Bundibugyo EVD Coordination & Leadership Structures 2026

Presented to EMS ECHO Session

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Outline

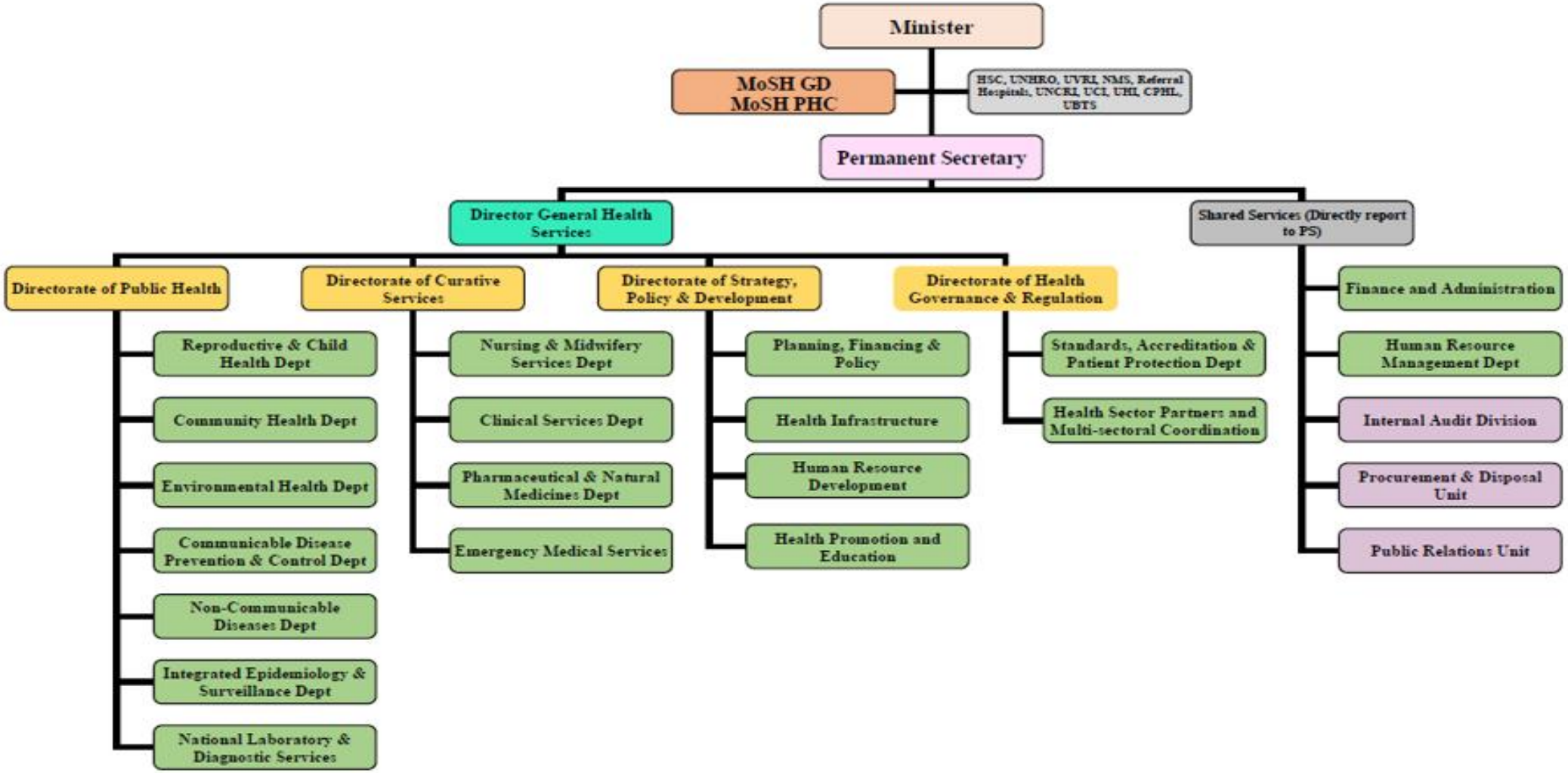
What We Will Cover

- Introduction
- Leadership hierarchy
  - MOH
  - NTF
  - Pillars National & Continental
- Activation of the IMS
- Summary of the current statistics
- Why does Uganda succeed?

