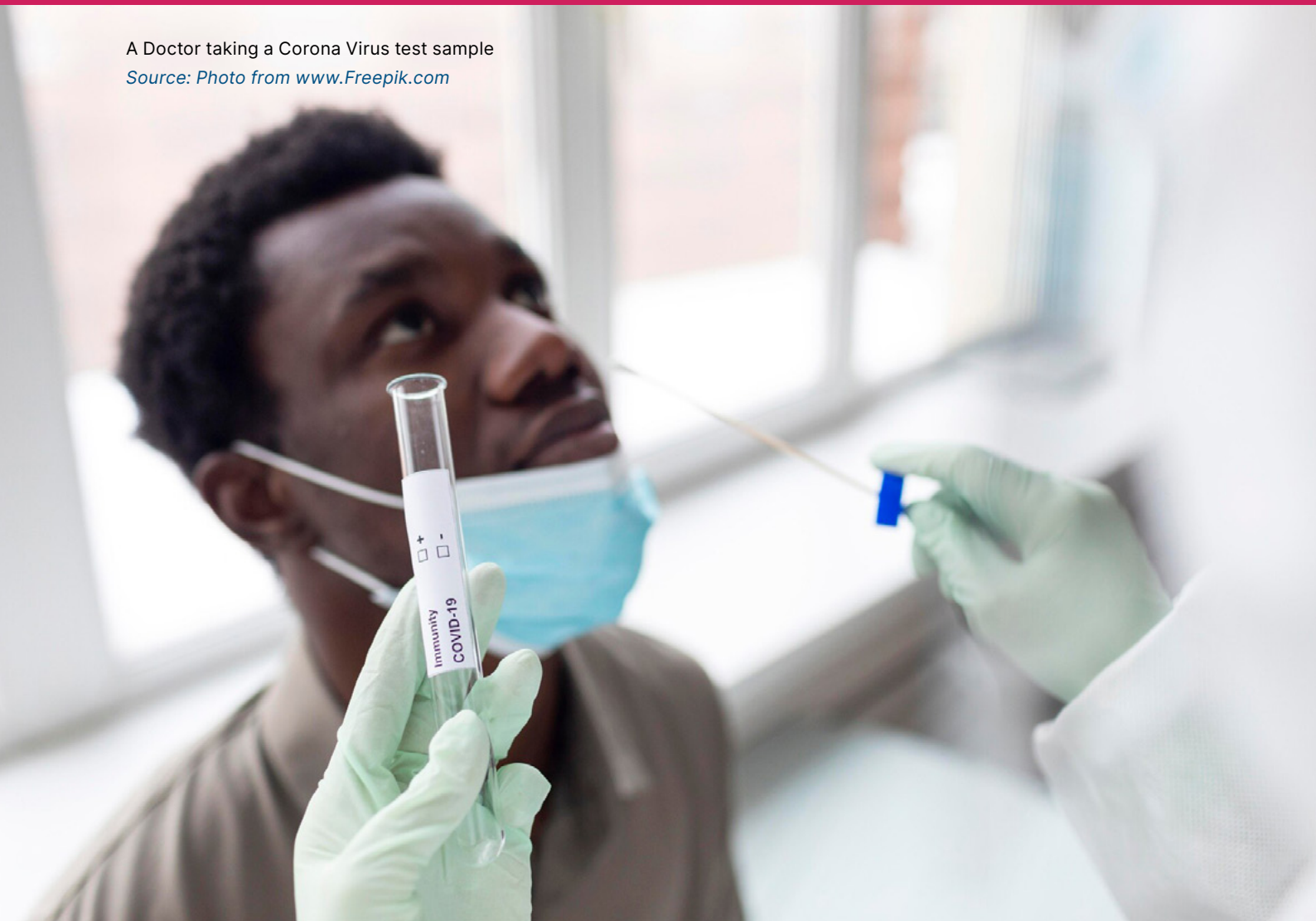


# The Impact of Covid-19 on Uganda's Bilateral and Multilateral Relations

Israel Sheila

A Doctor taking a Corona Virus test sample  
*Source: Photo from [www.freepik.com](http://www.freepik.com)*



## Table of Contents

---

1.0 Introduction	20
2.0 Findings and Discussions	21
2.1 Use of Bilateral and Multilateral Relations in the Face of Covid-19 Pandemic	21
2.2 Uganda's Contribution to the Fight Against Covid-19 Pandemic	23
2.3 The Impact of Covid-19 on Uganda's Bilateral and Multilateral Relations	25
2.4 Measures Taken by Uganda to Strengthen its Bilateral and Multilateral Relations	28
3.0 Recommendations	30
3.1 International level	31
3.2 Regional level	31
3.3 State level	32
4.0 References	33

