



REPORT ON IMPACT OF EBOLA ON HIVE SERVICES IN MUBENDE AND KASANDA DISTRICTS

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National Forum of People Living with HIV and AIDS (NAFOPHANU)

National Forum of People Living with HIV/AIDS Networks Uganda (NAFOPHANU) was established in May 2003 with a country wide mandate as an umbrella organization for People Living with HIV (PLHIV) to provide a systematic and all-inclusive coordination structure for PLHIV networks, associations and support groups in order to play advocacy, policy and decision-making roles in the HIV & AIDS partnership. NAFOPHANU as a key player that brings together PLHIV networks in Uganda has presence in 135 districts. It is a recognized National Umbrella for PLHIV networks with membership of over 30 NGOs and CBO's for PLHIV.

UNAIDS has worked with NAFOPHANU since its inception in 2003 but started direct funding to the organization in 2013 and since then, almost every year of after one year , UNAIDS works closely with NAFOPHANU as the National Umbrella for PLHIV networks in the country to push the UNAIDS global agenda on Ending AIDS by 2030.

Background to the survey

Ministry of Health (MoH) declared the 8th outbreak of Ebola Virus Disease (EVD) caused by the Sudan Virus strain (SVD) on 20 September 2022. According to the WHO Risk Assessment and Grading, the EVD outbreak is high at national-Grade 02. Of the total reported cases, women and girls account for an estimated 60 %; children account for over 35%; and the mean age is 27 (range 1-60 years). The first case was Madudu sub-county in Mubende district, the epicenter of the outbreak, first time in more than a decade that Uganda reported an outbreak of the Sudan Ebola virus. Key statistics

- A total of 142 confirmed cases
- Recoveries among confirmed cases were 87
- Case Fatality Ratio (CFR) among confirmed cases was 55/142 (39%).
- 19 healthcare workers (HCWs) were affected with 7 (9%) deaths reported
- Total of 4,793 contacts were listed and followed up during this outbreak

Cases by district

District	Mube nde	Kyege gwa	Kasa nda	Kag adi	Masa ka	Wak iso	Jin ja	Kamp ala	Bunyang abu	Tot al
Cases	64	04	49	01	01	04	01	16	01	142
Recove ries	38	03	26	00	00	03	00	16	01	87



Rationale:

As per the WHO Risk Assessment, the current Ebola outbreak is affecting more women and girls, indicating the urgent need to support women, girls, and children by providing evidence based and tailored risk communication to communities who are most at risk. As well, the Ebola virus is known to stay active in the semen of a recovered previously infected man for around 6 months to 1 year, posing significant risks to their sexual partners and/or client sex workers.

Another challenge is that suspect and confirmed cases are visiting traditional healers with perception of getting cured and healed by the traditional healers. A Case was sighted where a 45-year-old man lost his relatives due to the belief that traditional healers will treat and cure them from Ebola, In the recent address from the President of Uganda traditional healers have been ordered to stop traditionally treating Ebola sick people but refer them to health care centers in an effort to halt it's spread. <https://gulfnews.com/world/africa/uganda-leader-cracks-down-on>. There is also a high-level concern about the out-break crossing borders due to the very high movement of long distance and short distance transport. This movement exposes the most vulnerable, including sex workers encountering truck drivers and boda boda riders. To respond to the out-break and to make sure that the targeted populations know about prevention of Ebola, including the possible sexual transmission of Ebola virus from unprotected sex, Uganda must have the community at the center of this response and strengthen knowledge on prevention ,capacity of communities to collect, analyse, interpret, and disseminate information on Ebola; advocate for improvement in service delivery gaps; and monitor implementations of agreed action points and solutions in affected districts. Communities must generate and make evidence available

Generate and make evidence available (from the service recipient perspectives) on availability, accessibility, affordability, acceptability, quality, awareness, and appropriateness of Ebola services in the targeted districts of Mubende, Kasanda, Kampala, Wakiso and Kagadi . This will also involve collecting service recipients' perspectives on mechanisms of accessing Ebola treatment services that would eventually lead to increased access to and utilization of services.

Uganda has an estimated 1.4 million PLHIV out of which 1.2 million on treatment. As per the WHO assessment, the most likely scenario is for the outbreak to spread beyond the current 7 districts to an estimated 21 districts (3 health regions), as we have seen from the COVID-19 pandemic, this situation could cause discontinuation of services such as HIV prevention, HIV treatment, VL test, PMTCT, EID among other essential and basic health care. Therefore, it is

vital that UNAIDS supports communities living with HIV and at risk of HIV to ensure that prevention and treatment continuity work is on-going, particularly to KPs, women, girls, and children and also utilize the same structures of PLHIV and those affected to integrate the Ebola response in their community led monitoring engagements.

If we are to fight Ebola epidemic just like the way HIV was fought in the early 90' and 200's community of affected and Ebola survivors must led the way . Communities have always been the backbone of responding to pandemics and epidemics at every level, from national to community. They can mobilize, analyze gap and advocate for effective action by informing the local, national, regional and international responses regarding communities needs . They also advance the realization of human rights and gender equality and support the accountability and monitoring of the responses. Learning from HIV, Communities have given a voice to people who are often excluded from decision making processes, accessing services, and accountability for those services. Effective community-led HIV responses have adequately resourced and supported communities to play their vital roles as equal, fully integrated partners in national systems for health and social services.

A similar approach would like to be adopted for the Ebola response to use the already existing networks of people living with HIV in the targeted five districts (Wakiso, Mubende, Kasanda, Kagadi and Kampala as a metro polytan) to work with Ebola survivors and sensitize communities on Ebola Prevention, collect information from communities on the challenges and gaps that stop people from accessing health care related services from hospitals, analyze that information and bring it to the attention of decision makers through advocacy.

National Forum of People living with HIV and AIDs is soliciting for financial support from UNAIDS Uganda to mobilize communities of PLHIV and survivors of Ebola to sensitize communities about the dangers of Ebola virus, collect information from the communities in accessibility and availability plus advocating for changes with decision makers.