

**STATEMENT BY HON. MINISTER OF HEALTH OF UGANDA, DR.
JANE RUTH ACENG, AT THE 73RD WHA**

The President of the 73rd Session of the World Health Assembly

Excellences, Hon. Ministers of Health

The Director General of the WHO

Distinguished Delegates

Ladies and Gentlemen

Uganda applauds WHO on its leadership and the global solidarity exhibited during the COVID-19 pandemic. Uganda is grateful for the support it has received from all partners.

Uganda has built a resilient health system for public health emergencies response following long experience of managing outbreaks in the country and region. The built IHR capacity has been critical in our COVID-19 response resulting into fewer cases and no fatality in the country.

On WHO's declaration of COVID-19 as a PHEIC, GoU swiftly instituted prevention and control measures to curb spread, by activating the national coordination mechanisms and the Incident Management System. These measures enabled early detection amongst incoming travelers at Entebbe International airport, and later from truck drivers at border points. This was supplemented by heightened surveillance, systematic contact tracing, quarantine of contacts, and guidance and information to the public.

Uganda registered her first COVID-19 case on 21 March and as of 18 May, the cumulative confirmed cases reached 248 (119 Ugandans and 129 foreign nationals), 121 being long-distance truck drivers. Only 11 sporadic community cases have been registered, with no evidence of sustained horizontal community

transmission. All cases have had mild symptoms, 63 of them have improved on treatment and discharged.

Key to the country response has been strong political leadership spearheaded by The President of Uganda, development and operationalization of the national response plan, resource mobilization, a whole-of-government approach, and effective public private partnership.

Pivotal in the COVID-19 response has been the Presidential directives which has limited spread among the population. Some of these are: suspension of mass gatherings (schools, prayer houses etc.), lock down, curfew, physical distancing, and intensified testing at PoEs. Complementing these have been the country preparedness by building the IHR capacities to respond. Some of these capacities include: enhanced surveillance (active search, contact tracing and follow up, 14-day quarantine), improved diagnostics, intense risk communication, effective PoEs strategies, training and repurposing of health workers, IPC and prepositioning of supplies including PPEs and medicines.

Hon Ministers, the Ebola epidemic is still with us. Uganda is working with the DRC in ensuring an optimal Ebola response goes on, amidst focus on COVID-19. Uganda was able to effectively prevent importation of Ebola disease into Uganda from the Democratic Republic of Congo (DRC) and to respond promptly to the two clusters of imported cases.

The COVID-19 pandemic significantly threatens to undermine and derail the gains the country has achieved in improving health and social-economic development, due to increased demand on the health system. In order to sustain delivery of essential services, Uganda has developed guidelines for continuity of essential services during the COVID-19 outbreak. The guidelines have been widely

disseminated and aim to strengthen governance and coordination mechanisms for high priority essential health service continuity at the national and sub-national level.

I thank you

Hon. Dr. Jane Ruth Aceng

Minister of Health

Republic of Uganda