Leadership – current leadership structures

- **National Task Force**
  - Strategic Committee
    - Scientific Advisory committee
    - **Top technical Advisory committee**
- **PHEOC - IMT**
  - **Pillars – operational structures of the response**

MOH Organogram



National Level coordination

- The National Task Force (NTF) - technical strategic coordination Committee for epidemic preparedness and under **Office of the Prime Minister (OPM)**
- **NTF may be escalated to the OPM** and **Cabinet levels** for national guidance depending on the grade of the event
- BUVD is NTF leadership is at Cabinet Levelheaded by **H.E the Vice President**
- The NTF is comprised of membership from various institutions/departments/divisions
- MOH Departments (seen in MOH organogram)
- Other institutions include Uganda Virus Research Institute (UVRI), Butabika National Referral Hospital and Mulago National Referral Hospital (MNRH)

NTF Membership cont'd

- MoH affiliated institutions include PHEOC) and PHFP

- Other government ministries and departments include; OPM, MWE, MAAIF, UWA, MoES, MoFPED, MoD, MoWT, Mining Authority, and other relevant line ministries or departments
-
- Health partners include WHO), US CDC, Africa CDC, MSF, UNICEF, USAID, AFENET, Uganda URCS, Food and UN FAO, SEED Global Health and others

- The **DGHS** is the **chair** of the NTF and the **WHO** Country **Rep**resentative as **co-chair, &** sometimes **Director of Animal Resources** (zoonotic outbreaks)

PUBLIC HEALTH OPERATION CENTRE

- The PHEOC supports coordinated response operations using the principles of the Incident Management System (IMS)
  - Under IMS, the DGHS assigns operational control of an incident to an **Incident Manager (IM)**

- The IM is designated to lead the **IMT** and will have the overall responsibility for assembling and providing consolidated information relevant to the management and control of the outbreak

- The IMT is operationalized through Pillars. For this response there are 8 active pillars. Pillars range from 7-14 depending on the Authority

Pillars – Operational structures of the IMT (National level)

- Pillar 1 - Coordination
- Pillar 2- Surveillance
- Pillar 3 - Laboratory
- Pillar 4 - Case management
- Pillar 5 - Risk Communication and Community Engagement
- Pillar 6 - Logistics
- Pillar 7 - Continuity of Essential Health Services
- Pillar 8 – Security support

Sub-pillars 1

- Coordination (Strategic Management Committee) – No sub-pillar
- Surveillance with the following sub pillars (7)
  - Data Management
  - Points of Entry (POEs)
  - Active Case Search (Facility based surveillance)
  - Event-Based Surveillance/Mass Gatherings
  - Alert management and Rapid Response
  - Contact Tracing and Case Investigation
  - Quarantine Management
- Laboratory with the following sub-pillars (2)
  - Sample collection and transportation
  - Laboratory Testing

Sub-pillars 2

- Case management with the following sub pillars (6) (9)
  - Infection Prevention and Control (IPC)
  - Clinical Care and management
  - Emergency Medical Services (EMS)
  - Mental Health and Psychosocial Support
  - Nutrition Support
  - EVD survivors
  - *Safe and Dignified Burial (SDB)*
  - *Water, Sanitation and Hygiene (WASH)*
  - *Therapeutics*

Pillar and its sub-pillars 3

- Risk Communication, Community Engagement and Social Mobilization with the following sub pillars (6)
  - Community Engagement like house-to-house communication by village health teams (VHTs)
  - Risk Communication
  - Social Mobilization including Call Centers, engagement of Opinion leaders
  - Public Awareness for electronic Media, Social Media, Mainstream media and IEC materials, Public Relations Officer (PRO)
  - Health Promotion for message generation, rumor monitoring, evidence generation and demand generation
  - Mass gathering – Ensure observance of SOPs for Mass Gathering – Indoor and outdoor based on statutory instrument S.I No.46 & S.I No 47 Public Health Control of Ebola Disease

