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CONTENT

2	Message from WHO Representative to Uganda
3	Dr Kasonde Mwinga presents credentials to the Government of Uganda
3	Uganda celebrates graduation of field epidemiologists and laboratory leaders
4	Leveraging collaboration to combat mpox vulnerable communities
4	Uganda deploys national emergency medical team in mpox outbreak response
4	Uganda reflects on mpox outbreak response
5	The Ebola outbreak in Uganda demonstrates WHO’s value in disease outbreaks
6	WHO supports Ebola screening at Entebbe International Airport
6	The United Nations launches emergency appeal for Ebola response in Uganda
7	Uganda deploys the National Emergency Medical Team to support Ebola response
7	Uganda trains community health workers on community-based approach to Ebola
8	Sarah Naluyima: Changing community behaviour in response to the Ebola outbreak
9	WHO ensures effective coordination in Uganda’s Ebola response
10	Maria Goretti Kemirembe: Making a difference in Uganda’s public health landscape
11	WHO, partners launch National Sanitation week in Uganda
11	World Tuberculosis Day 2025: Uniting to end TB in Uganda
12	Health development partners unite to boost coordination in Uganda’s health sector
12	Uganda and WHO partner to strengthen medical product regulation
13	Scaling up non-communicable diseases care through training primary health workers
13	Uganda receives over two million malaria vaccine doses to boost child protection
14	Breaking barriers: Sindrella Anna Ayo’s journey as a female driver
14	From Kabul to Kitgum: A journey of hope and resilience
15	Commemoration of Women’s Day at WHO Uganda
16	The power of partnerships

Message from the WHO Uganda Representative



Dear Partners,

As we work together to safeguard public health, I would like to acknowledge your collective efforts in supporting the Government of Uganda in improving the health and well being of its citizens. Together, we are making progress in disease prevention, outbreak response, and health system strengthening in Uganda. Your expertise, dedication, and collaboration are saving lives and making healthcare more resilient and equitable to all.

Time and again, we have seen the strength of partnerships. Whether responding quickly to emerging threats, expanding access to life-saving vaccines, or strengthening community-based healthcare, every milestone reflects the impact of our shared commitment. These achievements protect communities today but also build a stronger foundation for the future.

As health challenges evolve - whether through new outbreaks, persistent barriers to healthcare, or the need for innovative solutions - our continued coordination and adaptability remain critical. Together, we must stay proactive, ensuring that no one is left behind and that every community has the resources to thrive.

This edition of the newsletter highlights the critical role we are playing to strengthen health systems, empower frontline workers, and reinforce trust in the healthcare landscape.

Let us keep building on our successes, supporting one another, and driving meaningful change.

Thank you.

Dr Kasonde Mwinga

New WHO Representative, Dr Kasonde Mwinga presents credentials to the government of Uganda-5 February 2025



Dr Kasonde Mwinga (R) presents her credentials to Hon Henry Oryem Okello, Uganda’s Minister of State for Foreign Affairs

In a significant diplomatic meeting, Dr Kasonde Mwinga, the newly appointed World Health Organization (WHO) Country Representative to Uganda, today presented her credentials to the Minister of State for Foreign Affairs, Hon. Henry Oryem Okello in Kampala.

Hon. Oryem congratulated and welcomed Dr Mwinga, expressing appreciation for WHO's ongoing support in strengthening Uganda's health systems and addressing critical public health challenges. “We are grateful for WHO’s unwavering commitment to assisting Uganda in its fight against various health threats, including infectious, communicable, and non-communicable diseases, as well as emerging health crises,” he stated.

During her presentation, Dr Mwinga expressed gratitude for the warm welcome and reaffirmed WHO's commitment to supporting Uganda and the well-being of its people. She emphasized the importance of collaboration between WHO and the Ugandan government in addressing health challenges. “Together, we can tackle the root causes of health disparities and work towards a healthier future for all Ugandans,” she added.

Before her appointment in Uganda, Dr Mwinga served as the Director of Universal Health Coverage, Life Course Cluster, at the WHO Africa Regional Office in Brazzaville, Republic of Congo, from May 2021 to 14 January 2025.

In this role, she led WHO experts in improving health and well-being across different age groups through people-centered health systems aimed at achieving universal health coverage in Africa.

We are grateful for WHO’s unwavering commitment to assisting Uganda in its fight against various health threats, including infectious, communicable, and non-communicable diseases, as well as emerging health crises,

Hon Henry Oryem Okello, Minister of State for Foreign Affairs

Her work focused on placing women, children, adolescents, and older persons at the heart of health service delivery. She led teams supporting African Member States in strengthening health policy and planning, enhancing health financing systems, building a skilled and motivated health workforce, ensuring the availability of essential medicines and technologies, improving infrastructure, and establishing reliable information systems to monitor progress.

Hon. Oryem reaffirmed the government's commitment to working closely with WHO to achieve shared health objectives. He emphasized that effective partnerships are crucial for addressing the complex health challenges facing the nation and pledged the government's support to Dr Mwinga during her tenure.

Dr Mwinga brings over 30 years of medical and public health experience, having served in various roles across Africa and Asia. Dr Mwinga has held various WHO positions, including Acting WHO Country Representative in Eritrea (2015-2016), WHO Country Representative to Rwanda (2019-2021) and She was also WHO India Team Leader (2016-2019) for promoting health through the life course.

Additionally, she has worked as a paediatric specialist, honorary lecturer, and researcher in Zambia. Trained as a public health specialist and paediatrician, her leadership will be instrumental in guiding Uganda through its current health challenges and advancing universal health coverage.