---

## List of acronyms

---

- AU:** African Union
- ACCU:** Anti-Corruption Coalition Uganda
- AfCFTA:** African Continental Free Trade Area
- AFENET:** African Field Epidemiology Network
- BOU:** Bank of Uganda
- CBS:** Community-Based Surveillance
- CBDS:** Community-based Disease Surveillance
- CSOs:** Civil Society Organizations
- DR:** Doctor
- EACS:** East African Community Secretariat
- FDI:** Foreign Direct Investment
- GOU:** Government of Uganda
- I.C.T:** Information Communication Technology
- I.C.U:** Intensive Care Unit
- I.D.I:** Infectious Diseases Institute
- IMF:** International Monetary Fund
- M.O.H:** Ministry of Health
- PPE:** Personal Protective Equipment
- RCCE:** Risk Communication and Community Engagement
- RCF:** Rapid Credit Facility
- R.D.Cs:** Residence District Commissioners
- SDGs:** Sustainable Development Goals
- SEZ:** State Economic Zones
- UAE:** United Arab Emirates
- US-CDC:** United States Center for Diseases Control
- UDN:** Uganda Debt Network
- VHTs:** Village Health Teams
- WHO:** World Health Organization
- WTO:** World Trade Organization

## 1.0 Introduction

---

Countries around the globe have forged relations to sustain a collective fight against the Covid-19 virus. It's a global crisis that has affected the political, social, economic and cultural aspects of life around the world. Like other states, Uganda finds itself intensifying both the need to treat and contain the virus by regulating transboundary movement of persons and goods.

This calls for an ultimate need to maintain international cooperation and good relations with its neighbors to continuously fight the devastating virus. Uganda has tried to stop the spread of the virus but has acceded to issues of cross-border politics, accountability and vaccine diplomacy that have manifesting questions on corruption and unrealistic policies within the state. The findings illustrate how health diplomacy which is mirrored through bilateral and multilateral relations has been at the center of ensuing that the pandemic is fought.

It has been two and a half years since the outbreak of Covid-19 that affected countries all over the world including Uganda. From 2020 to 2022 we have examined bilateral and multilateral relations form or fall due to the reaction, focus, implementation and forward movement in the fight against Covid-19.

Nicholas Leiper (2019) argues that bilateralism features two parties and at an international scene, this consists of the political, economic, or cultural relations between two sovereign states. For instance, free trade agreements signed between two states are examples of bilateral treaties. While Multilateralism is the practice of coordinating national policies in groups of three or more states, through ad hoc arrangements or by means of institutions.

Covid-19 is an imperceptible, borderless enemy that touched every part of the world, where the demand for greater global cooperation was significantly needed beyond politics. From this unfolding disaster, the crisis prompted moves to reduce global connectedness, including travels and trade as well as financial flows.

The pandemic is a powerful reminder that bilateral and multilateral relations is critical where international cooperation must subsist amidst the coronavirus pandemic. Although Uganda in particular took drastic steps to mitigate the pandemic, it was challenged by a sphere of regional politics, loopholes in institutional cooperation, mismanagement of Covid-19 health funds and equipment, and a decline in import and export revenue. This mirrored financial shock, and the unending politics in vaccine diplomacy while cross-border politics threatened peace and integrity of the East African region.

### **This paper looks at four objectives:**

- i. Examining whether bilateralism and multilateralism are being used in the fight against Covid-19 in the region
- ii. Evaluating Uganda's contribution to the collective fight against the spread of COVID
- iii. Examining the impact of Covid-19 on Uganda's bilateral and multilateral relations; and
- iv. How Uganda has strengthened its relations with bilateral and multilateral actors during this global crisis.

## 2.0 Findings and Discussions

### 2.1 Use of Bilateral and Multilateral Relations in the Face of Covid-19 Pandemic

It is evident that without a collective response to the transmissible crisis, the world would pay a higher cost. This nature of correspondence has formed a number of alliances with the aim of providing information, resources and equipment to treat and cure the disease and to produce a vaccine. Bilateralism and multilateralism have been portrayed through health diplomacy of which, Novotny and Adams (2007) describe as a political change activity that meets the dual goals of improving global health while maintaining and strengthening international relations and yet Fauci's (2007) mainstream thought indicates that medical care and expertise are exported to poor countries to fight a general world problem. This is true in Fauci's interpretation with regard to Covid-19 in as far as vaccine diplomacy is concerned.

Vaccine diplomacy played a critical role in ensuring diplomatic relations. Covid-19 vaccines have played an integral role in nation branding as a technique for projecting soft power. A case in point is China's bilateral vaccine diplomacy efforts that can be traced not only to efforts at image restoration but also to reinforcing and leveraging the existing soft power programs and capitalizing on new economic and geopolitical opportunities. This has been done through the provision of vaccines as an international public good and through giving aid and gifts to countries left behind by the vaccine inequity, the COVAX initiative.

The COVAX initiative coordinated international resources to enable developing states, especially those registered under the facility, to access Covid-19 test kits and vaccines. As of 6 July 2021, one hundred million (100M) doses had been delivered to different states. However, the facility intended to give approximately 10 per cent of

doses produced to be available as a buffer for acute outbreaks and humanitarian use.

Uganda is one of the progressive states that signed to the COVAX initiative. From this initiative, the country received the first round of the initial batch of 864,000 AstraZeneca Covid-19 vaccines for priority groups in March 2021. The second batch was of 100,000 doses from the Indian government totaling 964,000 in March 2021.

By 13 June 2021, over 800,000 people, including health workers, teachers, security personnel, airport staff, the elderly and people with diabetes, hypertension and other underlying conditions, had been vaccinated.

Uganda also received an additional 175,200 doses of the AstraZeneca Covid-19 vaccine donated by the French government through the COVAX initiative. However, the Health Minister, Dr Ruth Aceng, revealed that 14,460 Covid-19 vaccine doses went to waste due to delayed usage.