Pillar and its sub-pillars 4

- Logistics and medical countermeasures with the following sub pillars (3)
  - Fleet management
  - Nonmedical logistics e.g stationery, tents, electronics and furniture
  - Medical logistics e.g drugs, sundries, devices and medical equipment

- Continuity of Essential Health Services (4)
  - Health Promotion, Environmental Health, Disease Prevention and Community Health Initiatives, including epidemic and disaster preparedness and response
  - Prevention, Management and Control of Communicable Diseases
  - Prevention, Management and Control of Noncommunicable Diseases
  - Reproductive, Maternal, Newborn, Child and Adolescent Health

Pillars at Continental level (Africa CDC coordination mechanism)

- Pillar 1: Coordination, Leadership and Governance
- Pillar 2: Risk Communication and Community Engagement
- Pillar 3: Surveillance and Epidemiology
- Pillar 4: Laboratory Systems and Genomic Sequencing
- Pillar 5: Case Management and Clinical Care
- Pillar 6: Infection Prevention and Control (IPC), WASH and Safe and Dignified Burials
- Pillar 7: Research and Knowledge Management and Access to Medical Countermeasures
- Pillar 8: Operations Support, Logistics and Workforce Deployment
- Pillar 9: Continuity of Essential Health and Social Services and Community Health Systems
- Pillar 10: AI analytics and threat assessment
- Pillar 11: Preparedness and Readiness
- Pillar 12: One Health
- Pillar 13: Humanitarian Response and Service Delivery
- Pillar 14: Prevention & response of Sexual Exploitation, Abuse & Harassment (PSEAH)& Safeguarding

Pillar 1 Coordination and Leadership - Roles

- **Strategy:** Ensure a well-coordinated, rapid, and effective response by mapping and engaging all relevant partners at the national and sub-national levels. Establish strong leadership at both national and district levels through the activation of task forces and effective coordination of response efforts. Facilitate efficient decision-making, resource mobilization, and inter-agency collaboration for a unified response
- **Activities:**
- Map and coordinate partners at national and sub-national levels, including updating the 4W partners matrix to ensure a robust, rapid, and effective EVD response.
- Activate task forces in high-risk districts together with the national and district rapid response teams.
- Facilitate national pillar task force meetings
- Facilitate district task force and pillar meetings
- Coordinate early action reviews and document to evaluate the response efforts

Pillar 2 Surveillance

- **Strategy:** Build a robust surveillance system that ensures early detection, investigation, and contact tracing. Implement effective active surveillance and case investigation activities to identify and report potential EVD cases swiftly. Engage local leadership and health workers in surveillance and alert management to ensure community-based monitoring.
- **Activities:**
- **Case Investigation**
  - Print and distribute case investigation forms, SOPs, community and health facility EVD case definitions, and other relevant guidelines.
  - Mentor health workers on mortality surveillance
  - Mobilize and mentor sub-county and parish chiefs to conduct community death identification, notification, and reporting
- **Contact Tracing –** Each patient has contacts who should be identified and managed
- **Active Surveillance** through active case search **–** Follow of patients who meet the case definition

Surveillance 2

- **Points of Entry (POEs) –** West Nile, Rwenzori, Kigezi, Entebbe
  - Screening of persons for disease of public health concern
- **Quarantine**
  - Identify contacts and ensure safe quarantine and disease monitoring.
- **Alert Management;**
  - Orientation of district surveillance teams and regional PHEOCs and district staff in EVD alert management
  - Conduct POPCAB activities in high-risk districts
  - Orientation of border health teams.

Pillar 3 - Laboratory

- **Strategy:** Ensure that laboratory capacity is strengthened to support effective sample collection, transportation, and testing.
- **Activities:**
  - Review and update lab stock for testing and sample collection.
  - Deploy standby vehicles for emergency activation of the sample transport system in high-risk districts (20 high risk districts) for the index case.
  - Apportion EVD sample collection materials, PPEs, and case investigation forms.
  - Conduct re-orientation on sample management for lab rapid response teams in high-risk districts.
  - Activate district rapid response teams to conduct sample collection and shipping.
  - Conduct risk assessment, sample remnant retrieval, and decontamination in labs that handled the index case.