Uganda celebrates graduation of field epidemiologists and laboratory leaders



Participants at the 9th graduation of public health field epidemiologists in Kampala

WHO, CDC, Uganda’s Ministry of Health, Makerere University, and partners celebrated the 9th graduation of public health field epidemiologists and the first cohort of laboratory leadership fellows. Held at the Uganda Public Health Institute, the ceremony marked Uganda’s continued investment in strengthening public health systems.

U.S. Ambassador William W. Popp applauded the graduates, calling them “disease detectives” on the frontlines of outbreak prevention. WHO Representative Dr Kasonde Mwinga underscored their vital role in health security and reaffirmed WHO’s support for public health workforce development.

The graduates were recognized for contributions to responses against Ebola and mpox. Speakers called on them to embrace innovation in addressing emerging health threats. The event highlighted Uganda’s progress in workforce development and resilience building through strong partnerships.

Mpox response in Uganda

Leveraging collaboration to **combat mpox** among Uganda's most vulnerable communities



A training session for most-at-risk population peers in Kampala district

As Uganda responds to an ongoing mpox outbreak, WHO and MARPI Clinic Mulago have partnered to prioritize inclusive, community-led interventions targeting Key Populations (KPs), including sex workers. With stigma and limited access to healthcare posing major barriers, the initiative focused on training 40 MARPI staff, 40 civil society managers, and 150 community peers to detect, report, and respond to mpox cases. Through trusted peer networks and digital tools like WhatsApp posters, suspected cases were quickly identified and linked to care. Community voices, such as Tracy and Ruth, highlight the life-saving impact of dignity-driven outreach. WHO emphasized that this model sets the foundation for sustainable, people-centered epidemic responses.

Uganda reflects on mpox outbreak response

The Ministry of Health, with WHO support, held a two-day Intra-Action Review (IAR) to assess Uganda's ongoing mpox response. With over 3,600 confirmed cases and 30 deaths across 102 districts, the IAR offered a timely platform to identify gaps, share best practices, and refine response strategies.

"The Ministry of Health has invested in building resilience and its rapid response to mpox and Ebola, while maintaining the provision of essential health services. This is a testament to strong leadership and effective response to the outbreak," she said. "WHO is committed to working closely with the government and partners to control outbreaks and support response efforts, which are vital in saving lives."

Led by strong national coordination and partner collaboration, Uganda's response has been marked by swift actions, digital surveillance integration, and cross-border cooperation. However, challenges persist, including logistical gaps, data fragmentation, and resource constraints.

To address these gaps, the team recommended strengthening coordination mechanisms, expanding technical guidance, and institutionalizing real-time partner tracking. Enhanced resource mobilization, improved surveillance, and decentralized laboratory capacity will help ensure timely outbreak response. A robust monitoring and evaluation framework, backed by high-level advocacy and funding alignment, will be essential for sustaining these efforts.



The national emergency medical team meeting at the mpox isolation unit in Nakasongola district

Uganda deploys **national emergency medical team** in mpox outbreak response

With support from WHO and USAID, Uganda's Ministry of Health deployed its national Emergency Medical Team (nEMT) to respond to the mpox outbreak affecting over 70 districts. Nakasongola, one of the hardest-hit areas, faced high case loads among fisherfolk and sex workers, with limited local capacity and no functional isolation units. The nEMT provided clinical care, strengthened referral systems, and trained over 90 health workers on case management and infection control.

A 24-bed field isolation unit was set up at Lwampanga Health Centre III—Uganda's first such facility built by local health teams. The nEMT also operationalized a 10-bed unit for complicated cases and delivered psychosocial support to affected communities. Between October and November 2024, 107 patients were managed in Nakasongola, with zero reported deaths.

In January 2025, the Ministry again requested WHO's support to deploy nine nEMT members to Entebbe Regional Referral Hospital, which had recorded 80% of national mpox deaths. Within days, the team reduced bed occupancy from 198% to 113%, with no new deaths reported.

Uganda's 149-member nEMT continues to play a critical role in emergency responses. The initiative, strengthened since 2021 with WHO and partner support, aligns with global efforts to enhance rapid, high-quality health response during crises.



Dr Elizabeth Mgamb, WHO Uganda mpox incident manager giving opening remarks at the mpox response intra-action review

The Ebola outbreak in Uganda demonstrates WHO's value in disease outbreaks

Disease outbreaks in Uganda are not a new phenomenon, with diseases of epidemic potential reported almost every year. From Ebola, Marburg, yellow fever, measles and cholera, to mention a few, the country has seen them all and, in the process, built a resilient health system capable of detecting and containing them in record time.

Take the Sudan virus disease (SVD), from the same family as the Ebola virus disease, declared on 30 January 2025 by Uganda's Ministry of Health (MoH) in the highly active and mobile Kampala city. In many instances, this would have sparked national outrage and panic, but the MoH was quick to assure national and international communities that the situation was under control and would be managed expeditiously.

Indeed, within just 72 hours of confirmation, the MoH, actively supported by World Health Organization (WHO), swiftly activated its response mechanisms, deploying a multidisciplinary team to all locations where the index patient had traversed to offer technical guidance to the various outbreak response pillars.

The results from these efforts were quick to show. By 19 March 2025, Uganda had discharged the last confirmed SVD patient from the treatment unit and successfully identified and followed up all contacts. This is not mean achievement given the epi center for this outbreak and is a clear statement on the strength of Uganda's health systems to detect and respond to a disease outbreak in a timely manner as recommended and guided by the international health regulations of which WHO is the principal custodian.

