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# MOVEMENT BRIEFING

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WRITTEN BY MARIA JOSE BLANCO PENEDO &  
HANNAH BRINDLE



LONDON  
SCHOOL of  
HYGIENE  
& TROPICAL  
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## MOVEMENT

### Context:

This briefing outlines the operational recommendations for transport drivers living in Ugandan border districts during the Ebola Virus Disease (EVD) epidemics and the current COVID-19 pandemic. Transport drivers include those involved in carrying people and goods over short and long distances. These comprise long-distance truck drivers, takisi (shared minibus) drivers who travel longer distances including between towns, special hire (taxi) drivers and motorbike drivers (boda boda).

Specific policies and recommendations for transport drivers are necessary as:

- Transport drivers are a highly mobile group, which increases the risk of contact with large numbers of people and thus the risk of contracting and transmitting infectious diseases.
- Dependency on a daily income limits their ability to adapt to reductions in mobility during epidemics.

### Data Collection:

We conducted three focus group discussions and eleven in-depth interviews with transport drivers living in the districts of Kasese, Hoima and Kisoro in May 2021. Recommendations derived from these findings can be used by those implementing public health and social policy and Information Education and Communication (IEC) activities during epidemics and pandemics in Uganda and Great Lakes region. We strongly advise the involvement of the transport drivers and local leaders in community engagement activities to ensure these are both appropriate and effective.

**\*\*This document draws from research on building trust in epidemic response in the Uganda-DRC border region, focusing on experiences with Ebola (DRC epidemic) and COVID-19. Data were collected from 231 participants in Uganda's western border region, including Hoima, Kasese, and Kisoro districts in May 2021 primarily with Banyoro, Bakhonzo, and Bafumbira ethnic groups. Many recommendations apply to the current outbreak (20th September 2022, Ebola – Sudan strain), though we did not conduct research with the Baganda.\*\***

**Operational recommendations:****IEC materials should address the differences in risk perception and fear between in the context of different outbreaks of diseases**

The perception of risk during the EVD epidemic was directly related to the fear of contracting the disease and its consequences. However, during the COVID-19 pandemic, the perception of risk is more strongly related to fear of reprisals due to non-compliance with government restrictions on mobility.

- The perception of risk during COVID-19 is partly linked to mistrust of the government. Some transport drivers doubted the existence of the disease and believed the restrictions to be linked to political interests.
- Transparent communication about the COVID-19 situation and the need for restrictions will help to alleviate some of the ongoing doubts and trust in the government.

**Health promotion and communication must be tailored to the specificities of the work of transport drivers**

- Transport drivers trust their local leaders. The involvement of local leaders in health promotion activities will increase the perception that the messaging is credible.
- Boda boda drivers and other transport workers often have their own elected leadership, modelled after trade associations and local councils. Boda boda chairmen can be engaged to reach drivers in their area.
- Messages received from peers and local leaders who understand the needs of the drivers will assist with facilitation of dissemination of the advice.
- We recommend holding community engagement sessions at meeting points such as border crossing points and stages.

**Where possible, policies related to the mobility of transport drivers should look at increasing their protection rather than limiting their movements, as:**

- They depend on daily work to survive and support their families resulting in:
  - o Working and travelling long distances even when they are unwell
  - o Transporting sick people and even dead bodies regardless of the risk of acquiring disease and restrictive measures



**Particular attention must be paid to mobility across borders because:**

- Crossing international and district borders is part of the daily movement of transport drivers, the frequency of which is much higher than in the rest of the population
- Drivers cross borders despite being sick, thus potentially increasing the risk of transmitting diseases to passengers and other communities.
- The transport of sick people from the Democratic Republic of the Congo who are seeking for health care in Uganda is frequent. This puts transport drivers at risk of contracting communicable diseases.

**Supervision of border controls should be increased because:**

- Corrupt tendencies reportedly exist at the borders including the payment of money to bypass screening for disease. This encourages the most economically vulnerable to seek alternative routes through unauthorised points, including via panya routes.
- There is a greater acceptance of screening measures at borders for EVD compared to COVID-19 amongst transport drivers. Screening measures for COVID-19 were deemed more complicated, which included the spraying of trucks to disinfect them.

**Transport associations should be strengthened with measures such as financial support implemented when restrictions are in place, since:**

- Guaranteeing income or providing social protections during times of mobility restrictions would guarantee an income for transport drivers
- Associations can establish a support fund for drivers experiencing financial hardship during the current COVID-19 and future epidemics.
- These associations can participate in the dissemination of information about disease prevention measures.
- They can serve as a bridge of communication with local leaders and law enforcement agencies to improve the articulation and implementation of measures.





The needs of the transport drivers working in the border region are multi-faceted and must be considered in the event of mobility restrictions during epidemics and pandemics. The utilisation of local leaders and those working in the industry to gain trust and engage with this community is recommended.

The brief was developed in response to a request from the Centre for Disease Control and Prevention (CDC) and UNICEF. It aims to provide actionable recommendations based on a realistic analysis of the available, local resources. It is one of a series of briefs focusing on Ebola preparedness efforts between DRC and Uganda. We would like to acknowledge the contributions made by research staff at Makerere University & David Kaawa-Mafigiri, research staff at Conservation Through Public Health, Alex Bowmer, Hannah Brindle & Shelley Lees at LSHTM, Megan Schmidt-Sane at IDS, and Christine Fricke at TWB.