Pillar 3 - Laboratory – Activities 2

- Assess the deployment of the Mobile Lab in the very high risk DRC border districts.
- EVD laboratory capacity building:
  - physical orientation of technical and non-technical staff on sample and results management, IPC, biosafety, and biosecurity with equipment decontamination.
- Virtual training of laboratory staff in 136 districts and cities
- Conduct EVD testing, results management, and link the mobile lab into the RDS
- Emergency sample transport and testing, including procurement of materials
- Facilitate sample collectors and preposition sample collection materials and PPE

Pillar 4 - Case Management

- **Strategy:**
  - Provide comprehensive case management that ensures prompt treatment and effective care for suspected, probable, and confirmed EVD patients. This includes deploying case management teams, ensuring timely IPC measures are in place, and providing survivors with necessary follow-up care and support
- **Activities:**
  - Deploy rapid case management surge teams to support HCWs in isolation units
  - Conduct rapid orientation on IPC and case management at the district level
  - Provide case management for admitted patients
  - Provide home decontamination and discharge packages for survivors
  - Support case management teams at the district level

4.2 Infection Prevention and Control

- **Strategy:**
  - Ensure robust infection prevention and control (IPC) practices are in place across healthcare settings, including the provision of necessary PPE, disinfection protocols, and staff training. Strengthen WASH interventions to reduce the risk of transmission in affected areas and healthcare settings.
- **Activities:**
- Waste management at isolation and quarantine sites
- Deploy IPC surge teams to support RING IPC and IPC for clinical care.
- Procure assorted IPC commodities (e.g., disinfectants, PPEs).
- Print job aides materials for healthcare workers.

4.3 Mental Health

- **Strategy:**
  - Ensure that mental health and psychosocial support (MHPSS) services are integrated into the EVD response to provide psychological care for both patients and communities. Equip responders with the tools to handle the psychological effects of the outbreak and provide support for survivors and their families.
- **Activities:**
  - Provide MHPSS interventions such as psychological first aid and counseling.
  - Train responders in psychosocial care.
  - Identify and deploy counselors at isolation, quarantine, and community levels.
  - Engage in community sensitization and mobilization for prevention and treatment measures.
  - Provide childcare and protection services and engage spiritual groups for support.
  - Conduct home visits to survivors and their families and facilitate family support group dialogues.
  - Conduct health education talks, individual client counseling, and group sessions.
  - Provision of condoms and conduct serial viral testing.
  - Support research teams

4.4.Emergency Medical Services (EMS)

- Strategy: Timely and safe evacuation of contacts, suspects, and confirmed cases of EVD to designated sites.
- **Activities**
  - Strengthening EMS leadership and governance structures for response to Ebola outbreak across regional and district levels of health service delivery
  - Develop dedicated human resources for EBV emergency care – Recruit & train surge stuff for EMS
  - Conduct drills to sharpen skills for the EVD EMS staff
  - Preposition ambulance teams for evacuation of contact cases (high risk, moderate risk & low risk) and suspect cases from the community to quarantine centres and ETUs
  - Establish a centralized medical emergency call & dispatch system interlinked with the Alert management system - Surveillance
  - Strengthen research in emergency care across the EVD Evacuation care chain
  - Plan for essential medical products and technologies for delivery of EMS. Procure and preposition drugs, medical supplies, and equipment for pre-hospital care of EVD patients
  - Provide prehospital care to contacts, suspect, probable and confirmed EVD cases

4.5.EVD Survivor Program

- **Strategy:**
- Establish comprehensive survivor care programs, focusing on the physical, mental, and social needs of EVD survivors. Ensure long-term follow-up care, including medical support, psychosocial services, and community reintegration efforts.
- **Activities:**
  - Set up and functionalize coordination structures for the EVD Survivor Program.
  - Hold quarterly meetings for the program, focusing on achievements, challenges, and lessons learned.
  - Update, print, and disseminate standards, guidelines, and data tools.
  - Train health workers on long-term follow-up survivor guidelines and conduct M&E activities.
  - Monitor survivors' care and track referral pathways.
  - Document survivor stories and their communities.
  - Establish and operationalize survivor clinics at multiple locations.
  - Provide routine biochemistry and hematology tests for survivors.
  - Develop testing capabilities for regional centers.