Through its bilateral relations, Uganda received health support from other states and blocs, including China, Israel, Germany, European Union and United Arab Emirates, among others. And it is pertinent to note that without the support of its neighbors and networks in the entire world, Uganda alone would not have managed this fight given its low health capacity to produce the necessary vaccine at the time it needed it.

Supporting developing states such as Uganda to access vaccines led to improved health outcomes for the rest of the world and helped to ensure a stable economic recovery and long-term resilience.

Equally, Uganda's membership with WHO enabled it to access information and guidance on the possible preventive actions to adopt in curbing the spread of the virus. WHO, through its Strategic Preparedness and Response Plan, communicated to all member states including Uganda, regarding the Covid-19 crisis and management plans.

WHO sent messages to the local ministries of health and health institutions on the need to sensitize masses on the global pandemic. Consequently, Government of Uganda mobilized means to handle the situation. WHO abetted the country in accessing test kits and the country representative backstopped national teams and also participated in press releases about the virus. It is this kind of solidarity and interaction between states through multilateral cooperation that has been so crucial in the fight against Covid-19.

Although states have collectively used health diplomacy as a facet of dealing with this virus, it should be put into account that the format of collectiveness has changed breeding a new type of multilateralism with reforms in order to meet the daunting challenges. We have seen states, Uganda inclusive executing measures, including closing borders in order to combat the devastating effects of the virus.

In this situation, reactions to the outbreak have employed multilateral diplomacy caged under virtual and health diplomacy to help save the world because the nature of the pandemic is that movements, crowds and contacts with an infected person only increase the spread of the virus. To combat this, states resorted to closing borders and imposing strict lockdowns on their citizens in a collective way.

It should be put into consideration that, Uganda took advantage of multilateral efforts to access financial support from the International Monetary Fund (IMF) as well as an allocation of vaccines from the COVAX facility, protective gears and other assorted equipment through bilateral relations. It is evident that international institutions have played a big role in ensuring that economic support is offered to signatory states during the crisis. To address her urgent balance-of-payments and fiscal needs, Uganda borrowed US\$491.5 million from the IMF under the Rapid Credit Facility (RCF).

Additionally, the government acquired loans, grants and donations from citizens, well-wishers

and institutions like IMF and World Bank to address the effects of the pandemic. Some of the loans and grants to government for Covid-19 response between March-June 2020, totaled to \$888million (about Shs3.2 trillion).

However, Utilization of Covid-19 funds was marred with gross irregularities, poor planning and dubious contract signings. The Prudent Public Finance Management for Greater Accountable Governance 2020 report, assessed expenditure and deployment of Covid-19 resources. It was made by the Uganda Debt Network (UDN), Anti-Corruption Coalition Uganda, Action Aid, and Transparency International Uganda. The anticorruption agencies noted that several decisions taken before deployment of the Covid-19 resources were not well thought out and justified, items ordered were not delivered on time, and prices of many items were inflated.

For instance, this report explains how the procurement of spray pumps was not straight forward although the contract was awarded to N2M Company Limited at Shs530m in June. The pumps were meant to aid disinfection of places, materials of Covid-19 confined places, treatment centers, homes, ambulances, among others. However, by September 2020, none of the treatment centers had received the spray pumps except Entebbe Regional Referral Hospital.

### 2.1.1 What happened to the East African Community Response Plan?

In conformity with Article 118 of the EAC Treaty, the EAC Secretariat formulated an East African Community Covid-19 Response Plan in April 2020. The plan focused on accurate information dissemination in the health care system, as well as supporting and maintaining quality health care.

The response plan took into account the facilitation of movement of goods and services in the region to minimize the number of people who became infected or sick with Covid-19 as well as the need to minimize morbidity and mortality rates from the Covid-19 pandemic in the region. However, rather than following this plan, the



The United States delivers 5,233,410 COVID-19 vaccine doses to Uganda, on November 7, 2021.

Source: Photo from [U.S. government photo/ Public Domain] on <https://www.flickr.com>

individual East African countries adopted national strategies to combat the pandemic.

In Uganda and Rwanda, total lockdowns were imposed, Kenya and South Sudan imposed partial lockdowns, while Tanzania only acknowledged the virus and put-up measures to deal with the increasing cases but did not put a lockdown. In fact, business continued booming as usual in Tanzania.

Additionally, Tanzania, Burundi and Uganda held general elections at the height of the pandemic. Truck drivers continued to access different boarder points and entering countries to make deliveries of merchandise despite some countries like Uganda being in strict lockdowns. Regardless of how the EAC member states have reacted to the pandemic, the foundational cause of the EAC Treaty rendered multilateralism impractical at the moment it was most needed.

## 2.2 Uganda's Contribution to the Fight Against Covid-19 Pandemic

On 30<sup>th</sup> January 2020 the WHO declared COVID-19 outbreak that culminated into a public health emergency. Following this, in Uganda; on 3<sup>rd</sup> February the Ministry of Health officials held a conference with the Chinese Ambassador Zheng Zhu Qiang to discuss the virus outbreak. On 5<sup>th</sup> February the Minister of Health Hon. Ruth Aceng updated the public on preparedness and

a detailed guideline on how to prevent the virus was availed to the public on 19<sup>th</sup> February.

