A spray and a prayer: Kadaga, Magoola and Uganda's Covid-19 miracle cure

But the spray episode remains the original chapter: the moment Uganda's establishment was sold a bottle of hand sanitiser and told it was a miracle.

Muniini K.Mulera
Letter to a Kampala Friend

Dear Tingasiga:

The story is buried in the misty memory that houses Uganda's innumerable scandals that have been safely relegated to history. Yet it is one that we must never forget. On March 16, 2020, as the world braced for the catastrophic spread of Covid-19, one of Uganda's most senior political figures made a remarkable announcement. "A professor who, ah, who manufactured a treatment for coronavirus in the US was here last week and he has donated the patent to Uganda," Rebecca Alitwala Kadaga, then Speaker of Parliament, informed the House. "And within a fortnight, the treatment will be made here; it will be available on the market here in Uganda. Within a fortnight. It is being made by a, ah, a company called Dei International. ...not that we should be relaxed, but there's hope."

Kadaga took to her social media platform to share the same exciting news, with a language that suggested that the product was a cure for the new deadly virus infection. With Prof Sarfaraż Khan Niazi, the treatment's inventor, and Mathias Magoola, a Ugandan "biochemist" as its local manufacturer, what was there not to be excited about?

What unfolded over the following days was one of the most embarrassing episodes in Uganda's modern political history.— a cautionary tale about the intersection of scientific illiteracy, political ambition, arrogance of power, and opportunism.

Kadaga's statement was not idle speculation by a backbencher. Her words carried institutional authority. All that was needed was a presidential blessing, and the Ugandan people would be protected and saved from the deadly virus, while the inventor, manufacturer, and perhaps others would mint millions of dollars.

Indeed, President Museveni had already been brought into the story by the Speaker of Parliament herself. She had arranged for Niazi and Magoola to meet with President Museveni three days before Uganda's medical scientific community, the Ministry of Health, and Parliament had gotten wind of the remarkable treatment. A video of that meeting, shared publicly by Kadaga, showed Uganda's head of state seated with the two men, apparently receptive to their claims.

During the meeting, Magoola told Museveni that his coronavirus cure killed other viruses. When the President asked him if it could even kill viruses that caused HIV/Aids, Niazi intervened and told the President that their medicine killed bacteria that cause the virus that produces coronavirus — a statement that left the President visibly confused. It was scientific incoherence, passed off as expertise to the nation's highest office.

Who were these two men? Niazi is a Pakistani American who trained in pharmacy and pharmaceutical sciences. He is an expert in biopharmaceutical manufacturing but has no expertise in infectious disease medicine. He is an adjunct professor of biopharmaceutical sciences, a part-time, non-tenured position that does not require research or administrative work.

Kadaga's claim that Obamacare was Niazi's "brainchild" had no credible foundation whatsoever. The architect of Obamacare (the Affordable Care Act) was Jonathan Gruber, and economist at the Massachusetts Institute of Technology (MIT), and a team of policy experts.

Magoola, described as a Ugandan biochemist, had an even more chequered background. His original degree from Makerere University was in Industrial Chemistry. His business history included a stint in mining that led to an inconvenient investigation in India, where he had reportedly been a middleman in a transaction involving a Ugandan minister and an Indian company, Videocon, in a deal relating to a wolfram mine in Kisoro District, in which the Mumbai prosecution team collected evidence incriminating Magoola and others. His company, Dei Group, had pivoted through minerals into natural products and eventually pharmaceuticals — a trajectory driven more by opportunism than scientific expertise.

As for the spray itself, the truth was both simple and deflating. Dei Group, the company that would reportedly be manufacturing the treatment, announced that it would launch CovaNil — a hand and surface sanitizer, and not a treatment for the disease as Kadaga had claimed. In other words, what was being sold to Uganda's Parliament and President as a miraculous coronavirus treatment was really a hand sanitiser — something the World Health Organisation had already been telling people to use for weeks. The Uganda Medical Association (UMA) issued a statement noting that the National Drug Authority had not tested the treatment in question and that it was a disinfectant meant for external body use.

UMA did not mince words. Dr Richard Idro, then UMA president, correctly stated that there was no known cure for Covid-19 and that any product claiming otherwise gave dangerous false hope. Dr Idro, a paediatric neurologist (specialist in childhood brain disorders), who is a full-time associate professor paediatrics at the Makerere University College of Health Sciences, warned that such claims diverted people from proven preventive measures like handwashing, social distancing, and isolation. He expressed concerns about "quack cadre scientists," and correctly stated that no legitimate medicine could be manufactured and market-ready within two weeks without any clinical testing whatsoever.

Kadaga, stung by the backlash, dug in rather than retreat. She insisted: "I don't deal with quacks as is being alleged through social media and leaders of the UMA."

She disparaged Ugandan doctors and suggested that they were intellectually challenged.

"I would have thought that if the UMA had brains, they would have first come to me....."

She argued that her real interest was in building Uganda's local pharmaceutical capacity — a noble enough ambition, but one that did not justify misleading the President and Parliament with unproven medical claims during a public health emergency.

When Covid-19 finally arrived in Uganda, Niazi and his wonder drug disappeared into a vast hole of silence. No spray came to market. No clinical trials were announced. No regulatory approval was sought or granted anywhere in the world. The fortnight deadline passed without consequence. The whole episode quietly evaporated.

What remained, however, was the institutional damage. The leaders of two of Uganda's branches of government — the President and the Speaker of Parliament — had been manipulated by an industrial chemist businessman and a pharmaceutical expert businessman operating well outside their domains of competence.

The episode exposed the adhoc governance that decanted institutions and processes long ago, and replaced them with management through lobbyists, courtiers, and evidence-free hit-and-miss approaches.

It showed how the desire to present a positive, can-do image during a crisis could make even an experienced politician like Museveni dangerously credulous. And it demonstrated, painfully, that scientific illiteracy in high office is not merely an embarrassment — during a pandemic, it can be genuinely dangerous.

The Covid-19 spray was not Uganda's last encounter with Magoola's ambitions. He went on to attract hundreds of billions of shillings in government funding for his Dei BioPharma pharmaceutical manufacturing project — a story of its own, still unresolved. But the spray episode remains the original chapter: the moment Uganda's establishment was sold a bottle of hand sanitiser and told it was a miracle.

Dr. Mulera is a paediatrician and neonatologist.