Pillar 5 - Risk Communication & Community engagement

- **Strategy:**
  - Create strong public awareness and behavior change communication strategies to inform communities about the EVD outbreak. Engage in proactive social mobilization and utilize all health promotion resources and channels to ensure that public health measures are accepted and adhered to.
  - Building trust through effective engagements and community feedback mechanisms to ensure better prevention, early detection, and case management.
  - Activate the Community Engagement Rapid Response Team
  - Ensure safe Mass Gatherings
- **Activities:**
- Public health awareness activities through use of multi-channels, and multi-discipline professionals.
- Community based social mobilization efforts through use of film vans, community audio towers, digital trucks and other community resources.

Pillar 5 - Risk Communication & Community engagement 2

- Stakeholder engagements with a focus on health workers, religious leaders, cultural leaders, traditional leaders, the private sector, public transport actors among others.
- Capacity building of Community Health Workers (VHTs & CHEWs); and other non-health stakeholders in prevention and control of EVD through RCCE and CBS.
- Social listening and evidence generation.
- Review, Production, Approval and distribution of health education, Information and health communication EVD materials.
- Operationalization of MoH a call center for effective community feedback and response.

Uganda National Health Referral Networks and Flow 2

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- Operationalization of MoH a call center for effective community feedback and response

Pillar 5 - Risk Communication & Community engagement Strategy 3:

- **Control Community Spread of EVD**
- **Activities**
  - Conduct rapid Community readiness assessment for control measures that break the chain of transmission among hot spot communities
  - Deploy Community Engagement teams to support and enforce isolation for contact cases and families
  - Customize and operationalize community referral protocol for unique community risky groups
  - Engage community based implementors to integrate EVD interventions into already running community health programs.
  - Collaborate with the National intersectoral community Engagement Committee to manage other social determinants affecting EVD response

Pillar 6: Logistics

- **Strategy:**
  - The Logistics Pillar focuses on ensuring timely and efficient supply chain management to support the overall EVD response. The goal is to ensure that all necessary supplies, equipment, and transportation are available and accessible in affected areas, enabling the swift movement of field teams and effective implementation of response activities. This strategy also emphasizes the importance of resolving logistical challenges such as access issues and resource mobilization to ensure smooth operations throughout the response.

Activities

- Quantification of Supplies Needed
  - Identify and estimate the quantities of medical supplies, PPE, case investigation forms, sample collection kits, and other necessary materials for the EVD response.
  - Monitor and update supply requirements regularly to adjust to changing needs based on the evolving situation
- Deployment of Logistics Teams
  - Deploy logistics teams to affected localities to conduct on-the-ground assessments of supply needs and ensure that adequate supplies are available in a timely manner.
  - Ensure that teams are equipped with tools to effectively manage and track supplies.
- Resolution of Access Issues
  - Identify logistical challenges related to the movement of supplies and field teams, including road access, weather conditions, and infrastructure issues
  - Take proactive measures to expedite the movement of response teams, such as arranging for alternative transport routes or engaging local authorities for assistance

Pillar 6: Logistics – Activities 2

- **Mobilization of Vehicles, Ambulances, and Fuel**
  - Mobilize a fleet of vehicles and ambulances to ensure rapid transportation of personnel, medical supplies, and samples between healthcare facilities, districts, and other relevant sites.
  - Ensure that sufficient fuel and maintenance support are available to keep vehicles operational for continuous use.
- **Resource Mobilization**
  - Actively engage with national and international partners to mobilize additional resources, including funding, supplies, and personnel, to support the logistics pillar's operations.
  - Develop and implement resource mobilization strategies, including coordination with donors, private sector partners, and humanitarian organizations to secure critical supplies and support.
- **Logistical Coordination**
  - Coordinate logistics efforts with other pillars to ensure the efficient distribution of resources and avoid duplication or shortages.
  - Set up a central coordination hub for logistics operations to track the movement and availability of supplies, vehicles, and personnel.
- **Inventory Management and Tracking**
  - Establish inventory management systems for tracking the flow of supplies from central warehouses to affected districts, ensuring that critical materials are always available where needed.
  - Implement regular stock audits and ensure efficient reporting on logistics needs.