Screening began on 21<sup>st</sup> February at Malaba and Busia border points. On 2<sup>nd</sup> March ICT Minister Hon. Nabakooba released a ministerial statement on Covid-19. March 11 – MOH restricted traveling and put quarantine on arrivals from 16 high risk countries including US & UK. On 18<sup>th</sup> March President Museveni held a national press conference where a strict lockdown was instituted in attempt to curb the spread of the virus.

### 1. Strict lockdown measures

On 26<sup>th</sup> March 2020, through a presidential directive, all borders and the international airport were closed marking the first lockdown. Strict measures guiding citizens throughout the lockdown were announced which included the prohibition of all public gatherings such as church services, concerts and sports activities, schools, bars and night clubs were closed.

However, in June 2020, these measures were eased with opening up of public transport and allowing public gatherings but under strict guidelines. Schools were re-opened in September 2020 and the airport resumed operations. This situation continued up to May 2021 when a second 42-day-long lockdown was announced by the President of Uganda to avert the further spread of Covid-19 cases.

### 2. Covid-19 testing

Uganda used vigilant efforts to test all essential workers, mandatory testing of people returning, entering or leaving the state, contact tracing and testing of those individuals who had been in contact with infected persons. The enhanced screening at Entebbe International Airport facilitated the detection of the first case of Covid-19, of a Ugandan businessman who arrived at the airport from Dubai, in the United Arab Emirates (UAE) by air.

However, as of 11th June 2021, all people arriving from countries namely; India, USA, UK, UAE, Turkey, South Africa, Ethiopia, South Sudan, Kenya and Tanzania to Uganda were subjected to PCR Covid-19 testing on arrival, regardless of their vaccination status. The MOH emphasized that these tests cost not more than 65 USD and allowed travelers to either wait at the testing location or to check into a designated hotel at their own cost until they received their test results. Any traveler who tested positive for Covid-19 would be evacuated by the MOH to a designated Covid-19 rescue area.

Uganda accredited several laboratories to test migrant workers for Covid-19, that included MBN Laboratory, MAIA Group Labs, Makerere University Hospital, Test and Fly, City Medicals Laboratory, Same Day Lab and Safari Laboratory (at Entebbe Airport). The purpose was to test migrants entering and leaving the country. However, these test laboratories became costly with time which made many Ugandans forge test results to avoid costs. This not only put a high risk of infections for states where these citizens were going to, but some countries ended up restricting Ugandan citizens from entering their territory to avoid risk and spread of the virus.

Notably, Uganda's scientists had started to locally produce test kits which were cheaper and more affordable for the Ugandan population. However, the country faced a crisis as fake test kits were used in private laboratories that were seeking to earn from SARS-CoV-2 serology tests.

### 3. Risk communication strategy

Uganda adopted WHO risk communication strategy which anchors the role of risk communication and community engagement (RCCE) and was useful in breaking the chains of transmission while mitigating the impact of the Covid-19 pandemic within communities. People's behaviors and willingness to adhere to public health and Standard Operating Procedures remained the most powerful tools to combat the spread the virus until vaccines were widely available for all citizens. The Covid-19 Global Risk Communication and Community Engagement Strategy, underpins socio-behavioral trends and approaches proven by WHO to help control and lessen the negative impacts of Covid-19.

Following this, Uganda adopted mainstream, social and print media for public health message dissemination. The president held periodical press briefings to manage public perceptions, and to deliver situation reports and directives to address the pandemic.

Ministry of Health (MOH) invested enormously in communicating guidelines and utilized both print and electronic media to educate the public on the SOPs as well as Covid-19 vaccine guidelines. It also focused more on providing guidance on the pandemic-related issues, such as travel and proper communication to Uganda's multilateral and bilateral friends to acquire more vaccines, protective gears and masks.

However, rumors on the adverse impacts of the vaccine via social media platforms impaired the effectiveness of the government risk communication plan as this misinformation petrified citizens and created confusion on whether they should or not get vaccinated. Unrelatedly, WHO had declared the spread of inappropriate information as a risk to global health. In the context of the Covid-19 pandemic, this could lead to adverse health effects and reactions across the globe.



#### 4. Community-based disease surveillance

The WHO-African region report defines community-based surveillance (CBS) as an active process of community participation in detecting, reporting, responding to and monitoring health events in the community. CBS' main functions included providing early warning or alerts, actively detecting and responding to cases and death and monitoring progress with disease control activities.

Following protocol of WHO CBS strategies, the Ugandan government established a community-based disease surveillance (CBDS) and contact tracing model launching the third edition on 20<sup>th</sup> September 2021. This was implemented within an existing national integrated disease surveillance and response framework, supported by partners such as WHO, the United States Center for Diseases Control (US-CDC), the Infectious Diseases Institute of Makerere University (IDI) and the African Field Epidemiology Network (AFENET).

The CBDS team comprised of community leaders and village health teams. The government found this approach more effective and less costly in contact tracing at the local level. Specifically, in Rakai district, the first four community cases were detected through the vigilance of village health teams (VHTs) and local councils by using CBDS guidelines.

This model was used by other countries like Tanzanian, where its Ministry of health launched community-based disease surveillance training for volunteers and community health workers to investigate and report outbreaks at the community and district levels. This was to help in the fast identification of the signs and symptoms of the virus within the communities and help improve the health security of Tanzanians and other populations around the world. The challenge with CBDS was that some untrained health workers part of the contact listing process produced inaccurate and misleading residence data.

