

# WHO Emergency Appeal: Ebola Disease Outbreak in Uganda

October 2022-March 2023



## AT A GLANCE

**152** cases (131 confirmed and 21 probable cases)

**70** deaths (49 confirmed and 21 probable deaths)

**7** districts in Uganda affected

Data as of 03 November 2022

## WHO FUNDING NEEDS OCTOBER 2022–MARCH 2023

Uganda

**US\$ 68 million**

Neighbouring Countries<sup>1</sup>

**US\$ 20.2 million**

## Preparedness and Response in Uganda and Neighbouring Countries

WHO is appealing for **US\$ 88.2 million** to contribute to the reduction of mortality and morbidity associated with the current Ebola Disease outbreak in Uganda caused by the Sudan ebolavirus (SUDV) and to prevent the spread of the virus to other districts of the country, as well as to neighbouring countries, with minimum disruption of social and health systems. Through a national and regional response, WHO will:

1. Facilitate coordination of assistance from WHO and partners to support country readiness and preparedness for the outbreak of Sudan ebolavirus
2. Ensure and continuously monitor countries' preparedness, operational readiness and response capabilities
3. Prevent, rapidly detect, investigate, respond and control the outbreak of Sudan ebolavirus

On 20 September 2022, the health authorities in Uganda declared an outbreak of Ebola Disease after a case of SUDV was confirmed in the Mubende district in the central part of the country. The virus is initially transmitted to humans from wild animals and then spreads amongst populations through human-to-human transmission. The average case fatality rate is more than 50% without supportive care.

After the first case, WHO and partners, led by the Government of Uganda, responded immediately to the outbreak, supporting strategic and operational coordination, surveillance, case investigation and contact tracing, laboratory and diagnostic capabilities, risk communication and community engagement, and other key areas of response. While there is currently no licensed vaccine or therapeutics against SUDV, several candidate vaccines and therapeutics have been identified, and clinical trials are likely to begin at the hotspot in Uganda.

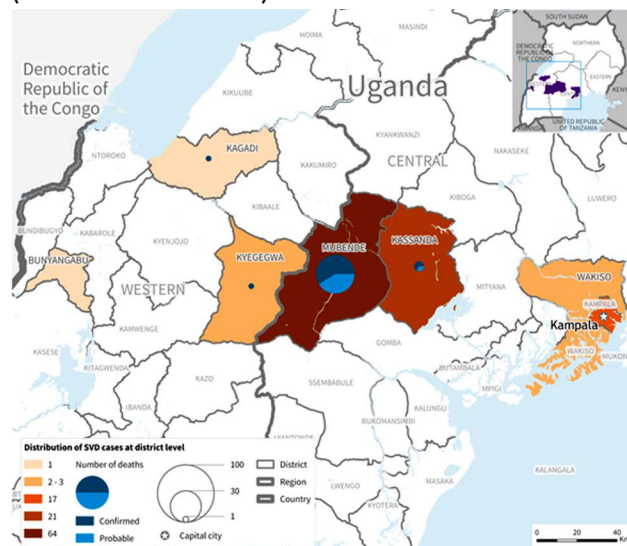


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**4** This is the first time in more than a decade that Uganda is recording an outbreak of Sudan ebolavirus. We are working closely with the national health authorities to investigate the source of this outbreak while supporting the efforts to quickly roll out effective control measures,” said Dr Matshidiso Moeti, World Health Organization (WHO) Regional Director for Africa. “Uganda is no stranger to effective Ebola control. Thanks to its expertise, action has been taken to quickly detect the virus and we can bank on this knowledge to halt the spread of infections.”

As new cases are being confirmed in Uganda on a daily basis, WHO has published a national and regional preparedness, readiness and response plan with the overarching goal to **stop the outbreak**. Building on lessons learned from previous outbreaks in West Africa and the Democratic Republic of the Congo (DRC), WHO’s response, under the leadership of national authorities, focuses on rapidly containing the outbreak in affected districts in Uganda and preventing it from spreading to other districts and neighbouring countries. The six countries neighbouring Uganda (Rwanda, South Sudan, Burundi, Kenya, DRC and Tanzania)<sup>1</sup> are scaling-up preparedness, operational readiness and response capabilities to mitigate any potential threat of importation of SUDV cases and minimize the risk of local spread.