Pillar 6: Logistics - 3

- **Logistical Support for Mobile Units**
  - Ensure that mobile units (e.g., mobile labs, emergency medical teams) are equipped with the necessary logistical support, including transport, fuel, and supplies for sustained field operations.
- **Establish Transport Networks**
  - Develop transport networks that connect all key response locations, including healthcare facilities, isolation units, and border points, to facilitate timely delivery of supplies and personnel.
- **Post-Deployment Assessment and Feedback**
- After logistics operations have been completed, assess the effectiveness of the logistics response, including the adequacy of supply levels, transportation efficiency, and the resolution of access issues.
- Collect feedback to improve future logistics operations and to ensure continuous improvement of supply chain management.

Pillar 7 Continuity of Essential Health Services (CEHS)

- **Strategy:** Strengthen coordination and leadership to ensure uninterrupted essential health services during outbreaks
- **Key activities**
  - Establish multidisciplinary committees with clear Terms of Reference (TOR).
  - Conduct regular committee meetings for oversight and decision-making.
  - Map the functional capacity of public and private health facilities.
  - Disseminate and monitor adherence to CEHS guidelines.
  - Redistribute and task shift health workers to maintain uninterrupted services.
  - Train and orient healthcare providers on CEHS and Infection Prevention and Control (IPC).
  - Provide support supervision, mentorship, and coaching on new service delivery approaches.
  - Establish integrated outreach mechanisms to improve access to essential services.
  - Produce and disseminate SBCC messages to enhance public awareness.

Other Pillars – that may be Activated

- Water, Sanitation and Hygiene (WASH) – can be a standalone pillar
- Vaccination – Usually when the EVD has a vaccine or trial
- SIRI – strategic information and Research

UPDF support to EVD Response – involved across pillars

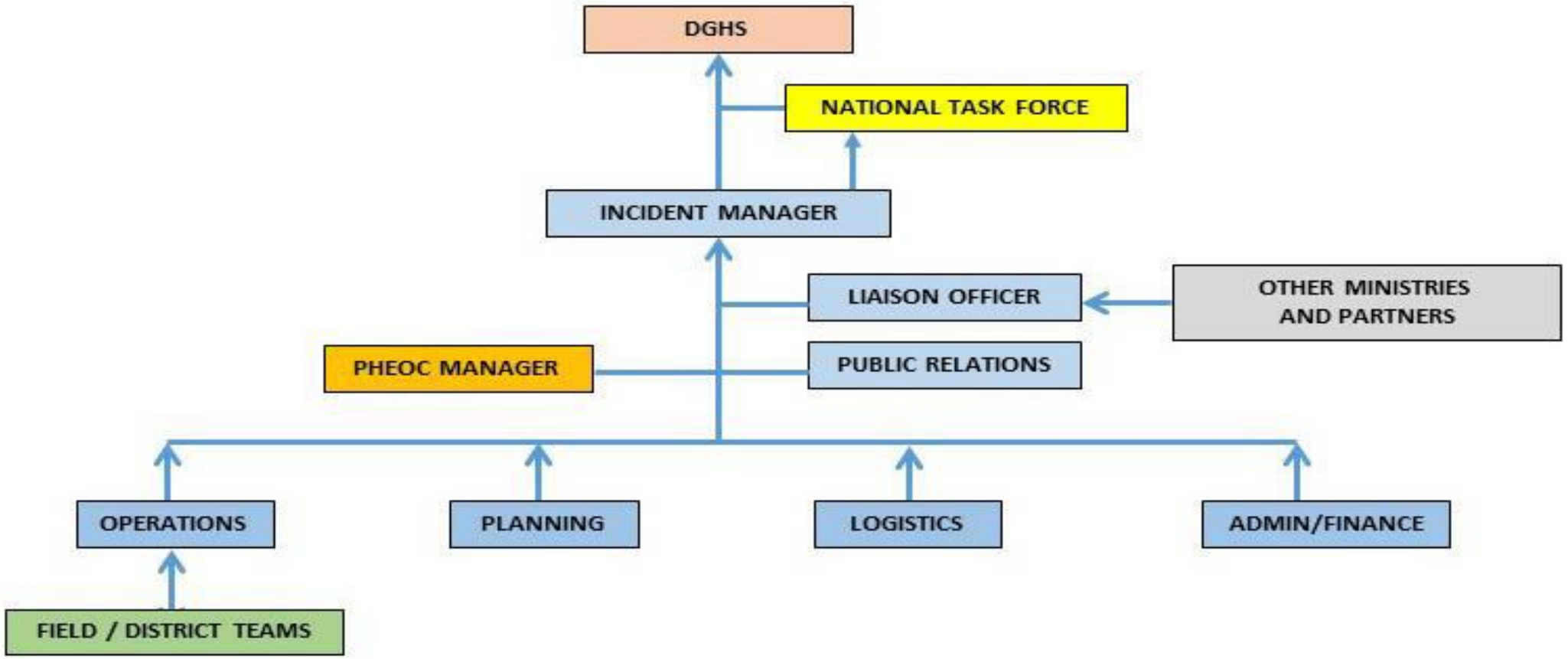
- **Strategy**: To support the national Ebola Virus Disease (EVD) response through coordinated security, logistics, border health support, surveillance reinforcement, risk communication, emergency operations support, and intersectoral collaboration along the Uganda–DRC border and other high-risk areas in order to prevent cross-border transmission, maintain operational continuity, and enhance public health emergency response capacity
- **Activities**