Although the government decentralized the district task forces in all the 134 districts of Uganda chaired by the Residence District Commissioners (RDCs), there work was still unclear in terms of keeping communities safe from the virus. In many districts, the task forces had taken several initiatives to drive their Covid-19 response strategies, including updating risk communication strategies, increasing awareness through mainstream and social media, conducting social mobilization activities, educating and informing communities through local languages on the updates of Covid-19 pandemic.

There may be difficulties in addressing rural communities due to the high costs spent on transcribing and translating to the local languages, low turn upgrade failure of the communities to abide to rules and regulations. However, having a trusted local constituent act as a conduit amplifies the messages of those who might be afraid to abide to SOPs and helps the local government provide needed services.

### 2.3 The Impact of Covid-19 on Uganda's Bilateral and Multilateral Relations

From the above analysis, the effects of Covid-19 typically relate to trade relations. The chain of disruption includes the demand and supply tabulations, imbalances in the production of goods and services at both local and international levels, increased transport costs, limited quantities of raw materials and an increase or fall in market prices. All these were affected by local/regional lockdowns and forced production stoppages that led to a decrease in aggregate demand. The fact that the state is involved in multilateral and bilateral trade relations means that it had to carry its own burden.

However, owing to the high level of informality in Uganda's economy, it is not yet possible to assess the full magnitude of Covid-19 impact on her foreign relations as consequences of the total/ border lockdowns, financial shocks and food insecurities are likely to be severe.

### 1. Commercialization of health services

While other states were socially donating health care equipment to mitigate infections, in Uganda dubious businessmen and a few private hospitals were taking advantage of the situation by increasing health service costs, funeral services and Covid-19-related medications and testing leaving citizens disoriented.

Uganda's vaccination process has been extremely slow, laden by insufficient deliveries of shots from the UN-run vaccine-sharing COVAX program which is designed for underprivileged countries. The slow process had caused massive lines at vaccination centers, creating fertile ground for scammers to prey on those wishing to get vaccinated faster. At least 812 Ugandans were vaccinated with phony coronavirus shots sold by a group of scammers.

Several companies fell victim as their employees were vaccinated and charged between \$28 and \$56 per shot. The seized vials remotely resembled AstraZeneca vaccines manufactured by India's Serum Institute but consisted more of water than anything else.

There is need for increased transparency and accountability on service delivery through initiatives like bringing previously opaque information or processes into the public domain and having citizen-led actions for demanding accountability from providers. This is because the donated funds and health equipment have been misused, leading to limited availability of Personal Protective Equipment (PPE), ambulances and Intensive Care Unit (ICU) beds in health care centers.

Additionally, faking of testing and vaccination certificates for travelers to other countries became rampant. Some Ugandans checked upon reaching their destinations and found to be positive. This put profound damaged to the country's image, with the result that other states had placed it among high-risk countries and deported some of her citizens over Covid-19.

### 2. Loopholes in institutional cooperation

Beyond the change of policy, the crisis of multilateralism is embodied in challenges faced by some of the most established international organizations. Comparing this to the EAC, which formulated the EAC Response Plan in addressing the crisis, member states ended up violating the major rationale of the agenda. Philip Kasaija (2021) addresses the major loopholes in the EAC Response Plan stating that member states resorted to individual measures.

Equally, the COVAX facility was faced with shortage in vaccines and supply was scarce. This was attributed to India's suspension of vaccine exports as its second wave began to surge in March 2021. The COVAX facility predicted that vaccine exports would resume as soon as India's health care crisis stabilized.

The effects of this shortfall are evident as most developing states that had been relying on vaccine donations had to halt the vaccination process due to lack of vaccines. The situation could have been different in many First World states that had the resources to acquire vaccines faster than the Third World states. In Uganda, for instance, the ban affected her other donations of 2.3 million vaccines from COVAX.

In June 2021, the Ministry of Health began withdrawing vaccines from districts that had low uptake with the hope of supplying them in Kampala and Wakiso districts, which had a high uptake. The country was looking at different benefactors and countries that might had excess vaccines. In addition, at the height of the pandemic, USA and Europe, booked most of the PPEs, therefore, Third World states like Uganda could not get enough equipment even if they had the money.

### 3. Financial shock

Uganda has experienced financial shock waves during this crisis. Most traders were highly indebted to financial institutions like banks and

moneylenders with no hope of paying their debts and faced the risk of losing their security to financial institutions. To support this sector, Bank of Uganda (BoU) tried to reduce interest rates and provided liquidity to safeguard financial stability, while maintaining exchange rate flexibility.

However, the weakening economic conditions emanating from the pandemic put significant pressures on revenue collection, expenditure, reserves and the exchange rate, creating urgent large external and fiscal financing needs.

Therefore, to finance the health, social protection and macroeconomic stabilization measures, additional support from donors like IMF, WB and countries like Germany, China, Norway and others came in to finance fiscal needs that arose from the Covid-19 outbreak.

Critically, there was a significant decrease in foreign direct investment (FDI) in Uganda as flows declined by 35 percent to \$823 million (Shs 2.9 trillion), compared to \$1.3 billion (Shs 4.6 trillion) received in 2019. The slow FDI flow was attributed to the Albertine oil project that decelerated due to the pandemic as well as disagreements between the Government and oil companies on the development strategy. Recovery is pegged on the implementation of the African Continental Free Trade Area (AfCFTA) which is expected to significantly shape foreign investment into African special economic zones (SEZs).

