Uganda, with nearly half of respondents stating that people who have recovered from the disease should be avoided. There is significant mistrust of foreigners as it relates to COVID-19.**



Data Source: Ipsos Survey

**Risk perceptions and information in traditional news and social media**

Between 3 - 17 August, traditional media articles and social media posts largely acknowledged the significant threat posed by COVID-19 in Uganda. There were some posts on Ugandan Facebook pages doubting the risk of the virus, with some arguing that politicians were using COVID-19 as a political tool to assert control. Views expressed by these social media users were in contrast to the survey findings and seemed to only represent extreme viewpoints.

*A Facebook user (with high risk perception) wrote on 17 August: "First you will lose the people you know, then you will lose a friend, then you lose the person you know, then you hear a good friend of yours has died, then you lose your relative, then you become the contact of contact, then you test positive then quarantine, then boom! The Regea starts to play and nobody can stop Regea. Covid is real"*

*A separate Facebook user (with low risk perception) wrote on 17 August, "But why do government put [so] much effort on covid issues... people used to die and nobody was concerned; covid death[s] are supreme, what is the logic behind [this]"*

Data Source: Novetta Mission Analytics

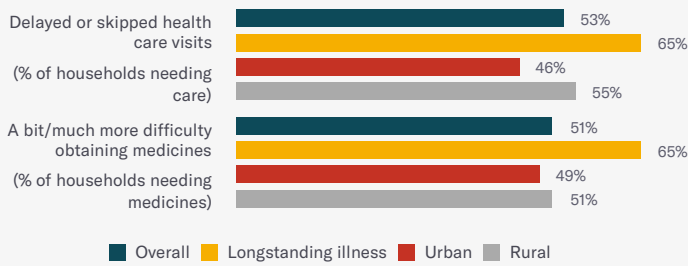
**Burden of PHSMs**

**Essential Health Services**

The COVID-19 epidemic can disrupt essential health services through the burden it places on health systems, disruptions to medical supply chains and restrictions on movement. People may also be hesitant to seek care due to the risk of transmission or inability to pay for care. Evidence from past epidemics and initial reports from COVID-19 suggest that the indirect health effects can be far larger than the direct effects of the disease. Closely monitoring essential health services can inform policies to adapt PHSMs and maintain essential care. Data on disrupted services should be interpreted within the context of a country's disease burden and health care utilization patterns.

Households are experiencing severe disruptions to essential health services during the COVID-19 outbreak in Uganda, with more than half of respondents reporting that they, or someone in their household who needed health care, delayed or skipped a health visit during COVID-19. Almost half of households that needed medication reported that the COVID-19 crisis made it more difficult for them to obtain it. More than two-thirds of respondents with longstanding illnesses reported disruptions to services. The most commonly reported barrier to access was that the facility was not accessible/transportation was not working, indicating that mobility restrictions may be impeding health access in Uganda. Of those who reported any disruption, the most frequently reported skipped visits were for suspected malaria (35%), general/routine checkup (20%), antenatal care (13%), and HIV treatment (8%). Disruptions to antenatal care were higher in Uganda than any other AU Member State surveyed. There were also media reports of women dying in childbirth because mobility restrictions limited their travel to maternity hospitals. Households also reported skipped tuberculosis visits (2%). In Uganda, 1.5 million people are currently living with HIV and there were 53,000 new infections reported in 2019. Malaria accounts for 15-20% of all hospitalizations and 20% of all hospital deaths. In 2017, neonatal disorders were still the leading cause of death in Uganda, with antenatal care visits critical to reducing them. Even short delays in these services could have long-term, detrimental effects on population health, leading to increases in mother-to-child transmission of HIV, severe cases of malaria among pregnant women, and increased drug-resistant tuberculosis (including among people with HIV).