**Figure 1. Distribution of Ebola Disease cases by district (as of 25 October 2022)**



<sup>1</sup> Priority 1: Rwanda and South Sudan; Priority 2: Burundi, Kenya, Democratic Republic of Congo, and Tanzania  
Priority, due to primarily proximity to the epicentre of the outbreak and shared, very long and largely porous borders with Uganda, as well as high population movements across the borders which occur for various reasons including trade, social activities, services, and asylum.

## Potential outbreak scenarios (based on risk categorisation criteria)

### Scenario 1 (Best case Scenario): Early ending

- Early detection of all cases (suspect, probable and confirmed), isolation of all cases and follow-up of all contacts to trace transmission.
- Limited to the current geographical location, with no spread beyond the currently affected districts (or health regions).
- Based on the scenario, the incubation period of the disease would last approximately 105 days (5 incubation cycles).

### Scenario 2 (Most Likely Scenario): Sustained

- Delay in the detection of cases with spread of the outbreak beyond the current 7 districts reporting cases, to high-risk districts but contained before it exceeds 21 districts and no transmission to neighbouring countries.
- Given the vast mobility of this community across the high-risk districts for cultural, and trade reasons this provides the most likely scenario.
- Estimate the response running from 6 to 8 months.

### Scenario 3: Worst Case Scenario

- In this case, based on mobility and inadequacy of contact tracing this worst-case scenario involves spreading beyond the epicenter and high-risk districts and 3 health regions to affect new geographical foci or a complex urban setting.
- In addition, identification of a case in a neighbouring country would equally warrant scenario 3.
- This would stretch human resource requirements given the specialized care required and isolation levels to avoid wider spread.

## STRATEGIC OBJECTIVES

### Goals:

#### At the national level:

Rapidly stop the transmission and reduce morbidity and mortality related to Ebola disease in Uganda.

#### At the regional level:

Ensure that neighbouring countries have the required capacities and capabilities to manage Ebola disease threats in a timely and effective manner and stop the spread of Sudan ebolavirus.

## Response objectives

### 1. Support and strengthen strategic and operational coordination, leadership and partnership

Strengthening coordination at the subnational, national, and regional levels is critical to ensure rapid, strategic, and effective collaboration among WHO, partners, national and regional authorities, and Ministries of Health.

At the national level, WHO will activate and **strengthen multi-sectoral coordination platforms** at the national and district levels and **provide operational support** for the effective functioning of national and district-level taskforces. WHO's activities in this area will also include the **deployment of WHO technical experts**; support to the Ugandan Ministry of Health in the **development of the national response plan and implementation**; assisting the Ministry of Health and National and District Task Forces in the affected districts to **coordinate the response and engage communities**, including through **joint monitoring missions**; and **ensuring cross-border collaboration**.

At the regional level, WHO will support neighbouring countries to **develop contingency plans** and **ensure countries' preparedness and operational readiness**; **establish an emergency coordination mechanism**, especially in areas bordering the outbreak epicentre; and **enhance information sharing** between neighbouring countries.

### 2. Prevention and Response to Sexual Exploitation, Abuse and Harassment (PRSEAH)

At the national level, WHO is **deploying a PRSEAH Specialist** to lead on PRSEAH and ensure it is embedded in emergency operations. WHO is focusing on prevention and response through the **strengthening of mitigation and response/reporting mechanisms**. Technical and coordination support is extended to ensure the **prioritization of its mandate for zero tolerance** on sexual exploitation and abuse (SEA) and **integrating PRSEAH in its programmes**.

