

UGANDA

Ebola outbreak

KEY FIGURES

500

PROJECTED FATALITIES
BY APRIL 2023

135

CONFIRMED CASES

53

DEATHS

NATIONAL RESPONSE CAPACITY

- Ministry of Health
- Local health centers

INTERNATIONAL RESPONSE CAPACITY

- UN agencies (WHO, UNICEF, IOM, UNHCR)
- Médecins Sans Frontières
- U.S. Agency for International Development

CRISIS IMPACT OVERVIEW

- On 20 September 2022, the Ugandan health authorities declared an Ebola outbreak after the confirmation of one case in Madudu subcounty of Mubende district (the central region of Uganda) on 19 September (WHO 28/10/2022). As at 7 November, there were 135 confirmed cases and 53 associated deaths (Reuters 08/11/2022). The most recent Ebola outbreak in Uganda occurred in 2019, but it was a different strain (Zaire ebolavirus) from the current Sudan ebolavirus (WHO 28/10/2022). The President of Uganda imposed a 21-day lockdown of Mubende and Kassanda districts on 15 October (RFI 07/11/2022; ECDC 02/11/2022).
- Mubende district is reported to be the most affected, with 54.7% of all confirmed cases as at 26 October. The outbreak has particularly affected Madudu subcounty in this region. As at 26 October, the other affected districts were Bunyangabu, Kagadi, Kassanda, Kyegegwa, Wakiso, and the capital, Kampala. The current outbreak of the Sudan ebolavirus strain is the first to occur in Uganda since 2012 (WHO 28/10/2022).
- Most of the cases are only being identified and diagnosed after five days of symptoms, giving infected people time to spread the virus. There is a high risk of the death toll increasing. The Government has projected 500 fatalities by April 2023 (The Telegraph 08/11/2022). The Government has also declared a three-week lockdown, but more infection prevention measures are needed to avoid the further spread of the virus (RFI 07/11/2022; UNICEF 06/11/2022).
- The outbreak has severely affected healthcare workers, killing seven and affecting 18 others. Doctors and interns have gone on strike as they claim that their work conditions put them in danger (Monitor 08/11/2022; The Telegraph 08/11/2022). According to the WHO, the disease risk can be assessed as very high at the national level, high at the regional level, and low at the global level (WHO 28/10/2022).

ANTICIPATED SCOPE AND SCALE

- There is currently no proven vaccination for the Ebola strain (Sudan ebolavirus) currently spreading in Uganda (Reuters 08/11/2022).
- According to projections by the Ugandan Ministry of Health, there will be an estimated 250 fatalities by January 2023 and 1,200 cases with 500 deaths by late April (The Telegraph 08/11/2022).

LESSONS LEARNT

- Establishing isolation centres in different communities and building local healthcare capacity have been useful in preventing infected people from travelling long distances and spreading the disease (MSF 26/06/2020; UNICEF 06/11/2022).
- Activities not adequately shared ahead among communities are more likely to fail as they may go against cultural practices important to the people. Concerted hygiene awareness campaigns have proven to help prevent the spread of the disease (MSF 26/06/2020; UN 13/05/2020).
- Providing emergency education during an Ebola outbreak has proven useful in avoiding long-term impacts in children. Children who do not receive any education during crises are 50% less likely to return to school (Theirworld 09/12/2014).

HUMANITARIAN CONSTRAINTS

- Health workers in Uganda have been protesting their pay conditions since May (Peoples Dispatch 25/05/2022). More than 1,000 doctors, pharmacists, and nurses protested on 6 November over delayed payments and their employers' non-compliance with wage conditions (Monitor 07/11/2022). They also denounced the inadequate supply of personal protective equipment (The Telegraph 08/11/2022). Without adequate medical personnel, coordinating humanitarian health response with the Ugandan Government would be more difficult.
- The second rainy season in Uganda runs from September–December. During the rainy season, poor road conditions and flooding often challenge access to several regions (Monitor 03/05/2018; Girl Rising 04/08/2022).