As of 31 March 2025, Uganda is on a 42-day mandatory countdown without a confirmed case to declare the end of SVD transmission. During this crucial period, WHO is diligently supporting the Ministry of Health to ensure that no potential chains of transmission are left undetected.

Based on WHO's prior technical support, national capacity to manage samples under strict biosafety and quality assurance was readily available. The laboratory teams based at the Uganda Virus Research Institute, and the Central Public Health Laboratories surpassed expectations given their professional handling and processing of samples despite the high numbers collected. "Quick turn-round time" was a term often used to refer to their work.

At the heart of the response was the courageous and well-drilled case management team equipped with tools, equipment and supplies that not only ensure safety of the health workers but also optimize clinical care for the admitted patients. To health workers' credit, only two patients out of the 12 confirmed and two probable patients succumbed to the disease with the rest successfully treated and safely resettled in their communities.

Yet, all successful disease outbreak responses are backed by adequate financial support to achieve the required timely results. In this response, WHO has so far mobilized and utilized US \$6.2 million. This funding, along with in-kind contributions of essential medicines, supplies, and equipment, has been pivotal in maintaining the flow of response operations.

WHO acknowledges all partners who have provided resources through the WHO Contingency Fund for Emergencies (CFE) to support the Sudan virus disease outbreak response in Uganda. These are: Germany, Norway, Ireland, Canada, France, New Zealand, Kuwait, Portugal, Philippines, Republic of Korea, Switzerland, Estonia and WHO Foundation. Additionally, WHO appreciates the generous contribution from the United Kingdom, Republic of Ireland, Health Emergency Preparedness and Response (HERA) - European Commission, IDRC, and African Public Health Emergency Fund (APHEF) to support WHO interventions.



Training on evacuation of Ebola patients at the Mulago Isolation Unit

WHO supports **Ebola screening** at Entebbe International Airport and key border points

To reinforce Uganda's readiness and response to the ongoing Ebola outbreak, the World Health Organization (WHO) has boosted screening measures at Entebbe International Airport with the provision of 20 electronic hand sanitization machines, 400 litres of drinking water, and 36 branded reflector jackets.

These resources will support traveller screening at the departure, VIP, and arrivals terminals, where temperature scanners are already in place to detect possible Ebola symptoms early and reduce the risk of disease spread.

This intervention is part of WHO's broader support to the Ministry of Health, including screening at 11 key border points across the country. By strengthening entry point surveillance, WHO and partners are working to detect, isolate, and respond to suspected cases quickly protecting communities and travellers alike.



The WHO team handing over reflector jackets to the Entebbe International Airport medical team

The **United Nations** launches an emergency appeal for Ebola response in Uganda

On 3 March 2025, the United Nations (UN) in Uganda launched a US \$ 11.2 million [emergency appeal](#) to support efforts to combat the Sudan virus disease (SVD) outbreak that was detected in the country in January 2025. The appeal is aligned with the government's three-month response plan on SVD.

"This emergency appeal in support of Uganda's response to Ebola presents joint actions planned by the UN Country Team in Uganda and eight humanitarian international non-governmental organizations (INGOs). The appeal is for USD 11.2 million, of which USD 4.6 million has been mobilized by UN agencies and international non-government organizations (INGOs) repurposing their available resources. I am hopeful that we will be able to close the gap, with support from partners," said Mr Leonard Zulu, the UN Resident Coordinator in Uganda.

According to Mr Zulu, the United Nations system is committed to supporting the government of Uganda in controlling and stopping the outbreak and commends the swift and transparent way the outbreak has been handled under the proactive leadership of the Ministry of Health.

WHO internally classified the SVD outbreak as a Grade 2 Emergency and released US\$ 2.5 million from its Contingency Fund for Emergencies (CFE) to immediately scale up its response. WHO personnel, both at national and sub-national level, have been mobilized to support the SVD response while at the same time ensure responding to the Grade 3 mpox outbreak. Support was provided to develop, launch, and disseminate the National Response Plan, and necessary advocacy, resource mobilization and partner coordination efforts to support its implementation have been initiated.

A WHO team was deployed to Mbale, Kampala, and Wakiso districts to provide the necessary technical assistance to teams on the ground. In addition to deploying surge teams across

coordination, surveillance, laboratory, logistics, infection prevention and control (IPC), risk communication and community engagement (RCCE), and case management pillars.

The government efforts on the randomized trial vaccines are being supported. The "TOKEMEZA SVD" vaccine trial was launched on 3 February 2025.

WHO is also supporting the establishment of isolation facilities at Mulago National Referral Hospital (84-bed isolation unit) and quarantine sites in Mbale and Kampala. This is in addition to providing operational and technical support for the SVD response in the affected districts, countering misinformation and enhancing community engagement.

In coordination with national authorities, the UN has activated a joint response involving WHO, UNICEF, WFP, and other agencies. Joint UN efforts are focused on disease surveillance, case management, infection prevention, and risk communication in seven very high-risk districts, with potential for expansion to other districts based on needs and resources. The goal is to rapidly contain the outbreak and address its impact on the health and social-economic life of the affected people.

WHO as the lead UN agency on health is coordinating response partners on behalf of the Ministry of Health. WHO also leads the surveillance, laboratory, strategic information, research, and innovation (SIRI), infection prevention and control (IPC) and continuity of essential health and social services (CEHSS) response pillars.

