

COVID-19 IN UGANDA: COMMUNITY ENGAGEMENT & PARTICIPATION IS CRUCIAL FOR THE CONTROL OF THE PANDEMIC.

Leveraging the capacity of the Uganda Catholic Medical Bureau.

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The confirmed cases of positive COVID-19 are escalating while the country is progressively relaxing the public interaction and movement restrictions—i.e. easing lockdown measures. This is against the backdrop of increasing community transmission incidences—including seven front-line healthcare workers. As of 2nd June, the country had registered 489 confirmed cases (a 115% increment in just 14 days!)—majority of whom are trans-border truck drivers.

With community transmission worryingly increasing while population movement and interaction restrictions are being progressively relaxed, this is a very critical time for the containment measures of COVID-19. The population is becoming uneasy, and ruffled with continued lockdown measures and reverting to the original lockdown states are likely to be difficult.

While at the beginning of the pandemic, the government was telling communities what to do and there was minimal or no input from the communities—and communities followed suit, with the evolving pandemic landscape, it is imperative the government listens and collaboratively engages with communities (and their key resource persons) to co-produce successful COVID-19 preventive and control measures.

A community is an integral platform for primary health care and is key to the delivery of services and essential public health functions. The engagement and empowerment of communities in relation to their health—including prevention and containment of COVID-19 is the next best approach to pursue.

Communities, through key resource persons—including community health workers, local opinion & political leaders, religious/faith leaders and their respective networks are a cornerstone to the prevention & control of community transmission of COVID-19 and for the continuity of care. Community Resource Persons will greatly benefit from proactive investment by Ministry of Health in knowledge and information relevant for language appropriate for risk communication—supported by print information & education materials, they are also key in addressing rumours & stigma, in clinical case identification and/or referral for confirmatory testing as well as on-going support and monitoring during self and/or institutional isolation, and these resource persons will further support with contact tracing.

COVID-19 risk communication is successful only to the extent that it raises the level of understanding of relevant issues on the virus or actions to contain it and to the satisfaction of the communities involved—i.e. that communities are adequately informed within the limits of available knowledge. This is the information on which community decision-making will base their choices and willfully adhere to them, and delivery of this information is best achieved if delivered through the people that are trusted by the communities—namely community resource persons.

The systematic engagement and communication with individuals and communities is critical to maintain trust in the capacity and the ability of the health system to provide safe and quality essential services and to ensure appropriate care-seeking behaviour and adherence to public health advice. It is therefore imperative to engage communities.

These risk communication, case identification, referral and contact tracing activities will be efficiently achieved if there are genuine and appropriate linkages with formal health systems—such as Regional laboratory testing sites and other formal service providers.

Community resource persons have progressively and over time built trust within their respective communities, and can help devise collective and tailored COVID-19 preventive responses, reduce COVID-19-related stigma and discrimination—for suspects, COVID recoveries and their relatives, and to ensure sustainable compliance with preventive measures—such as face mask use in public places, physical distancing in public gatherings, regular hand & respiratory hygiene methods and self-isolation in the event of suspected high risk contact.

The Ministry of Health with its partners, should proactively invest in communities and their respective community resource persons with the necessary knowledge, information and skills to effectively support the control of the exponential spread of COVID-19 in Uganda.

The Uganda Catholic Medical Bureau (UCMB)—the health department of the Catholic Church working through its nationwide network of 296 multi-level health facilities with their respective networks of community health workers, and community resource persons and the 19 Diocesan Health Departments (DHDs) occupies an unique position to leverage the Catholic church's inter-departmental capabilities at national and sub-national levels to coordinate and support community engagement & participation—e.g. through Pastoral Departments, Social Communication Departments, and the various Lay Apostolate platforms (e.g. Women's Guild, Catholic Youth forums etc.) to deliver efficient and effective COVID-19 prevention and control initiatives through community platforms.