In addition, WHO is working in close collaboration with UN partners, the national government and various in-country/ regional sub-clusters, and working groups (i.e. gender, Gender-based Violence (GBV), protection). Priority actions include the **use of the PRSEAH Implementation Checklist** to understand the existing PRSEAH implementation status, **risk assessments, training and sensitization of WHO personnel** including consultants, and volunteers. WHO will also **conduct capacity-building of government partners** to ensure local capacities are strengthened and enhance community-based complaint mechanisms (CBCM).

For response activities, WHO is also collaborating with partners and the national government in **strengthening referral pathways** and **support services for victims of SEA**, prioritizing victim assistance. WHO is also contributing



Contact tracers and village health teams take on Ebola in Uganda

to strengthening capacity in GBV, Mental Health and Psychosocial Support (MHPSS), Clinical Management of Rape (CMR) and Sexual and Reproductive Health (SRH) to ensure a holistic approach in victim assistance.

At the regional level, WHO will assess, manage risks, and implement priority interventions for prevention and response to sexual exploitation, abuse, and harassment; ensure that accountability mechanisms are in place for the prevention of sexual abuse in emergencies; conduct SEAH risk assessments and develop and fund mitigation plans; and support government entities to take safeguarding precautions for managing the risks of SEAH.

### 3. Promote good individual and collective practices through risk communication, social mobilization, and community engagement to prevent the spread of SVD

Experience has shown that the involvement of affected communities is key to preventing the transmission of Sudan virus disease. Listening to their concerns and providing appropriate and targeted information and needs maximizes the effectiveness of interventions.

To ensure holistic community engagement at national and district levels, WHO will support risk communication and community engagement activities, including a mapping of villages and communities in affected health areas and mobilize anthropologists who will ensure that response interventions are adapted and acceptable to communities. Further key activities include the training of health educators and village health teams on prevention and control measures; activating sub-county, parish and village task forces for increased vigilance and community awareness, early case identification and reporting; and engaging, sensitizing, community dialogues and equipping these teams and community leaders with Information, Education and Communication (IEC) materials to ensure community sensitization in affected districts. In addition, WHO will activate a mechanism for managing misinformation and infodemics; and ensure the dissemination of information products through adequate channels of communication.

At the regional level, WHO will support the activation of national risk communication and community engagement

coordination; train dedicated risk communication teams to initiate public awareness and infodemic management and conduct a rapid anthropological assessment.

### 4. Enhance the capacity to rapidly detect, investigate and follow up contacts and reduce the risk of SVD transmission in the community and nosocomial transmission in health facilities

Rapid detection and isolation of new cases is the key to preventing onward transmission of the virus. This requires teams of epidemiologists and contact tracers in the field, supported by a laboratory service able to provide rapid, safe, and accurate testing of samples.

At the national level, WHO will strengthen event-based and mortality surveillance, including by supporting the collection and analysis of epidemiological data; deploying epidemiologists and Rapid Response Teams in affected districts to rapidly support alert management, case investigation, and contact tracing; and by establishing and scaling-up alert desks and alert management systems. In addition, WHO will support the capacity-building of Village Health Teams to enhance contact tracing and event-based surveillance in affected communities and provide technical support for contact tracing, including through information products and technical guidelines. WHO will also conduct epidemic forecasting based on transmission and mobility patterns and assess and evaluate surveillance structures to better detect and respond to the outbreak in affected and at-risk communities.

At the regional level, WHO will work with countries to reinforce Integrated Disease Surveillance and Response (IDSR) systems to ensure early detection of SVD cases; support high-risk districts in priority countries to accelerate surveillance and early warning activities; establish, train and equip Rapid Response Teams and provide training for national staff.

### 5. Points of Entry, Travel, Trade, and Mass Gatherings

Establishing active surveillance at points of entry is an essential component of the outbreak response to mitigate the risk of international spread due to the high cross-border mobility between Uganda and neighbouring countries.