The UN acknowledges Uganda's strong national capacity and emphasizes the importance of public vigilance, calm, and adherence to health guidelines to contain the outbreak. The UN urges the public to support accurate information-sharing while maintaining daily activities with necessary precautions.

Uganda deploys the **National Emergency Medical Team** to support Ebola response

In response to the Ebola (Sudan virus disease) outbreak declared on 30 January 2025, the Ministry of Health (MOH), with support from the World Health Organization (WHO) and partners, deployed Uganda’s National Emergency Medical Team (nEMT) for the first time in an Ebola response. This milestone followed the diagnosis of a 35-year-old male nurse who succumbed to the virus after visiting multiple facilities across Kampala, Wakiso, and Mbale.

By 2 February 2025, nine cases had been confirmed across three districts, including one death and eight recoveries. In a swift response, 44 nEMT members were deployed—26 to Mulago National Referral Hospital and 18 to Mbale’s Ebola treatment unit—providing clinical care, training, and community engagement.

Within hours of deployment, the teams had set up isolation units and begun managing cases using national guidelines. They also provided mental health support and strengthened local referral systems. Their timely intervention has been credited with achieving a 100% survival

rate among all admitted patients during this outbreak, a significant improvement compared to the 47% mortality recorded in Uganda’s previous Sudan Virus Disease outbreak.

“This is a proud moment for the country. We had a fully trained, deployable team ready to respond,” said Dr Rony Bahatungire, Ag. Commissioner - Clinical Services.

The nEMT concept was initiated in December 2021 and has since expanded to include 149 trained professionals, aligned with the WHO Global EMT initiative. Supported by WHO and partners like the EU Humanitarian Aid Agency, Robert Koch Institute, and Malteser International, the nEMT has previously supported responses to Mpox and measles outbreaks.

“This deployment demonstrates the power of preparedness. National EMTs are essential to strengthening health security,” said Dr Michael Ryan, WHO Deputy Director-General.



Uganda trains community health workers from Kole, Mukono and Wakiso districts on **community-based approach to Ebola**

The Ministry of Health, with support from WHO and the UK Public Health Rapid Support Team (UK-PHRST), trained Community Health Worker representatives from Kole, Mukono, and Wakiso districts on community-based approaches to Ebola detection and management. The three-day training also contributed to the development of a national Ebola CHW curriculum.

Participants explored multi-sectoral strategies to address public health emergencies, emphasizing the critical role of community structures in early detection and response. The initiative aligns with WHO’s Health Emergency Preparedness and Response (HEPR) framework, which prioritizes community engagement in emergency preparedness.

Dr Dansan Atim from the Ministry of Health highlighted the need to integrate community-centred health approaches into national policies. WHO’s Dr Kai von Harbou and UK-PHRST’s Dr Claire Bayntun underscored the value of collaboration in strengthening local resilience and ensuring effective, context-specific interventions.



Sarah Naluyima: dedicated to **changing community behaviour** in response to the Ebola outbreak



Sarah Naluyima sensitizing communities in Kampala on the Ebola outbreak

Sarah Naluyima is a dedicated community health worker at the forefront of Uganda's Ebola outbreak response.

For 15 years, Sarah has worked in her community, raising awareness about various health issues. Today, her focus is on preventing the spread of Ebola, providing essential information to help protect her community.

Each day, Sarah visits schools, markets, and neighborhoods to educate people about hygiene, recognizing symptoms, and seeking medical help early. She is well-known and trusted in the community, and many people turn to her for the latest health advice. "The community trusts me because I've been working here for so long," Sarah says. Her long-standing relationships with the people are key to her success in delivering health messages effectively.

Sarah's impact is clear. She is often the first person the community turns to for information about Ebola. People rely on her knowledge and compassion to stay informed and safe. "I have built relationships over the years," she explains. "When I speak to them, they listen. They trust me." This trust allows Sarah to guide the community in adopting critical behaviors that can help prevent the spread of the virus.

One of Sarah's greatest strengths is her ability to communicate complex health messages in a way that resonates with her community. She understands the cultural nuances, strengths, and challenges that shape people's behaviors. With this understanding, Sarah delivers health information in a manner that is both relatable and practical. This approach is especially important in the fight against Ebola, as it ensures that people not only understand the message but are also motivated to act.

Despite the challenges of an outbreak, Sarah faces little resistance from the community. "People listen because they know my advice is for their own good," she says. This open communication has allowed her to dispel myths and clarify doubts, ensuring that people receive the right information. Her ability to connect with the community on a personal level makes her work even more impactful, allowing her to navigate the complexities of the health crisis with confidence.

Sarah's dedication to her work has been pivotal in the community's response to Ebola. Through her efforts, she has helped bring about positive behavior changes, such as increased handwashing, better hygiene practices, and a greater willingness to seek medical attention at the first signs of illness. "There's been a noticeable shift in how people respond to health issues," Sarah says. "They are more aware and more cautious now."

As the outbreak continues, Sarah remains at the heart of efforts to protect her community. Her work is essential to Uganda's ongoing efforts to contain Ebola. By educating people, building trust, and guiding behavior change, Sarah plays a critical role in the country's collective fight against the virus. Through her dedication and hard work, Sarah is helping to ensure a safer, healthier future for the people of Uganda.

Uganda declared an outbreak of Ebola on 30 January 2025. As of 10 March 2025, the country had recorded 12 confirmed cases and two deaths.



