POLICY BRIEF

Equity and Transparency in Accessing COVID-19 Vaccines in Uganda

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Introduction;

The Ugandan Ministry of Health (MOH) Strategic Plan 2020-2025 emphasizes the need to achieve Universal Health Coverage (UHC) by 2030. UHC is defined as the availability of quality and affordable health services for all when needed without undergoing financial hardships. However, the country will remain far from reaching this goal if issues such as corruption, transparency and inequity within the health care system are not addressed.

In the Ugandan health system, corruption hinders access to essential services, worsening poverty and increasing inequality. Access to public health services across the country is often dependent on one’s ability to pay a bribe to healthcare providers who act as informal gatekeepers. These dynamics were felt acutely throughout the COVID-19 pandemic. For example, a special 2022 audit report on COVID-19 by the Office of the Auditor General revealed irregularities in the management of COVID-19 funds. These included irregularities in contracts awarded around the response to the pandemic, wasteful expenditures, and overbilling. Along the same lines, the Advocates Coalition for Development and Environment found that 61% of 2,159 respondents interviewed did not receive any information or communication on how COVID-19 resources, supplies and other items at the district level were utilised or distributed by special District Task Forces.

Using COVID-19 vaccination as a case study, this brief highlights drivers of inequity and bribery within the health system that may impede Uganda from realizing UHC. These learnings should be used to inform future and current health crises, such as the ongoing Ebola outbreak.

Findings on Equity and Transparency in Accessing COVID-19 Vaccines;

While the country has gained considerable knowledge and experience in curbing the spread of COVID-19, issues relating to corruption, inequity and accountability are still recorded as challenges in the management of the spread of COVID-19.

The 2022 report by Transparency International Uganda (TIU), *Equitable and Transparent Access of COVID-19 Vaccines in Six Districts*, that examined citizen’s experience in the acquisition of the COVID-19 vaccines revealed that 4% of the 11,587 respondents had paid a bribe, did a favour or gave a gift in order to access the vaccine.

In Hoima district, this share was as high as 14%, with 3% having paid a bribe, 2% having given a gift, and 9% having done a favour to attain access. On top of that, 3.5% of all respondents had paid a bribe to obtain a fake vaccine certificate. Forty-three per cent of the respondents did not know how or where to report incidents of corruption and 36% of the respondents feared reprisals for reporting cases of corruption. This suggests that despite existing legal and institutional anti-corruption frameworks, such as the Anti-Corruption Act of 2009 and the Whistle-blower’s Protection Act of 2010, corruption still manifests and may have prohibited some beneficiaries from accessing COVID-19 vaccines or related services.

The report also revealed the effect of overall bribery levels for healthcare services on people’s earnings in relation to the poverty line. Over 14% of those just above the poverty line (between 82,000 and 98,000UGX) will drop below the poverty line on average over the course of a year if they engage in healthcare bribery. Given the healthcare bribery levels recorded in this survey of around 10%, this would mean that 1.5% of the population, or a total number of 706,800 people, would be pushed into poverty by healthcare bribery. Other estimates of healthcare corruption, like the Global Corruption Barometer, which conduct a more large-scale assessment, actually place rates of health sector bribery in Uganda much higher than these survey results, at around 31%. This would indicate that 4.5% of the population, or around 2 million people, would be pushed into poverty by healthcare corruption.
Regarding vaccine access, the survey results reveal that 2,924 respondents found it easy to obtain COVID-19 vaccines and 1,493 of the respondents found them very easy to obtain COVID-19. However, 1,240 respondents reported finding it difficult to obtain COVID-19 vaccines and resorted to other means, like bribery, so as to obtain access. Most importantly, those who described accessing the vaccine as easy were 45% less likely to engage in corruption, while those who described it as difficult were 79% more likely to do so.