1. Border Health and Points of Entry Support
   - Support screening and monitoring at formal and informal border points
   - Assist enforcement of public health measures
   - Support cross-border surveillance coordination
   - Facilitate movement control in high-risk areas
2. Surveillance and Contact Tracing Support among UPDF communities and general population
   - Assist in locating and following high-risk contacts in hard-to-reach areas
   - Support community-based surveillance in border communities
3. Logistics and operational support in remote/insecure areas
4. Risk communication and community engagement among security communities at the border
5. Support in implementation of IPC and WASH services at border points

Activation of the Incident Management System

- Below is the recommended procedure for activating an EVD/MVD Incident Management Team (IMT):
- An EVD/MVD threat is suspected and/or confirmed
- The DGHS activates the PHEOC into alert or response mode
- The DGHS appoints the Incident Manager to oversee the preparedness/response
- The pillar heads of the NTF sub committees assign persons to the IM that will constitute the IMT
- The IMT prepares an incident action plan (and/or its updates) for approval by NTF
- The IMT includes the management section and the operations, planning, logistics and administration/finance section and follows the structure as depicted below

A graphical representation of the IMS/IMT; Reporting Process and Flow of Information during an Incident Response



Summary of 9th Ebola Outbreak

Cumulative Admission
18

Cumulative Deaths
02

Cumulative Discharges
14

Current Admission
03

	Probable	Confirmed					
Nationality	Probable Cases[1]	Confirmed Cases	Confirmed Deaths	Health Workers[2]	New Cases Today[3]	New Deaths Today	CFR (%)[4]
Uganda	0	5	0	4	0	0	0%
DRC	1	15	2	0	0	0	13.3%
Total	1	20	2	4	0	0	14.3%

[1] Probable case = death suspected to be Ebola BVD but not laboratory tested (P001, Bunia, Dead).

[2] Health workers = confirmed cases with a health worker occupation; all are Ugandan nationals.

[3] New cases = laboratory-confirmed cases reported today (23 June 2026).

[4] CFR = confirmed deaths / confirmed cases. Total CFR includes probable death: (2 confirmed + 1 probable deaths) / (20 confirmed + 1 probable cases) x 100.

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Achievements

Response impact at a glance

The pattern of infections shows that onward spread was interrupted and high-risk exposure groups were protected after early transmission

0 onward

No wider local transmission

No local transmission beyond the earlier health worker infection.

0 further

Health workers protected

No further health worker infection reported.

Low

Fatality among treated cases

Low case fatality rate among patients who received treatment.