Sarah Naluyima sensitizing school children on the Ebola outbreak

WHO facilitates effective coordination in Uganda's Ebola response

One of the cornerstones of a successful response system to a disease outbreak such as the Sudan virus disease (SVD) is the effective coordination of partners. For this reason, this role is usually the preserve of the Ministry of Health (MoH), closely supported by the World Health Organization (WHO) as co-chair.

For the SVD outbreak in Uganda that was declared on 30 January 2025, MoH constituted the coordination team in just a few hours and immediately notified WHO as required under the International Health Regulations. Of course, experience from previous outbreaks was a major factor in the subsequent smooth flow of response processes.

The first coordination meeting in disease outbreaks matters significantly as it sets the tempo and rhythm for the entire response. Within 24 hours after the official notification, Dr Mike Ryan, the WHO Deputy Director-General and Executive Director of the Health Emergencies Programme, was in Uganda to support coordination and oversee the rollout of the response system. He arrived in the country on 31 January 2025 and met the MoH leadership and the humanitarian team the next day. His brief was to leverage WHO's extensive and tested technical guidance and expertise in coordinating a comprehensive, system-wide response to the Ebola outbreak.

On 1 February 2025, Dr Ryan and Dr Kasonde Mwinga, the WHO Country Representative, engaged the Ministry of Health strategic advisory committee (SAC), the highest decision-making body in the incident management system that leads coordination of response efforts and resource mobilization.

To augment the outcome from the SAC, the MoH and WHO convened strategic partners' meeting on 6 March 2025 to reassess the response strategies considering the evolving epidemiological trends. The outcome included re-strategizing, resetting priorities, mapping resources, and aligning partner interventions for the next 210 days of the response.

However, coordination is not done only at the national level, and it must be planned to ensure the participation of leaders, partners, and responders at the lower level, especially in the outbreak and hotspot districts. Therefore, on 7 February 2025, a high-level delegation comprising MOH and WHO officials met and engaged district, cultural, and religious leaders in Mbale district to enlist their support and participation in the response and boost community awareness of SVD. The delegation also engaged with frontline health workers, assessed the capacity of treatment facilities, and reviewed ongoing interventions to improve patient care and infection control measures.

The MOH and WHO high-level team held similar coordination visits and meetings in Fort Portal City on 18 March 2025 and Kampala Capital City Authority on 19 March 2025, engaging leaders, local partners, responders, and frontline health workers to devise and agree on containment strategies based on sound technical expertise.

As integration is one of the principles for disease outbreak response, the high-level delegation also assessed the Ebola isolation centres, the field laboratory, the treatment units at the regional referral hospitals, and the village health teams to assess readiness and the presence of the required materials, tools, and skills for efficient operation.

Other crucial activities undertaken by the response coordination teams include convening a high-level partners' meeting on 8 February 2025 to inform partners about the outbreak situation response and launch the national response plan, highlighting priority needs and gaps. Similarly, on 25-25 February 2025, a two-day Early Action Review (EAR) meeting was conducted, focusing on key enablers, delays, and recommendations for the national response.

For the UN personnel in Uganda, WHO coordination team hosted a town hall meeting, on 25 February 2025, for over 600 participants and provided them with current public health information on Ebola prevention and control. At the same time, the WHO team met representatives of the UN and diplomatic agencies in Uganda, on 27 March 2025, and agreed on the collective commitment to strengthening the response. The meeting served as a crucial platform to accelerate efforts and receive updates on partner mapping, resource mobilization, and utilization.

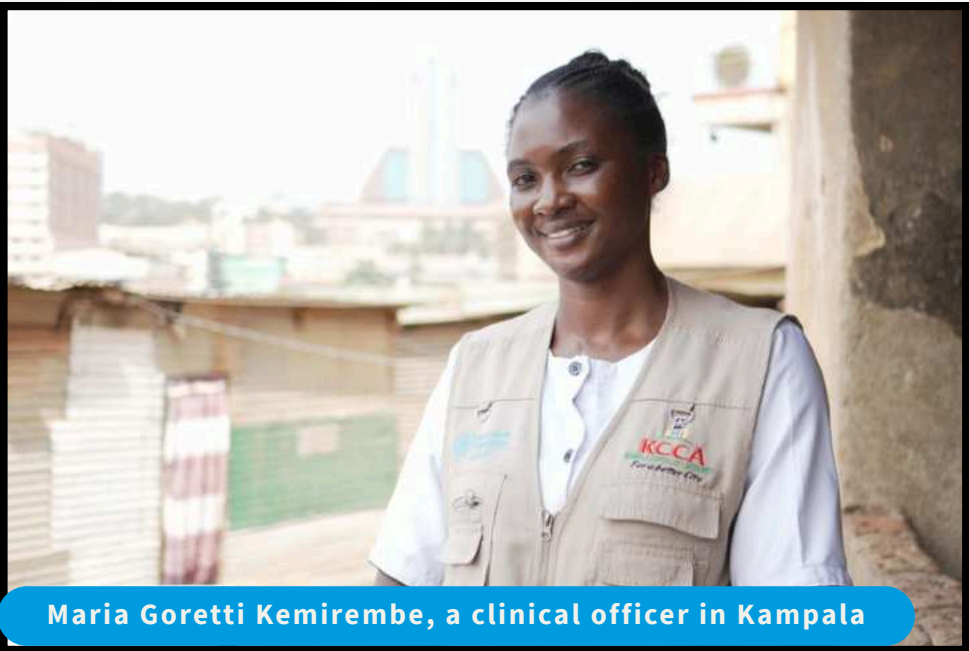
By 31 March 2025, 12 confirmed and 2 probable SVD cases had been detected and confirmed in Uganda. Of these, only two died in the Ebola treatment unit, a testament to the good patient care and treatment in this response. Following the full recovery and discharge of all confirmed cases, the focus has now shifted to sustaining active surveillance and ensuring the public remains alert and engaged in prevention strategies, meaning the national and local coordination teams still have more work to do.