#### 4. Cross-border trade in EAC region

Following the outbreak of Covid-19, there had been supply chain disruptions in the EAC region. China remained the major exporter of goods and services to the EAC with a market share of 31.2 percent against Democratic Republic of the Congo's (DRC's) 11.5 per cent. When China closed its major manufacturing centers due to corona virus, the demand for the region's raw materials in the Chinese industry reduced. The supply of Chinese products in the region reduced as well.

The region had an informal cross-border type of trade which represents goods and services that

were directly or indirectly taxed from all partner states. Cross-border trade also estimated to account for the livelihood of about 60 percent of EAC residents hence its significance. However, due to the Covid-19 pandemic, rules and regulations on the cross-border movements of goods and people threatened the livelihoods of traders and their families and reduced the revenue for partner states.

#### 5. Decline in import and export revenue

Imports and exports have been negatively impacted by the Covid-19 pandemic. For instance, EABC reports that, before Covid-19, Kenya was exporting 30,000 MT of flowers per week. Currently, the floriculture industry is exporting 12,000MT per week. In Uganda, between April and March 2020, several export commodities registered sharp declines for instance, cotton exports declined by 81.7%, fish and its products (41.5%), beans (70.1%), Tobacco (24.1%), Maize (20.8%), Simsim (54.7%) among others.

Additionally, at the beginning of the pandemic, Uganda's imports declined from USD 711.99 m in January 2020 to USD 701.34 m in February 2020 to USD 593.79 m in March 2020. The IMF continues to monitor Uganda's situation closely and stands ready to provide policy advice and further support as needed.

Following the discussion on Uganda by the World Bank's Executive Board, Mr. Tao Zhang, Deputy Managing Director and Acting Chair, he asserted that *"the global Covid-19 pandemic was expected to severely hit the Ugandan economy through several channels, with detrimental effects on economic activity and social indicators."*

The external and fiscal accounts expected to deteriorate, creating substantial, urgent external and fiscal financing needs. Most revenue decline attributed to the closure of borders given the fact that Uganda is a landlocked country which needs unlimited access to its neighbors at all times. Although, the country is landlocked and facing

challenges related to access and availability of goods and services, it continues to tax all trade exchanges, including imports and exports.

### 6. Food insecurity

Figures released by the Ministry of Finance, Planning and Economic Development, indicated that a range of export products continue to suffer from the effects of COVID-19. For example, export earnings hit to \$207.15m in April, down from \$315.52m in March 2020. Coffee, one of Uganda's leading exports declined by 19.5%, fetching the country only \$36.9m in April from \$45.8m in March.

Furthermore, Fowler (2020) adds that it was expected that agricultural exports would decline further if transit routes continued to be dysfunctional or blocked by Kenya and Tanzania. The closing of Uganda's borders and international airports due to Covid-19 greatly affected the import and export of agricultural products.

This level of disruption impacted the performance of domestic agricultural food value chains to the parish level. For instance, sugarcane farmers experienced drastic loss in revenue due to the poor performance of sugar manufacturing companies in the country. From the analysis, it becomes clear that the closing of borders affected the supply chain of sugar export to markets in South Sudan, the Democratic Republic of the Congo (DRC), Kenya and the United Republic of Tanzania.

### 2.4 Measures Taken by Uganda to Strengthen its Bilateral and Multilateral Relations

Uganda has been diplomatically involved by states and international institutions in fighting the Covid-19 pandemic. Relations may not have been lost during the pandemic, but projects and cooperation have been affected adversely. For instance, there have been aid cuts which have affected social development projects, some of them targeted refugees, people with disabilities (PWDs) and minority groups.

Basing on the objectives, recognizing centrality of the state's foreign relations during this ad hoc moment is paramount in ensuring that Uganda is in good books of both her bilateral and multilateral partners. Uganda has used various strategies to strengthen her foreign relations image and to ensure that the image is conventional through;

**(a) Adhering to the WHO protocol on COVID-19 management:** In this perspective, international relations are strengthened when all acting member states adhere to protocols and rules that bind them, especially in tragic moments. This form of collective response instills trust and ensures order and quick resolution to pertinent issues.

It may perhaps be agreed upon that Uganda has been widely lauded by the WHO and the Africa Centre for Disease Control for its decisive reaction against the pandemic.

The country imposed two stringent lockdowns since the outbreak, adhered to testing citizens those leaving and entering the country, and worked towards combating the spread of Covid-19 through CBS strategies.

While this proactive response helped prevent the spread of the virus, there were serious matters overlooked during Uganda's corona virus fight. Citizens complained that measures to avert Covid-19 led to a surge in violations of human rights and knock-on effects on other health services. Some citizens were tortured and others killed by local defense units for breaking curfews.

Restrictions on movement also meant people were unable to access health services. For instance, several people living with HIV were unable to access life-saving drugs because they could not travel to clinics. The life of expectant mothers was put in jeopardy as some died while attempting to access health facilities. Therefore, it was important to consider and protect the rights of Ugandan citizens while controlling the spread of Covid-19.

**(b) Strengthening home-based care:** Uganda adopted the Home-based care designed by WHO that was expected to demonstrate positive outcomes in the management of the Covid-19 pandemic. With many hospitals overwhelmed by the numbers of Covid-19 patients, home-based care for mild and asymptomatic Covid-19 cases was adopted as a more sustainable strategy for combating the spread of the virus.

