THE EMPLOYMENT CONUNDRUM IN A CATHOLIC HEALTH FACILITY IN THE ERA OF THE COVID-19 PANDEMIC IN UGANDA:

THE DOUBLE-EDGED SWORD & THE POTENTIAL OPPORTUNITIES.

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The 1st Uganda confirmed case of corona virus was on 21st March 2020—4 months since the 1st cases were confirmed in China. Eleven (12) days later, there are 44 cases confirmed corona virus positive out of 1,271 tested cases—and by the grace of God and proactive and robust public health preventive measures by the Government, NO COVID-19 death has been recorded.

The national measures to suppress the exponential transmission and spread of the corona virus among the population—while laudable, will have temporal knock-on employment effects on especially PNFP health facilities.

It is a double-edged sword.

On one hand, restrictions on public transport—which is a major mode of transport for clients to rural PNFP health facilities, will imply that patient numbers will drastically reduce, and only emergencies will present at the health facility. This scenario, coupled with institutional limitations of non-emergency clinical cases to limit possible transmission of corona virus at facility-level (*institutional social distancing measures*), and perhaps to create adequate space for possible COVID-19 cases, will undoubtedly reduce patient numbers from which health facilities derive revenue (mainly user fees) for the health facility. This will be compounded by adverse effects on household incomes occasioned by the #*Stay-Home* restrictions, which have affected business & commerce.

Catholic Health Network (UCMB) health facilities are financed through three (3) major sources—User Fees, Government Subsidy (PHC-CG, *—50% of which are payments by the Ministry of Health for Essential Medicines & Health Supplies*) and External Donations.

For every UGX. 1,000/= of the total recurrent income in the UCMB network facilities UGX. 660/= is from User Fees collections, and user fees as a proportion of total recurrent income have increased by 8.2% in the last 5 years.

Majority (98%) of the user fees to the facilities are direct out-of-pocket payments while a smaller proportion is due community health insurance mechanisms and other forms of community financing.

The first sharp end of the sword is a potential significant reduction in the user fees by health facilities—which will in turn adversely affect the financial resources available to cover Employment costs at these facilities.

Employments Costs (*including payments for PAYE, NSSF, LST* and *related allowances*) account for 38% – 42% of the total recurrent expenditure of UCMB facilities.

In view therefore of the potential revenue constraints on the facilities,

The probable response for the UCMB health facilities in this scenario is to;

a) Default or Irregularly Remit Statutory Payments (PAYE, NSSF, LST)—at a risk—of grave penalties
b) Delay to pay health worker salaries & wages—or rather pay in piece-meal, and irregularly—this also has an adverse effect on staff with current salary loans and other SACCO loans,
c) Consider Down-Sizing (or more appropriately, right-sizing) of facility personnel

On the other hand, it has been observed that health workers at some Government health facilities neighbouring PNFP health facilities have opted to take "precautionary" or "prophylactic" self-quarantine—to reduce the risk of corona viral infection exposure and possible infection (after-all there was minimal protective gear)—thereby greatly emasculating staffing at these facilities—and the default response from the consumer communities is straight-away self refer to the near-by PNFP health facilities—which have largely remained open. This has had a net effect of 'flooding' Non-COVID-19 patients to these facilities—especially Pregnant mothers (some of whom are waiting mothers for fear going through lengthy convoluted requirements to get transport approval (*by the RDC*) to a health facility in event of labour pains) and Sick Children.

Some UCMB-accredited health facilities are reporting the usually rare "floor cases" because of these effects.
Again, in view of some of public restrictions to minimise public transmission of COVID-19 namely reduced commercial/business activities, and the fact that most of the cases now at these health facilities—it is likely that in these COVID-19 period—facility revenue losses (due to individual 'inability to pay' or 'escapees') are likely to worsen.
In view therefore of the potential increased patient numbers and same or slightly improved revenues on the facilities,
The probable response for the UCMB health facilities in this scenario is to *among others*;

a) Increase health worker numbers to accommodate increased (spill-over) patient numbers
b) Revise or modify task schedules—including prolonged work hours
c) "Refer back home" (or *more crudely*, 'chase away') some clinical cases to maintain 'social distancing at health facility level.

The straw to break the camel's back will be when a *significant* or *considerable* number of health facility workforce are exposed and/or infected with COVID-19—and require either self or institutional quarantine or God-forbid, require hospitalization for severe COVID-19. This will greatly strain the health facility health workforce—physically and emotionally.

While individual Catholic Health Network health facility management may approach and handle the above possible and in some instances already existing scenarios differently, the foremost consideration is to anticipate and plan appropriately for the likely scenarios.

The Government—in the March 23rd guidance letter by the P.S, Ministry of Gender, Labour & Social Development on employment effects of COVID-19, has advised on exploring 'creative' possibilities of maintaining and/or increasing revenues while advising against employee terminations since the costs of terminations through payments of terminal benefits (i.e. *payment in lieu of notice, leave days not taken & severance pay, among others*) may be **higher** than the anticipated employment cost saving.
The Government has further provided guidance on opportunity for temporary relief of health facility employment cost pressures—namely, Casual employees as defined in S.2 of Employment Act, 2006 may be advised to stay at home, and the consideration to lay off staffs in accordance with Section 84 of the Employment Act 2006 on such terms as may be agreed upon by the health facility and staffs. Note that according to this section temporary lay off does not break the continuity of service of the employee. This shall require collective bargaining agreements.

The 'creative' possibilities of maintaining and/or increasing revenues for the Catholic Network health facilities must remain consistent to the social teaching of the Church and adhere faithfully to the healing mission of Christ.

Regarding NSSF remittances, with effect from 31st March 2020, the Fund will allow Ugandan employers—including PNFP health facilities facing financial distress to reschedule their NSSF contributions for the next three (03) months without accumulating penalty, to "ease the cash flow burden of affected employers in the private sector". But this will require PNFP health facilities to apply for the amnesty—by sending an email to amnesty@nssfug.org.

The third option for recovery from this conundrum is the Government's additional/improved support to the 2nd financing aspect of the PNFP health facilities—namely additional support of Government subsidy (PHC-CG) financing—to remedy the adverse immediate post COVID-19 effects.
The PHC-CG funding to *for example*, UCMB facilities accounts for 8 – 15% of the total recurrent financing and has reduced by 28% in the last 5 years. While this subsidy support would cover 88% of UCMB-accredited facilities, an inclusive and integrated subsidy support to the entire PNFP health sub-sector would greatly ameliorate the adverse effects. There is already a financing opportunity, and no new laws would be required.

Lastly, the health development partners' additional support to the PNFP health sub-sector shall be invaluable to save health facilities from buckling up!! It is noteworthy that 85% of donor support to PNFP health facilities is restricted 4 disease conditions—Maternal Conditions, Malaria, HIV/AIDS and Tuberculosis, and moreover of the UCMB network total workforce of 10, 155—Just over 1 in 10 (14%) of the workforce are externally supported (i.e. remunerated by partners)—with PEPFAR accounting for 22.5% of this workforce—through the various agencies.

The COVID-19 pandemic has exposed PNFP health facilities (and the health system in general) to unique experiences and challenges—threatening efficient and effective continuity of quality holistic health facility operations, and any additional development partner support to shield the facilities from the grave adverse health workforce effects of COVID-19 shall be laudable.