WHO acknowledges all partners who have provided resources through the WHO Contingency Fund for Emergencies (CFE) to support the Sudan virus disease outbreak response in Uganda. These are: Germany, Norway, Ireland, Canada, France, New Zealand, Kuwait, Portugal, Philippines, Republic of Korea, Switzerland, Estonia and WHO Foundation. Additionally, WHO appreciates the generous contribution from the United Kingdom, Republic of Ireland, Health Emergency Preparedness and Response (HERA) - European Commission, IDRC, and African Public Health Emergency Fund (APHEF) to support WHO interventions.



A high-level Ebola response partners' meeting on 8 February 2025 convened in Kampala, Uganda

Maria Goretti Kemirembe: A clinical officer making a difference in Uganda’s public health landscape



Maria Goretti Kemirembe, a clinical officer in Kampala

From crowded marketplaces to remote villages, she moves tirelessly, speaking with families, dispelling fears, and emphasizing the importance of seeking care early and following preventive measures.

"In my work, I have seen how fear can drive people away from hospitals," Maria explains. "When people don't understand the disease or feel unsure about the healthcare system, they hesitate to report symptoms. That's why my role is to encourage early care and strengthen confidence in our health services."

Within hours of the Ebola outbreak official declaration on 30 January 2025, Maria was on the frontlines. She works with affected districts to ensure that critical information reaches every household, leading community dialogues and helping to establish early warning systems that ensures health workers track and manage cases more effectively.

Maria's impact extends beyond medical care; her ability to change attitudes towards disease prevention and treatment has saved numerous lives. Her presence reassures communities that they are not alone and that dedicated professionals are ready to support them during outbreaks.

Beyond Ebola, Maria has been instrumental in supporting various outbreaks, empowering communities with accurate information and advocating for stronger health systems that prioritize grassroots engagement.

The World Health Organization has been a key partner, collaborating with health workers like Maria to strengthen Uganda's emergency response and surveillance capacities, ensuring that frontline responders are well-equipped to combat threats like Ebola.

"For me, every outbreak is an opportunity to educate, empower, and build resilience," Maria says. "Outbreaks will come and go, but the trust we build in our communities will have a lasting impact."



Maria Goretti Kemirembe interacting with colleagues

In Uganda's ongoing fight against mpox and Ebola outbreaks, a few names have stood out for their exceptional dedication and resilience. Kemirembe Maria Goretti is one such individual.

For 10 years, Maria has been a driving force in Uganda's public health landscape, committed to empowering communities with the knowledge and resources they need to protect themselves against disease outbreaks. As a health worker, she has been at the forefront of numerous public health challenges, building confidence, promoting early detection, and strengthening community engagement.

Since the emergence of Ebola, Maria's role has become even more critical. She has worked tirelessly to raise awareness, encourage early symptom reporting, and bridge the gap of trust between the public and healthcare systems.

In emergencies, such as an Ebola outbreak, fear and misinformation spread rapidly, making it challenging to implement effective control measures. Maria has been a pillar of strength during these times, understanding that an effective outbreak response is about medical interventions, but also clear communication and building trust within communities.



Maria Goretti Kemirembe sensitizing a community member on Ebola

“When people don't understand the disease or feel unsure about the healthcare system, they hesitate to report symptoms. That's why my role is to encourage early care and strengthen confidence in our health services.”

WHO, partners launch national sanitation week in Uganda

World Health Organization (WHO) joined the Ministry of Health and other Water, Sanitation, and Hygiene (WASH) stakeholders in Uganda to launch the 2025 National Sanitation Week under the theme “Sanitation for Dignity and Inclusiveness.” The launch took place in Katanga, on the outskirts of Kampala city.

During the sanitation week, stakeholders will engage in various activities to raise awareness about the importance of sanitation and promote best practices. These activities will include community clean-up campaigns and educational workshops, among others. The WASH partners will work closely with local leaders, schools, and community organizations to reach different communities nationwide.

This will help prevent the spread of diseases such as cholera, diarrhea, and typhoid, and improve the overall health and well-being of communities.

Health Minister Dr Jane Ruth Aceng Oceru urged communities to take charge of their sanitation to prevent diseases. To symbolize the launch, Dr Aceng, alongside other guests, including WHO Programme Management Officer Dr Suraj Man Shrestha, planted symbolic trees.

Other activities included a mass cleaning exercise of the surrounding community and free TB screening.

Sanitation is a fundamental human right and a cornerstone of public health. Access to clean and safe sanitation facilities is crucial for maintaining health, preventing disease, and promoting dignity. However, poor WASH conditions still account for more than one million diarrhoeal deaths every year globally and constrain effective prevention and management of other diseases including malnutrition, neglected tropical diseases and cholera.

According to the 2021 Uganda Bureau of Statistics National Service Delivery report, domestic waste was the most generated type of waste in Ugandan communities, accounting for 53%.

WHO remains committed to supporting governments and partner-led activities geared towards improving sanitation. “We call upon all Ugandans to take responsibility for their sanitation and work together to create cleaner, healthier communities. Let us embrace the spirit of inclusiveness and ensure that no one is left behind,” said Dr Shrestha.



