7 April 2021

PRIORITISE EQUITABLE ROLL OUT OF COVID 19 VACCINES AND STRENGTHEN PUBLIC HEALTH SYSTEMS

STATEMENT ON WORLD HEALTH DAY

Today’s World Health Day is calling for a fairer and healthier world. This World Health Day especially during the COVID 19 pandemic is a point of critical reflection. The Initiative for Social and Economic Rights (ISER) is calling for the following:

EQUITABLE VACCINATION

1. Need to Waive Patents and Share Know How To Increase Supply of Vaccines
ISER reiterates its call for a peoples’ vaccine and denounces the vaccine nationalism that has seen poor countries compete for overpriced left overs. Uganda continues to pay a higher price for Astra Zeneca vaccine than most developed nations and will not be on course to equitably vaccinate its population. It is imperative that the World Trade Organisation approves the request by South Africa, Kenya and other member states to waive the patents for COVID 19 vaccination. We also call upon companies that have developed vaccine candidates to join the COVID Technology Access Pool (C-TAP) set up by the World Health Organisation last year. Although generic companies have joined and are ready to manufacture, no single company with a vaccine candidate has joined.

2. Government Must Address Barriers to Equitable Roll Out of COVID 19 Vaccination in the Country
We are also concerned about how the government is rolling out the COVID 19 vaccination process. It risks leaving behind the most vulnerable. We are specifically concerned about the following:

Queue Jumping and haphazard rolling out of COVID 19 Vaccination
Queue jumping where healthy adults and those not among priority groups have been vaccinated before vulnerable categories like older persons, health workers, teachers is prevalent. On the very first day of vaccination, the ministry of Health vaccinated social media influencers, ambassadors despite clearly setting out categories of priority and vulnerable groups and despite the limited doses low income countries like Uganda receive. In the Minister’s 19th address to the nation on COVID 19, she indicated the private companies can get vaccines for their employees if they write to the ministry and vaccines imported will not be for sale but authorized for use within the organization (p.19 of statement). This is unacceptable given the scarcity of COVID 19 vaccines. This queue jumping has continued and COVID 19 vaccines are increasingly becoming accessible to those who know someone. In rural communities in particular, a number of people over seventy years are yet to access the vaccine.
Low vaccination uptake
Uganda received 864,000 doses of AstraZeneca from COVAX on 6 March 2021. It also received 100,000 doses of the same vaccine as a donation from India. China has also donated doses. A month since vaccination started, to date only 129,634 people have been vaccinated. This is only 14% of the AstraZeneca doses available. The Ministry of Health should present to the country what is causing the slow roll out and how it plans to address the barriers.

Limited Access to Information and lack of public reporting of disaggregated data

The Ministry of Health since noting the price it planned to pay to procure vaccines from the Serum Institute has not provided confirmation of the price it paid despite Parliament passing a supplementary budget to finance the vaccine. It has not provided information on whether or when those doses have arrived.

With regard to COVID 19 vaccination roll out, so far the Ministry of Health’s public reporting has only presented the total number of people vaccinated. This does not provide a clear picture of whether there is equitable roll out.  It is yet report the total vaccines Uganda has, including those received from COVAX, those procured and donations from other countries. The Ministry of Health needs to provide comprehensive reporting on total number of doses received including donations from other countries and disaggregated data on how many of the different categories that were prioritized have received COVID 19 vaccines by geographical location.

The Limited Community Engagement
The Government is yet to comprehensively engage with communities on vaccination. While it has done media adverts, community engagement should go beyond PR and actually address the concerns communities have. Communities, particularly older persons are concerned about safety and efficacy. A number especially in rural communities are not sure where to go. Older persons are sometimes unable to get to the health facilities and reasonable accommodations should be made to address the specific barriers they face. Engaging with communities through their structures like Village Health Teams, community elders, and religious leaders alongside presenting transparent information is key. Without sustained community engagement, there will not be increased uptake of vaccines.

Accrediting Private Sector to Provide COVID 19 Vaccines Will Result in Discrimination
Despite ISER’s calls to the Ministry of Health to ensure COVID 19 vaccines are provided for free and in public health facilities to make sure everyone regardless of social economic status can access vaccines, the Ministry of Health plans to accredit private facilities to provide COVID 19 vaccines. Government must learn from the testing and treating experience where it outsourced it to the private sector, making it unaffordable and out of reach for the majority of Ugandans. A COVID 19 Vaccine should be a public good, provided for free in public health facilities. Moreover, the vaccines must be
handled under specific conditions and there are concerns raised that private facilities may not be able to meet requirements for safe handling and distribution of the vaccine. A free market approach could also result in varied practices around vaccine handling and administration where some players compromise standards in order to improve their profit margin.

**The Insistence On National ID, Which Excludes Those Without.**
Despite the Ministry’s directive to allow other forms of ID besides national ID following litigation initiated by ISER and Unwanted Witness, we note with concern that sometimes directives issued by local governments have required national IDs. It is imperative that the government addresses this immediately to avoid excluding millions of people.

**STRENGTHEN PUBLIC HEALTH SYSTEMS AND REGULATE PRIVATE SECTOR**
The public health system is the first point of call for the poor and vulnerable. COVID 19 reinforced the centrality of public health systems and underscored the need to invest in them.

*Chronic underfinancing* of the public health sector over time weakened it. This coupled with increasing privatization and the government relegating its stewardship role to the private sector risks the country failing to achieve universal health coverage and equitable access to health care. If the foundational premise is for every Ugandan to achieve quality healthcare, particularly the most vulnerable and to leave no one behind, then we have to critically assess whether the private sector focused approach and PPPs in healthcare can achieve that for its poorest and most geographically isolated citizens. *Research* has shown it won’t, particularly for the *poor*.

With poverty and inequality rising due to the COVID 19 pandemic lingering economic effects, it is especially important to invest in strong public health systems. Regulating private actors within the health sector is also key.

**SIGN NATIONAL HEALTH INSURANCE SCHEME BILL**
We recognise that Parliament passed the bill into law last week following attempts by the Ministry of Health to withdraw the bill at the last minute. As we noted before, *withdrawing the national health insurance bill is not the solution*. As we stated in our *appearance before Parliament*, out of pocket costs for health care continue to burden Ugandans, and it is important that a *National Health Insurance Scheme that seeks to benefit the poor and vulnerable* is passed. The government *must contribute to the NHIS to ensure the poor are covered*. 
WE CALL FOR THE FOLLOWING RECOMMENDATIONS TO BE PRIORISED TO ACHIEVE A FAIRER AND HEALTHIER WORLD.

WORLD TRADE ORGANISATION AND INTERNATIONAL COMMUNITY
1. Pass the TRIPs proposal to waive Patents
2. Share Know How to Increase Supply of Vaccines by joining the COVID Technology Access Pool (CTAP)

GOVERNMENT OF UGANDA
1. Uganda should work with other lower-middle and low-income countries to push for a peoples’ vaccine and negotiate for waiver of patent rights.
2. Strengthen compulsory licensing and other provisions that would support access to vaccines and medicines in the Industrial Property Act.
3. Address the barriers to slow roll out of the COVID 19 vaccines
4. Address queue jumping and ensure the identified priority groups receive the vaccines first.
5. Provide disaggregated data on vaccination by priority group and geographical location
6. Engage communities through community structures and provide access to information.
7. Stop the requirement/practice to only provide a National ID as a prerequisite to receiving COVID 19 vaccines.
9. Regulate the private sector in health
10. Adopt and implement a national and inclusive health insurance scheme that extends coverage to the informal sector, low income households and individuals, people with disabilities, the elderly and other vulnerable groups.