Avoiding long queues was the most common reason given by 39% respondents who had paid bribes to access services in public health facilities. Equally, long queues were the most common barrier encountered by those who found it difficult to obtain the vaccine. This may be attributed to low health workforce density suggesting that the existing health workforce is insufficient to provide population-based healthcare services. The findings from the study by TIU “Health workers’ perceptions and experience regarding corruption within the health care system” indicates that health facilities are not adequately staffed to the required level. The staffing norms have not been revised since 1999 when the population of Uganda was just over 21 million people. The population today has more than doubled to 47 million. The World Health Organization recommends a minimum ratio of 33.45 health workers per 10,000 people; however, Uganda has 7.42 health workers per 10,000 people (WHO, 2018 in Peiffer, 2020). This puts a strain on both health workers and patients, resulting in people bribing their way to access services, while those who cannot afford to pay must queue for hours or days.

Low levels of health workforce could also contribute to rates of bribery in relation to obtaining fraudulent vaccination cards. Amongst the key reasons for obtaining these, survey respondents stated that they gave a bribe in order to speed up the process of obtaining the card after vaccination (10%), and to be able to download the certificate from the Ministry of Health portal (19%). The backlog in entering the vaccination data into the online system of the MoH and the delays in accessing the certificates have been covered by Ugandan media, and attributed to a lack of staff at vaccination sites.

In the same line, TIU’s report showed that many vaccination centres are difficult to reach for those without any means of transport. As part of the government’s plan to bridge the gap of distance and access to health care, as well as the economic costs associated with travel to a health facility. In April 2021, the MOH revealed that 86% of the population is within a 5km reach of either a public or private health facility. However, this does not take into consideration vulnerable populations that cannot move the distance of 5kms, such as persons with disabilities, elderly and children. As a result, these groups may be excluded from obtaining essential health services.

Policy asks

1. The current health worker staffing norms must be urgently reviewed by parliament and other relevant stakeholders, especially sufficient staffing levels of critical cadres and effective staff retention initiatives should be implemented in order to attract and retain health workers. Continuous improvement of pay, safe working environments, adequate housing and other motivational incentives must also be guaranteed.

2. The MOH should intensify programs that promote the health of communities by taking services closer to them and improve upon the current health facility model of service delivery.

3. MOH and government accountability institutions should prioritize rolling out mass information campaigns stressing that all services and medicines are free of charge at public health facilities and constantly give feedback to whistleblowers on the status of any corruption related issues reported.

4. The MOH should work hand in hand with the Ministry of ICT to expand health-related ICT infrastructure across the country. This will help address challenges, like accessing vaccination certificates, as was experienced during the COVID-19 vaccination campaigns.

5. Officers found guilty of corruption must be held accountable. They should face the full force of the law so as to reduce impunity that exists in the country. This will in turn promote equity and transparency in the delivery of COVID-19 vaccines.

6. The public health challenges arising from the interaction of humans, animals and environment require a holistic approach. Local governments must, therefore, strengthen One Health as a collaborative effort of multiple disciplines at local and national levels to attain optimal health for all.
The survey also documented people who opted not to receive the vaccine. Most reported that they perceived the vaccine to be “risky”. In July 2022, Members of Parliament rejected the proposed mandatory vaccination proposal in the Public Health (Amendment) Bill 2021, and recommended that government should provide all the necessary information and education about any disease or vaccine, citing awareness creation about the importance of vaccination as a way of promoting voluntary health seeking behaviour. However, survey results suggest that efforts towards Risk Communication and Social Mobilization ought to be intensified through different communication modes.

**Conclusion**

If Uganda is to achieve UHC by 2030, issues relating to corruption, transparency and inequity within the health care system must be addressed. The TIU survey report, *Equitable and Transparent Access of COVID-19 Vaccines 2022 in Six Districts*, reveals that cases of corruption were rampant in COVID-19 vaccination campaigns and this greatly hindered equitable and transparent access to COVID-19 vaccines.

The report highlights different recommendations towards addressing the issues highlighted to include, 1) reviewing the country’s staffing norms; 2) intensify programs that promote the health of communities; 3) rolling out mass information campaigns emphasizing services and medicines being free of charge at public health facilities; 4) expand ICT infrastructure across the country; 5) ensuring that those found engaging in corruption are held accountable; and 6) strengthening the One Health Approach.


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