Dr Suraj Shrestha, WHO Uganda Programme Management Officer (L) planting a tree to launch the sanitation week in Kampala

World Tuberculosis Day 2025: Uniting to end TB in Uganda

As Uganda commemorates World Tuberculosis Day, we pause to reflect on the immense burden that tuberculosis (TB) continues to place on individuals, families, and communities. Despite being a preventable and treatable disease, TB remains one of the leading infectious killers worldwide, claiming millions of lives each year.

In Uganda, the situation is alarming, with an estimated 96,000 people falling ill with TB annually. In 2023, approximately 86,000 TB patients were diagnosed, leaving about 10,000 cases undetected and untreated allowing continued transmission within communities. Behind these numbers are real people: mothers, fathers, children, and breadwinners whose dreams are interrupted by TB.

Tuberculosis thrives where there is poverty. It is not only a health crisis but also a significant socio-economic challenge, disproportionately impacting the most vulnerable populations. Driven by factors such as overcrowded conditions, undernutrition, diabetes, HIV, alcohol use, and smoking, along with insufficient social protection, the TB epidemic remains severe, and the costs of TB treatment further deepen cycles of poverty and economic vulnerability.

This World Tuberculosis Day, the theme “Yes! We can end TB!” serves as both a rallying cry and a reminder that achieving a TB-free world is within our reach.

It requires sustained political will, robust financing by government increasing domestic funding for TB, and relentless collaboration across sectors. It demands that we strengthen our community and health systems to ensure early diagnosis, effective treatment, and support for patients throughout their recovery journey.

As WHO, we applaud Uganda’s efforts to expand access to TB screening, diagnostics, treatment, and prevention including up-to-date tools for rapid and accurate testing. However, to accelerate progress, we must scale up these interventions.



A lady being prepared for a chest xray during a medical camp



Health development partners in Uganda attending their 2025 retreat at the WHO Uganda country office

Health development partners unite to boost coordination in Uganda's health sector



Health development partners standing outside the WHO Uganda country office after their 2025 retreat

The Health Development Partners (HDP) retreat convened key stakeholders on 4 February 2025 at the WHO Uganda country office to strengthen alignment, coordination, and financing strategies in the health sector. The retreat placed strong emphasis on integrated responses to ongoing challenges, notably the Ebola virus disease outbreak.

Ministry of Health Permanent Secretary Dr Diana Atwine urged partners to prioritize integration and rapid, collective action. WHO Uganda Representative Dr Kasonde Mwinga and WHO Health emergencies lead Dr Mike Ryan echoed the call for enhanced collaboration, praising Uganda's response efforts and underscoring the role of joint action in saving lives.

Discussions covered financing gaps, national health priorities, and the need to streamline partner engagement for efficiency and impact. WHO encouraged partners to invest in primary health care, share data transparently, and engage other sectors for a stronger, unified health system.

Uganda and WHO partner to strengthen **medical product regulation**

Uganda is advancing efforts to strengthen its pharmaceutical regulatory systems through a high-level partnership with World Health Organization (WHO). A mission 21 January 2025 by WHO's Regulation and Prequalification Department reviewed Uganda's progress toward achieving Maturity Level 3 (ML3), a key milestone for effective and stable regulatory systems.

The mission, led by Dr Rogério Gaspar and supported by WHO's African Regional Office, brought together the Ministry of Health, National Drug Authority (NDA), and partners to assess Uganda's Institutional Development Plan. Key priorities include improving oversight, boosting local production, and aligning with regional standards.

Health Minister Dr Jane Ruth Aceng and NDA Chairman Dr Medard Bitekyerezo reaffirmed Uganda's commitment to regulatory excellence. WHO pledged continued technical support to help Uganda achieve ML3 status and enhance access to safe, quality-assured medicines.



WHO's Dr Rogério Gaspar meeting medical product regulation stakeholders during a visit to Uganda

Scaling up non-communicable diseases care: WHO and Ministry of Health train **primary health workers** in four districts

To combat the rising burden of diabetes and cardiovascular diseases (CVDs) in Uganda, the Ministry of Health (MoH), in collaboration with World Health Organization (WHO), on 17-21 March 2025 trained primary healthcare workers in Sembabule, Kabale, Lira, and Koboko districts. The initiative falls under the D-Card Africa Project, a regional effort aimed at strengthening the prevention and management of noncommunicable diseases (NCDs) at the primary healthcare level.

The five-day intensive training focused on equipping health workers with essential knowledge and skills to effectively screen, diagnose, and manage diabetes and high blood pressure. The goal: to improve patient outcomes, reduce complications, and ultimately decrease premature mortality from NCDs in line with Sustainable Development Goal (SDG) target 3.4.

By enhancing frontline capacity, the project is helping build resilient, people-centred health systems that prioritize early detection, effective treatment, and long-term disease management. This intervention is a significant step toward integrating NCD care into Uganda's primary healthcare services and ensuring no one is left behind.



A training session in Sembabule district



WHO Uganda's non-communicable disease officer Dr Hafisa Kasule interacting with two of the trainers

Uganda receives over **two million malaria vaccine doses** to boost child protection



WHO Representative Dr Kasonde Mwinga (L) and Health Minister Dr Jane Ruth Aceng (R) displaying some of the malaria vaccine doses

On 7 March 2025, Uganda received 2.278 million doses of the malaria vaccine, marking a significant milestone in efforts to reduce illness and death among children under five.