HUMANITARIAN NEEDS

Health

As at 6 November, the Government of Uganda had confirmed 132 cases and 53 associated deaths. By this date, more than 1,300 people who had been in contact with infected people were being monitored (Gov't of Uganda/WHO 07/11/2022). The case fatality rate for children (55%) is higher than that for all cases (40%). Currently, there are five Ebola Treatment Units (Mubende Regional Referral Hospital, Madudu Health centre III, Kaweere, Entebbe, and the J-Medic facility in Fort Portal) and four isolation centres in Entebbe, Kiruddu, Madudu, and Mulago (UNICEF 06/11/2022). People receiving treatment at home are at major risk of spreading the disease to caregivers, meaning areas with reported or probable cases but no treatment units or isolation centres are at higher risk of spreading the disease (Tiffany et al. 22/06/2017).

During previous Ebola emergencies, the families of infected people, healthcare workers, and other affected people suffered from stigmatisation in their communities (Overholt et al. 28/11/2018; Kelly et al. 27/02/2019). Upon returning home, some faced barriers to accessing the labour market or other social activities. Providing mental health and psychosocial support for affected people and their families has proven to facilitate a better return process after the disease (IFRC 12/07/2018; Kamara et al. 31/10/2017).

WASH

UNICEF has reported cultural resistance to the safe burial of people who have died from ebola (unicef 06/11/2022). There have been instances of bodies being exhumed for burial in accordance with cultural practices, implying risks for the spread of the disease (monitor 04/11/2022). Infected people remain contagious even after death, meaning practices such as community members washing the body or having direct contact with the deceased can spread the virus rapidly (bbc 22/06/2017). For example, in kassanda, the exhumation of a body infected 43 people, six of whom died (unicef 06/11/2022). Between 2013–2016, the deployment of teams to properly bury the bodies of infected people prevented the infection of an estimated 10,000 people across west africa (tiffany et al. 22/06/2017; sikakulya et al. 13/12/2021).

Open defecation is still a common practice in Uganda, with at least 22% of the population practising it (Ntaro et al. 01/03/2022). In 2018, only 10% of the population lived in communities free from open defecation practices, and latrine coverage was just at 79% (GPJ 18/11/2019). Keeping excreta separated from drinking water sources and human contact has proven useful in preventing the spread of Ebola (WHO 07/2021). Open defecation practices may contribute to a rapid increase in cases.

Livelihoods

The Ugandan Government has decreed some measures to deal with Ebola, including strict quarantines in Mubende and Kassanda districts until 25 November (UNICEF 06/11/2022). Lockdowns may further disrupt the livelihoods of Ugandans amid an economy that has yet to recover from the COVID-19 pandemic and inflation of more than 10% during the last 12 months (Monitor 01/11/2022; AllAfrica 06/11/2022). Although there are no specific estimates of the impact of the quarantines, those associated with COVID-19 saw a 16.7% increase in poverty rates and 17% of the population facing food insecurity (The Conversation 02/11/2022).

Women, who usually play the role of caregivers, also become responsible for maintaining the household income when men in the household get ill. In the past, quarantines had a greater impact on women as related measures prevented them from continuing to work (Gavi 26/10/2022).

In the past, Ebola disrupted livelihoods as quarantines caused people to avoid going to markets and stopped some markets from functioning (Econofact 05/04/2020). Agricultural production also stopped temporarily, reducing the income of farmers and those living on subsistence farming (FEWS NET 06/2017). In communities affected by Ebola in 2014, 70% reported eating only one meal per day because of the effects of the epidemic (FAO accessed 08/11/2022).

Education

To prevent the spread of COVID-19, Uganda closed its schools for 22 months. During this time, nearly 15 million children stopped going to school. The situation permanently disrupted access to education for many children and resulted in an increase in child labour from 21–36% (UCL News 15/02/2022). There are also strong long-term effects on children's access to the labour market because of the quality of the education they receive during quarantines (The Conversation 02/11/2022).