However, many rural districts lacked the technical expertise and resources to cope with these new responsibilities thus creating challenges as many communities had to fully understand their role in preventing the spread of the virus. As a result, adherence to preventative measures such as wearing masks, social distancing and isolation was generally low, hence the need for government to resort to tough lockdown measures.

**(c) Strengthening practical cooperation:** Uganda's approach to mitigating the pandemic based much on utilitarian-influenced decisions. Looking through the categories which received the vaccine first, one can understand that the state's intentions were for the greater common good. Uganda received vaccines from different states, and the first batch obtained in March 2021, was administered to essential workers like doctors and nurses, the elderly and people with health vulnerabilities.

**(d) Sustainable Development Goals (SDGs):** Uganda conformed to the vision of a desirable world order with interests in SDGs. During the first lockdown, the state invested in distributing food items like maize flour and beans, to the most vulnerable communities. Equally, in the second wave of the pandemic, the Prime Minister, promised to distribute One hundred thousand Uganda Shillings (UGX 100,000) each to the vulnerable. However, sources claim that this money was not received by the intended beneficiaries.

**(e) Conflict resolution using the GeneXpert machine:** Uganda's relations with her neighboring states almost deteriorated into uncontrolled chaos and uncalled-for strikes during the pandemic over Covid-19 testing. Through the presidential directives, persons crossing any Ugandan border were instructed to either carry their Covid-19 test results for a period not exceeding the last 72 hours or get tested at the border before entry.

However, owing to test delays caused by malfunctions and the overwhelming number of swaps to be tested, the truck drivers and driving assistants got frustrated, resorting to mild riots and strikes where angered traders and truck drivers threatened to cut off trading ties with Uganda. However, a quick resolution was made in connection with the GeneXpert machines which were installed at the Malaba and Mutukula borders. These helped to carry out on-the-spot testing thus reducing the time spent at the border.

The truck drivers' negligence, fear and impatience while at the borders contributed to the proliferation of the virus. The uproar over this could have threatened political, economic and social relations between the converging states had this not been resolved faster.

A team from the Kenya Ministry of East African Community, the East African Business Council (EABC), Trade-Mark East Africa, the EU and the International Organization for Migration (IOM) assessed the situation at Busia and Malaba border points. These identified challenges associated with surveillance, testing and issuance of Covid-19-free certificates faced by small-scale cross-border traders due to the shortage of reagents.

The Kenyan government obtained adequate supplies which were installed at the border points, thus helping to resolve the crisis. In addition to Uganda's placement of the GeneXpert machine at the borders, another testing laboratory was established at a trailer parking yard in Eldoret to handle truck drivers.



Medical workers ensuring safety in the city during the COVID-19 pandemic

Source:  
Photo from [www.freepik.com](http://www.freepik.com)

### 3.0 Recommendations

Uganda's health system is quite fragile and was never built for large scale or prolonged critical care. There have been a series of success and resilience of the health system, but efforts are generally fragmented and rarely consolidated.

Despite following the WHO risk communication strategy and having a community-based disease surveillance strategy, the largely top-down approach of the national response hasn't effectively used structures at the local/parish level which would help the government to cope up with critical clinical cases. The enforcement approach in some cases, was less than ideal and even counterproductive.

There was great need to activate the community engagement strategy and multi-level COVID-19 taskforces and decentralize some aspects of the response by making the community partners, building capacity for surveillance while managing cases at all levels.

Covid-19 has mostly impacted Uganda's trade relations. The closing of Uganda's borders and international airports due to COVID-19 affected the import and export industry, leading to a demand and supply chain imbalance, besides affecting market prices.

Equally, the performance of domestic agricultural food value chains down to the parish level. The

slow clearance procedure, delays in Covid-19 test results and long queues at the border points created frustration among traders and truck drivers, which led to an economic crisis on the borders of the East African countries.

Therefore, there is need to strengthen the EAC as member states should adhere to the economic policies and plans agreed upon to mitigate the pandemic.

Moving forward, preparing for biological and pandemic threats ahead of time should be a must for all states. From a health point of view, there is need to reform existing public health institutions across the globe. This calls for need to protect and strengthen globalization through economic stimulation while protecting vulnerable economies.

Transparent governance is a necessity in the future for strengthening democratic bilateral and multilateral relations among states.

The pandemic and its multiple, devastating consequences for the lives of people around the world loudly warn and remind us of the importance of international cooperation and solidarity. It is also an opportunity to come up with good lessons and practices to respond more effectively to possible challenges in the future.

### 3.1 International Level

The WTO ought to subsequently implement inclusive policies related to investment, intellectual property rights, e-commerce, as well as a productive transformation agenda, particularly through regional integration, in order to deal with global trade shocks. These measures will be key to reducing vulnerability to external shocks in trade and commodity prices, advancing the productive transformation of the world, and reinforcing societal and economic resilience for future global crises.

Whereas states may seek validation for continued operation in trade and movement by spreading wrong and improper information on Covid-19 cases and management levels, this only puts the entire world at risk. WHO must come up with protocols that restrain states from disseminating wrong information on the pandemic. One of the best ways of dealing with Covid-19 is being transparent and providing non-biased data from health ministries, departments and agencies. The media, regional and civil society organizations (CSOs) and individual bloggers should assume their duties and help states address this infodemic era.