This achievement was made possible through the collaborative efforts of the Ministry of Health, WHO Uganda, UNICEF Uganda, Gavi, the Vaccine Alliance, The Global Fund, and other key partners.

Starting 2 April 2025, children in high-burden districts will begin receiving the life-saving vaccine, which will complement existing malaria control interventions such as mosquito nets, indoor spraying, and effective treatment.

This marks a powerful commitment to ensuring every child is protected from preventable diseases and brings Uganda closer to achieving universal health coverage and malaria elimination goals.

Breaking barriers: Sindrella Anna Ayo's journey as a female driver



Sindrella Anna Ayo behind the wheels

Sindrella Anna Ayo, 35-year-old driver at the World Health Organization (WHO) Uganda Country office, has become a beacon of inspiration in a profession traditionally dominated by men. She has successfully carved out a space for herself, challenging stereotypes and proving that women can excel behind the wheel. Her journey is one of determination, resilience and breaking barriers.

Trained as a nurse and social worker, Sindrella switched careers in 2014, motivated by her husband and the desire for financial independence. In 2022, she joined WHO as the only female among 14 applicants. Her journey has been marked by resilience in the face of stereotypes and social misconceptions.

Balancing her job, studies in public administration, and family life, Sindrella makes weekly 300km trips to Lira to attend university and check on her children. She believes modern drivers must possess skills in logistics, administration, and IT to stay competitive.

Sindrella's professionalism, courtesy, and dedication have earned her wide respect. With aspirations to work abroad and inspire more women, she continues to challenge societal norms and redefine what's possible for women in the transport sector.

From Kabul to Kitgum: A journey of hope and resilience

In the war-torn streets of Kabul, bombed-out buildings stood as stark reminders of a life disrupted. Families, including one young boy's, struggled to rebuild amidst the chaos. For this boy, survival was not the only battle; his greatest fight was for an education.

School was a fragile promise. On some days, there were no classrooms—just open spaces where children sat on the dirt, balancing books on their knees. Other days, the threat of violence kept them at home. When they did manage to attend school, they faced a shortage of teachers and materials. Yet, they held onto hope. Hope that education could be their escape. Hope that someone, somewhere, believed in their potential.

That belief came from the United Nations and international organizations. These entities stepped in, providing books, rebuilding classrooms, and most importantly, instilling the belief that these children's futures mattered. Thanks to their efforts, the boy completed high school and graduated from Kabul Medical University in Afghanistan.

Decades later, this boy, Amran Mohammad Yosuf, found himself on the other side of the story—now working with World Health Organization as a technical officer in the Uganda country office. His work takes him across borders, from one emergency to another. It was in Kitgum, northern Uganda, that his past and present converged.

While in Kitgum last year, Yosuf visited a school where children sat on the ground, just as he once had. There were no desks, no proper classrooms—only the children's unwavering determination to learn. The sight struck a deep chord within him. In their faces, he saw his younger self: a boy with dreams far bigger than his circumstances.

This experience highlights a profound truth; experience shapes not only who we are but also how we serve others. His journey had come full circle. He was no longer just a doctor or a health professional; he was someone who had once sat in the same dust, felt the same hunger for opportunity, and known the impact of compassion from strangers.

Empathy, he realized, is crucial in global health. Data and strategies are important, but they mean nothing if the human beings behind them are forgotten. He knew firsthand what it was like to be on the receiving end of international aid—not as a statistic, but as a child whose life was



Amran Mohammad Yosuf, Technical Officer at WHO Uganda

transformed because someone cared enough to act.

This is why organizations like WHO and the UN must continue their work. They are not just responding to crises; they are shaping futures. Yosuf's life was living proof of that.

But this story is not just about Yosuf. It is about every child in Kitgum, in Kabul, and in countless other places where potential waits to be nurtured. Their futures depend on whether the world chooses to invest in them or turn away.

The global community cannot afford to turn away. Continued support for WHO, the UN, and other organizations fighting to give children a chance is essential. Every act of support—no matter how small—does not just change lives. It creates doctors, leaders, and changemakers who will one day stand where Yosuf stands today.

Because sometimes, the children invested in today will be the ones who shape the world tomorrow.

WOMEN'S DAY commemoration:

Honouring the women behind health impact

Here in Uganda, the incredible women of WHO Uganda lead by example serving as doctors, epidemiologists, logisticians, programme, administration officers and more. Their dedication and compassion are helping to transform lives and build stronger, more resilient communities.

In a special message shared to mark the 2025 Women's day, they reflected on their journeys, the challenges they've overcome, and their hopes for a healthier, more equal future. These voices are not only a celebration of progress they are a call to action to dismantle systemic barriers and invest in women-led health solutions.

Women lead with compassion, innovation, and resilience across the country. Together, let us continue to invest in women and girls not just on International Women's Day, but every day.



The incredible women of WHO Uganda country office



The WHO ladies cutting the Women's Day cake



The WHO ladies sharing a light moment

The power of partnerships

We extend our sincere appreciation to all our partners who have contributed to our work in supporting the Government and the people of Uganda. We rely on your continued support and collaboration in ensuring the continuity of essential health services, improving the health and well-being of people, and responding to the most urgent needs of the health sector. We can only meet our goals through the power of partnership.



WHO Deputy Director General, Dr Mike Ryan (First right) and WHO Uganda country office team visiting the Mulago National Referral Hospital Ebola isolation unit during the Ebola outbreak

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