Key activities to be implemented at the regional level in collaboration with IOM include the facilitation of coordinated cross-border surveillance and response involving all stakeholders (including border communities) and the conduct of a population mobility mapping exercise to understand the mobility patterns of the population in the affected areas and surroundings. WHO will conduct simulation exercises and train and sensitize all port health personnel and other stakeholders involved in travel at major designated ground crossings to scale up risk-mitigation activities such as exit screening. In addition, WHO will equip risk points of entry with adequate personal

protective equipment, temporary isolation units and appropriate referral services, and disseminate risk communication messages targeting travellers and border communities. WHO will also develop and implement the missing contact tracking system and support international contact tracing.

## 6. Support the capacity of national laboratory response

A definitive diagnosis of SUDV can only be made by laboratory testing using a specific RT-PCR test. By sequencing SUDV from positive cases, the response will gain further insight into the virus and transmission dynamics, with genetic sequencing data published on publicly available platforms.

Providing **laboratory assessment tools** at the national level; **training health personnel** in laboratory techniques, biosafety, biosecurity, waste management and sample collection and transportation; and **ensuring laboratory capacities** in an affected district will expedite diagnosis and increase the effectiveness of epidemiological investigations and patient management. WHO will also support the **procurement of protective equipment and sampling materials** at the national level and assist with **sample transportation to referral laboratories** for testing. In addition, WHO will **coordinate with producers and partners and support bulk procurement of RT-PCR reagents, sequencing reagents, and supplies**; and provide **quality assurance and quality control mechanisms** for laboratory testing.

At the regional level, WHO will **strengthen national laboratory capabilities**, including through training; establish **arrangements with international reference laboratories** and ensure **shipping and confirmatory testing**.

## 7. Infection prevention and control (IPC) and water, sanitation and hygiene (WASH) in health facilities and communities

Infection prevention and control (IPC) is crucial in mitigating and containing the spread of Sudan ebolavirus. Robust IPC measures and practices accompanied by water, sanitation and hygiene (WASH) need to be in place **at all health facilities (HF)**. WHO will also **strengthen IPC and WASH in affected communities**, including by training them in handwashing and other hygiene methods and **ensuring sufficient water supply and waste management**. In addition, WHO will support the activation of an **IPC outbreak task force** at national, county and health facility levels; and **build the capacity of health workers** on IPC.

At the regional level, WHO will support neighbouring countries to **convene the national outbreak IPC taskforce**; **designate priority health care facilities** for IPC activities; establish **triage and isolation capacities** in regional hospital(s); and conduct a quick **health facility readiness assessment**. In addition, WHO will support priority

countries to establish **case management teams**; and ensure that at least one fully functional **Ebola Treatment Centre (ETC)** and possible **Ebola treatment units (ETU)** are available in high-risk districts.

## 8. Support provision of clinical supportive and psychosocial care of patients, convalescents and staff involved in the management of the outbreak

All patients should have access to high-quality medical care to improve survival and provide symptom relief and palliative care when required. Strict precautions must be taken when providing care to Sudan virus disease patients to minimize the risk of onwards transmission to others, including health workers.

For effective and strengthened case management at the national level, WHO will support the **establishment and operationalization Ebola Treatment Units (ETUs)**; **conduct training for health workers** on care of patients; **support ambulance services** to facilitate referral of suspect cases from community and non-ETU health facilities; and **deploy technical experts and Emergency Medical Teams**, if needed, to support the provision of care. Further more, WHO will support the **setup of isolation units and triage centres** in referral hospitals in areas with active transmission and high-risk areas; assist with the **establishment of a large-scale treatment centre** in the epicentre of the outbreak and other designated areas. To ensure safe and dignified burials, WHO will coordinate with partners to **build the capacity of burial teams and support these teams with necessary logistics and supplies**.

An essential component of case management is psychosocial assistance. Ebola disease survivors and family members are often stigmatized, and unable to resume their lives following their recovery. It is therefore important that psychosocial care is integrated into the response at the earliest stage. Key activities at the national level include **training providers and community leaders** in essential psychosocial care; **equipping teams with appropriate tools and support**; **providing food/nutrition and non-food support** to affected individuals and families; **establishing a psychosocial action plan** to combat stigma and other consequences; and **assisting in the care and social reintegration** of survivors and orphans.