100%

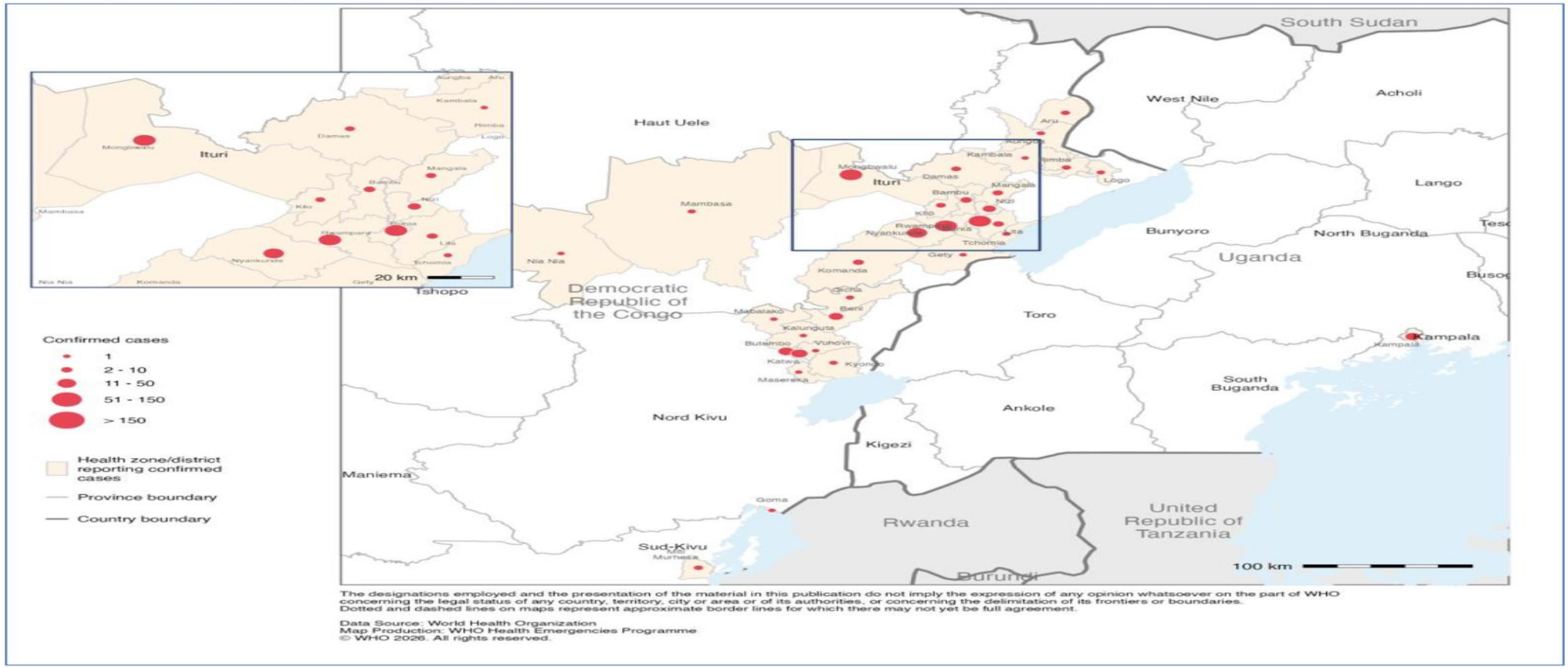
Local cases from known contacts

All local transmission cases came from known contacts, supporting effective tracing.

Re-importation from DRC

- **The biggest risk is no longer local amplification, but new importation from Ituri, North Kivu, or South Kivu**

Figure 2. Geographical distribution of confirmed cases of Bundibugyo virus disease in the Democratic Republic of the Congo and Uganda, as of 14 June 2026



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Data Source: World Health Organization
Map Production: WHO Health Emergencies Programme

What is the secret of Uganda's EBV Control – Leadership!

Leadership at the highest level that understands and trusts science

What Health Leadership means!

- *"When something is important, you do it even if the odds are not in your favour" - Elon Musk*

- *"I attribute my success to this: I never gave or took any excuse" Florence Nightingale*

- *"Where there is no vision the people perish" – anonymous*

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Thank you

Questions & Discussions