**Survey respondents with longstanding illnesses were more likely to report that they or someone in their household had issues accessing health services and medicines.**



**Barriers to Essential Services**

Among those who reported that someone in their household had delayed or skipped health care visits, the top three reasons cited were:

- 60%** Facility not accessible/public transport not working
- 26%** Couldn't afford care
- 19%** Couldn't get to facility due to mobility restrictions

The most common self-reported reasons for missed visits were:

- 35%** Malaria
- 20%** General/routine check-up
- 13%** Antenatal care

Data Source: Ipsos Survey

**Economic Burden and Food Security**

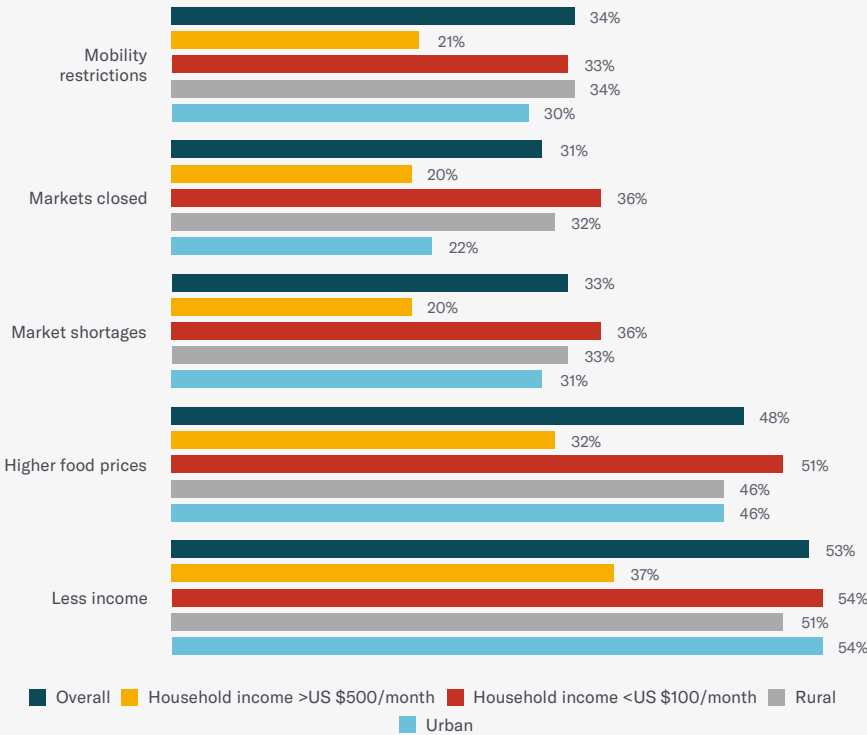
*PHSMs that restrict economic activity—such as workplace closures, restrictions on movement of people and goods, and stay-at-home orders or curfews—place high burdens on people by disrupting livelihoods and access to markets. Monitoring household economic burdens and food security can help identify people in need of support and inform the design of appropriate relief measures.*

Ugandan respondents are facing significant economic burdens during the COVID-19 crisis, with the vast majority (86%) reporting that their income has fallen since last year and more than two-thirds reporting some difficulty accessing food in the previous week, with loss of income and high food prices the most common barriers to food access. A higher share of respondents in Uganda reported loss of income than in any other AU Member State surveyed. Although one-fifth of respondents reported receiving assistance from the government, support was mainly in the form of personal protective equipment (12%) and food assistance (6%). No respondents reported receiving cash assistance. According to the World Food Programme (WFP), food insecurity has decreased since peaking in July in Uganda, however almost 13 million people are still categorized as having poor food consumption in the past week (as of 17 August). This is more than 30% of the total population of Uganda.

### Loss of income and high food prices were reported as main barriers to food access.

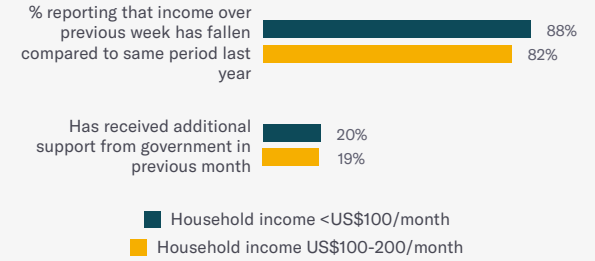
Note: Income categories should be interpreted as indicative as sample sizes vary and income reporting can be subject to bias.

