

## **Private Health Sector Response**

Private health facilities are the first point of contact for a significant number suspect COVID-19 health consumers. The capacity to identify these patients through screening is weak.

- Most facilities use contact thermometers which are slow and inappropriate in the nature of response required.
- Lack of PPE is deterring health workers from coming to work for fear of carrying the virus to their families.

The knowledge gap at facility level on the management of this condition is being neglected yet it is a key component of the response.

- There is a concern with seasonal conditions such as malaria and flu, many will go misdiagnosed or will be poorly managed while patients are infecting others if not identified as having COVID-19 symptoms, if we do not equip health workers appropriately with knowledge.
- It would therefore be prudent to have systematic dissemination of printed clinical guidelines through health logistics organisations such as NMS and JMS alongside IEC materials for the health workers and the communities, across public and private facilities.

Essentially there is need to build capacity in the private sector NOW to support government facilities manage any future and inevitable surge in the number of cases.

### **Persisting Gaps and Challenges**

- There continues to be a knowledge gap in facilities and awareness of the seriousness of the pandemic. There is need for some education materials in the various local languages to be availed in all facilities, public and private for both health workers and health consumers.
- There is a need to communicate to the general public on where to go for testing, as private facilities can only screen patients.
- Once identified as suspect cases, some patients are absconding from facilities to head to Mulago which in itself is a high risk to pedestrians and those they travel with. They cite delays in the arrival of officials to take samples. There is need to reinforce communication to reassure patients of the support they will receive.
- There is need to reinforce thorough and qualitative screening in private health facilities, to ensure there are no missed cases. We need to have thermometer guns, test kits and face masks at facility level.
- MOH needs to consider the decentralising sample collection to designated points. The sample can be couriered to UVRI or the RRH from the private facility. The challenge of numbers, delays in results and feedback and furthermore the sparse geography means many patients are leaving and infecting others as they struggle to move from one facility to the next seeking a test.
- There is need for dedicated health facility communication systems to avoid collision with calls from the general public. Private facilities are getting frustrated calling numerous times yet patients are getting frustrated sitting waiting for a response on what next, because the reporting health worker cannot get through.

We propose the following support is availed to the private health sector as expeditiously as possible, preferably not in direct cash but in actual items which will be accounted for during and after the pandemic;

	Resources Required	Quantity	Unit Cost	Total
Identification and appointment of strategically placed facilities in the country to screen and test for COVID-19.	Dissemination of checklist and mechanism for facilities to opt in to be assessed for eligibility.	Two per district	Nil	Nil
Provision of key screening equipment to private facilities. 50 in Kampala (10 to each of the five divisions), 200 in districts outside Kampala	Gun thermometers	250	400,000ugx	100,000,000ugx
	PPE Kits	750	167,000ugx	125,250,000ugx
	Sample collection kits	10,000	? (TBC)	? (TBC)
	Sample courier	8,000	8,000ugx	64,000,000ugx
	Gloves (Assuming one uses 10 pairs per day for 30 days)	1500	45,000ugx	67,000,000ugx
	Masks (N95)	1500	17,500ugx	26,000,000ugx
Establish two dedicated phone lines for private facilities across the country to report suspected cases and confirmed cases.	Telephone networks to assign a number (Airtel, MTN and UTL) to receive calls. Sim card and simple phone to act as a call center.	1 of each	300,000ugx	300,000ugx
Communication to the general public of the capacity of identified private facilities and the steps they should anticipate at each point of contact.	Design house PR expertise Printery (New vision?) Media houses  Radio announcement Print media Television spots Posters	1	In kind?	In kind?
IEC materials to be shared with private facilities targeting health workers, health consumers and communities	Design house PR expertise Printery (New vision?) Media houses  Radio announcement Print media Television spots Posters	1	In kind?	In kind?
Logistics to deliver the various materials to all communities and health facilities	Logistics networks of Joint Medical Stores, National Medical Stores, non-health organisations with logistics networks: beverage companies and those with large populations in manufacturing and industry.	1	In kind?	In kind?
Hand washing facilities	Foot pedal water dispensers to wash hands	500	80,000	40,000,000ugx
	Disinfectant/ soap (3 per facility per day, for sixty days)	30,000	3,000	90,000,000ugx