Although schools have continued to operate, preschools, primary schools, and secondary schools will end the current and final term of the school year early and close on 25 November (Reuters 08/11/2022). A new disruption of education in Uganda could permanently take several children out of school and increase the risk of teenage pregnancies and child labour (Theirworld 02/04/2020).



AGGRAVATING FACTORS

Displacement

As at June 2022, Uganda hosted over 1.5 million refugees, 60% of whom came from neighbouring South Sudan. Uganda is the country that hosts the most forcibly displaced people in Africa (Statista 21/07/2022). Between January and 31 October 2022, Uganda received over 119,000 refugees from Sudan and Democratic Republic of Congo (DRC). Between 22–31 October alone, 12,000 people from DRC arrived in Uganda. The Ebola outbreak has spread to districts hosting refugees, such as Kampala and Wakiso. The number of people the Kyaka II settlement is hosting (as at August 2022, over 118,000 refugees and asylum seekers, 94.5% of whom were from DRC) makes it a high-risk area for the outbreak (UNHCR 07/11/2022; UNHCR 14/09/2022). The humanitarian needs of both refugee and host communities keep increasing, and the constant arrival of people overwhelms the national response. The number of people arriving from DRC is likely to increase with clashes between armed groups and the Government of DRC remaining active in the neighbouring country (UNHCR 26/10/2022; VOA 03/10/2022).

Recent flooding

Uganda is prone to environmental hazards, such as floods. In August 2022, Nabuyonga, Namatala, Napwoli, and Nashibiso Rivers overflowed, killing 29 people and causing severe damage in different zones, including Mbale city. The floods also caused landslides that buried and destroyed homes (FloodList 07/09/2022, ECHO 05/08/2022). An estimated 400,000 people lost access to clean water, and flooding destroyed more than 2,000 hectares of crops. The floods also destroyed three health centres, nine schools, and 14 bridges (ECHO 05/08/2022; The Guardian 03/08/2022). The country has not fully recovered from all the damage to infrastructure, and health centres still have limited capacities to assist in the Ebola outbreak. Flooding also affected Kampala in 2022, adding to the challenge of dealing with the disease outbreak and the risk of its spread in urban areas (BBC 02/11/2022; Reuters 23/10/2022).

Inflation

Inflation has risen from 2% in January 2022 to 10% in October (TE accessed 08/11/2022; Xinhua 20/10/2022). Staple food prices are increasing, particularly the prices of maize flour, which increased from 60.2% in September to 91.5% in October, and rice, which increased from 32.2% in September to 43.3% in October (Monitor 01/11/2022). In 2022, negative global production and supply chain disruptions have affected the country, and flooding damage has limited food production. The limited access to food could aggravate the humanitarian situation in the country.

Pre-existing poverty

Over 25% of the population in Uganda lives below the poverty line (The Observer 08/06/2022). Past Ebola outbreaks had a high cost for neighbouring countries. For example, it cost USD 600 million for Guinea, USD 300 million for Liberia, and USD 1.9 billion for Sierra Leone (WB accessed 08/11/2022). Uganda is likely to face economic consequences, especially given the mandatory lockdowns. According to the World Bank, 56% of business owners were engaged in trade and the services industry as at October 2021. 93% of these owners were already operating close to the poverty line or just beneath it. These business owners had to stop operations during the COVID-19 lockdown and are forced to close again because of the lockdown imposed to prevent the spread of Ebola (The Conversation 02/11/2022; WB 21/10/2021). The situation is disrupting trade and affecting communities that depend on businesses for income. The implementation of longer lockdowns is likely to push more people to the poverty line or below.

MAP OF CONFIRMED CASES, BY DISTRICT, AS AT 3 NOVEMBER



Number of Ebola virus disease cases reported in Uganda as of 07 November 2022

0	1-9	10-39	40-59	>=60
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Administration boundaries: © Eurographics

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Source: ECDC (02/11/2022)