### 3.2 Regional Level

Strengthening regional organizations like the EAC should be top priority during such crises. According to how each state reacted during the pandemic, one may doubt the existence of the EAC Covid-19 Response Plan. However, collective response and action in decision-making and implementation are what are helping to contain the spread of the virus. The EAC Secretariat and member states must revise the EAC Covid-19 Response Plan to bridge gaps and make reforms on how to mitigate the underlying Covid-19 problems.

There is need to revise and reform the EAC trade policy. During such crises, lack and scarcity of resources, heavy tariffs and taxation policies of imports and exports should be revised and even removed as free trade rationalizes local production. Removing tariffs and border controls would help to ease the exportation and importation of goods and could improve relations between involved states.

The EAC region should adopt and increase the use of shuttle diplomacy just as it has been the case in past crises like Ebola. Shuttle diplomacy involves states treating or vaccinating non-nationals currently infected or affected by an ongoing health crisis.



Medical Workers Conducting Rapid COVID-19 testing for truck drivers at Uganda's borders amidst the pandemic.

Source: Photo generated from [www.Midjourney.com](http://www.Midjourney.com)

Equally, the region should continue using shuttle diplomacy in regard to testing, vaccinating and helping to treat patients who are non-nationals, where necessary, instead of deporting them to their counties of origin, which only creates more danger.

In order to alleviate the immediate healthcare crisis in the African region, regional entities like the OECD and other major producers of medical products should refrain from imposing export bans and other trade policies that fragment production and increase the costs of essential supplies for import-dependent countries. With this, the OECD regional entity encourage states to boost trust and transparency through tackling misinformation, as well as enhancing representation and participation and stronger governance in responses to the pandemic.

### 3.3 State Level

The Ugandan government ought to strengthen the health care system by revamping health centers by providing them with necessary equipment.

However, the country should abide by the requirement to provide transparent dissemination of Covid-19-related information.

Equally, the decentralization of health care systems through the district task forces should be made a priority if the virus is to be contained at the micro level.

In order to promote domestic innovation, there is need to revise tax policies. High taxation levels make it difficult for business owners to cope with the tough economic times. Therefore, the state ought to address taxation policies in order to improve trade and economic relations among states, especially in the EAC region.

In addition, the Ugandan government should restore and reform cooperative societies which would constitute a backbone for most traders and business people during such crises.

Uganda must address the issue of corruption by evaluating and monitoring funds given to persons or organizations and companies responsible for purchasing Covid-19 related treating equipment.



## 4.0 References

---

1. Paul Murungi, July 10, 2021. Uganda's FDI declines by 35% <https://www.monitor.co.ug/uganda/news/national/uganda-s-fdi-declines-by-35--3467918>.
2. James Karuhanga 2021 'EAC business leaders want DR Congo admission expedited'. Available at: <https://www.newtimes.co.rw/news/eac-business-leaders-want-dr-congoadmission-expedited#:~:text=According%20to%20the%20EAC%20Trade%20and%20Investment%20Report,in%202018%20from%20%2417.4%20billion%20registered%20in%202017>.
3. George Lawton 2020, 'COVID-19 outbreak in China slows global supply chain' Available: <https://searcherp.techtarget.com/feature/COVID-19-outbreak-in-China-slows-globalsupply-chain>.
4. EABC BRIEF 2020 'IMPACT OF COVID-19 ON EAC TRADE'. Available at: <https://www.tralac.org/documents/resources/covid-19/regional/3462-impact-of-covid-19-on-eac-tradeabc-brief-24-April-2020>.
5. Ali Twaha, 2020. Figures released by the Ministry of Finance, Planning and Economic Development indicated a range of export products continue to suffer from the effects of COVID-19. <https://www.newvision.co.ug/news/1521359/covid-19-uganda-exportsdecline>.
6. <https://www.oecd.org/newsroom/post-covid-19-building-resilience-to-crises-andregaining-citizens-trust>.
7. <https://www.monitor.co.ug/uganda/business/prosper/whatcan-uganda-do-with-her-milksurplus> 21 Jul 2020.
8. <https://www.the-star.co.ke/counties/western/2020-07-29-truckers-stuck-in-malaba-for14-hours-over-delayed> 5 Oct 2020.
9. <https://www.observer.ug/news/headlines/65005-uganda-s-new-covid-19-testing-labsredundant> 27 May 2020.
10. <https://www.msn.com/en-xl/news/other/kenya-intervenues-in-busia-malaba-border-crisis/ar-BB1a3GQh> 15 Oct 2020.



For more information, please contact us:



**Konrad-Adenauer-Stiftung  
Uganda & South Sudan**

E: [info.kampala@kas.de](mailto:info.kampala@kas.de)

51 A, Prince Charles Drive, Kololo  
P.O. Box 647, Kampala, Uganda  
[www.kas.de/uganda](http://www.kas.de/uganda)

  @KasUganda

**Centre for MultiLateral Affairs**

E: [info@theCfMA.org](mailto:info@theCfMA.org)

T: +256-782-752198

T: +256-789-581006

Plot 67, Bukasa Road, Namuwongo  
P.O. Box 4411, Kampala Uganda  
[www.theCfMA.org](http://www.theCfMA.org)