(% of respondents reporting that they had difficulty buying food in the previous week for each of the following reasons)



### Almost nine of ten households reported income losses, with highest proportion reported among low-income households (Households with monthly income >US\$500/month excluded due to small sample size).

Note: Income categories should be interpreted as indicative as sample sizes vary and income reporting can be subject to bias.



Data Source: Ipsos Survey

### Narratives about burden of PHSMs in traditional news and social media

From May to August, 14% of monitored news and social media coverage of COVID-19 in Uganda focused on the burdens of PHSMs, primarily food insecurity and unemployment. The majority of coverage was negative in tone, while some positive coverage resulted from announcements of government assistance. Some social media users accused the government and ruling party of benefiting from the pandemic and PHSMs while average Ugandans suffered.

*On 11 August, a Facebook user expressed frustration with government response and mistrust: "They [National Resistance Movement] are earning seriously from corona when others are suffering."*

*On 17 August, another Facebook user criticized economic restrictions: "You have registered failures in administering the city for the past 35 years and i don't [think] it will work out in this covid era... I [think] you should refocus your strategy on something else to make kampala better apart from stopping taxis and bodas from working... these are Ugandans who have been affected by covid [are] striving to earn something for their families; halting them from working and making transport fares high will not make any sense to the already suffering Ugandans."*

Data Source: Novetta Mission Analytics



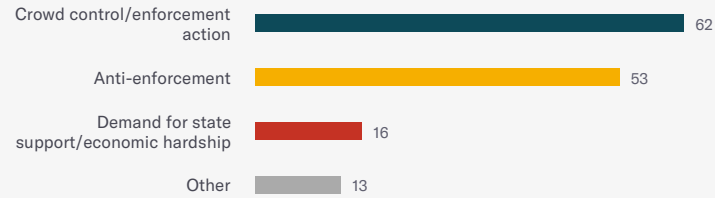
## Security

*A rise in unrest or insecurity—including peaceful protests as well as riots and violence by and against civilians—can affect adherence to PHSMs and serve as a warning sign of the burden such measures are imposing on people.*

There were reports of 62 events where Ugandan police and paramilitary used force against citizens who were supposedly breaking mobility restrictions or disobeying limits on public gatherings. All but one resulted in violence. Victims of police and paramilitary violence have included youth playing football, motorcycle taxi (boda boda) drivers and their passengers, food vendors and journalists. There were also 53 citizen protests of state enforcement of measures, with 45 categorized as violent. Five protests were reported of health care workers demanding better safety and compensation, all of which were peaceful.

## Almost two-thirds of reported security incidents related to COVID-19 involved police enforcement of measures.

Number of reported events by category, March-July



Data Source: ACLED Coronavirus-Related Events Database

## Data Sources and Methods

**Survey Data:** Ipsos conducted telephone poll of a nationally representative sample of 1,286 adults (309 urban, 977 rural) in Uganda between 3-12 August. The percentages reported in Ipsos charts may be different from percentages reported in other PERC products and communication of this data. Differences may be reconciled by investigating the denominator used, as indicated in each instance of use.

**Traditional News and Social Media:** Research is conducted by Novetta Mission Analytics using online, open-source African media, and geolocated African Twitter and Facebook sources. These qualitative data reflect public narratives in online media sources and among social media users. Quotes have been edited where necessary for clarity, with modified text in brackets.

**Epidemiological Data:** Provided by Africa Centres for Disease Control and Prevention.

**Other Data:** Drawn from publicly available sources.

Findings reflect the latest available information from listed sources at the time of analysis, and may not reflect more recent developments or data from other sources. Data vary in completeness, representativeness, and timeliness; limitations are discussed further at the link below.

For full details on data sources and methods see [preventepidemics.org/covid19/perc/](https://preventepidemics.org/covid19/perc/).