WHO and partners tour Ebola Treatment Centers in Uganda

As for previous outbreaks, WHO will work with the Ministry of Health (MOH) and partners to **establish an Ebola disease survivor care programme**. This programme will offer **clinical and psychological care to help survivors with sequelae** they may experience. **Ebola disease survivors will also be offered counselling on safer sex practices and testing in body fluids where the virus may persist** (semen and breastmilk of lactating women). In addition, WHO will coordinate with MOH and partners to ensure that additional psychosocial and economic challenges Ebola disease survivors may face are addressed.

### 9. Operational support and logistics

Key infrastructure, procedures, and operational support mechanisms must be put in place to enable all aspects of the outbreak response. This includes the **provision of logistics and supply chain management** at national and sub-national levels; **procurement, prepositioning and distribution of lifesaving medical supplies and personal protective equipment**; and the **deployment of a team of experts** to support logistics management in the epicentre and high-risk districts.

At the regional level, WHO will support neighbouring countries to **develop and adopt an operation support logistics (OSL) plan** and maintain a **sufficient stock of essential medicine and medical supplies**. Priority countries will be supported to have **strategic reserves of medical lifesaving supplies** in place.

### 10. Ensure maintenance of essential health services in affected areas

Lessons from previous large Ebola outbreaks revealed that more people died from other health problems due to the disruption of services. It is therefore critical that even at the

peak of the Ebola disease outbreak other essential services are sustained and delivered safely.

At the national level, WHO will **map key service delivery points** in the affected districts and **identify critical services** to be sustained. Building on lessons learned from the COVID-19 pandemic, WHO will **provide guidance on the maintenance of essential health services** through differentiated service delivery models and **train healthcare workers** on how to screen and triage patients seeking other healthcare services. In addition, WHO will **monitor health service performance** in non-ETU care; help to **strengthen infection control practices** in all primary and secondary health facilities; and **conduct readiness assessments** of health facilities to inform resilient health systems.

### 11. Integrate research in the outbreak response to evaluate candidate vaccines and therapeutics.

Accurate knowledge of the SUDV is essential for an effective response to outbreaks. It is therefore important that **SUDV research is integrated into the outbreak response** at the national level to contribute to the development and evaluation of rapid diagnostic tests, improve clinical management of patients and identify more effective therapeutics, and test the safety and efficacy of the Ebola disease vaccine and therapeutics. Key activities include the **appointment of a national research coordinator** and the **establishment of a research coordination platform** within the outbreak response committee; **updates of the diagnostics guidelines**, and **testing of key candidate diagnostics**; as well as **evaluation and update of WHO guidelines and tools** for clinical management. Further, **operational research on risk factors** will be carried out and **randomized clinical trials of key candidate therapeutics and vaccines** conducted.

### Financial Requirements (for the period October 2022 – March 2023)

Activities	Uganda	Neighbouring Countries
Leadership, coordination, planning, and monitoring	4,280,000	1,300,000
PSEAH	428,000	200,000
Risk communication and community engagement and Infodemic Management	2,568,000	4,490,000
Surveillance, case investigation and contact tracing	3,478,000	2,250,000
Points of entry, travel, trade, and mass gatherings	325,000	650,000
Strengthening laboratory and diagnostic capabilities	2,012,000	2,290,000
Infection prevention and control and WASH in health facilities and communities	1,593,000	2,100,000
Case management and therapeutics	13,531,000	1,900,000
Operational support and logistics	25,447,000	3,650,000
Essential health systems and services	1,496,000	1,605,000
Research, innovation, and evidence	12,840,000	2,095,000
<b>Total (USD)</b>	<b>67,998,000*</b>	<b>20,240,000*</b>

\* Includes programme support costs (PSC)

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