



CDC in Uganda

The Centers for Disease Control and Prevention (CDC) began working in Uganda in 1991, officially establishing a country office in 2000. With a focus on the prevention, control, and treatment of HIV/AIDS, CDC works with the Ministry of Health and other partners to deliver evidence-based, quality health services. CDC also supports tuberculosis and malaria control efforts and maternal and child health services while advancing global health security by improving Uganda's ability to prevent, detect, and respond to public health threats.



CDC STAFF

17 U.S. Assignees
110 Locally Employed



AT A GLANCE

Population: 42,862,958 (2017)
Per capita income: \$1,820
Life expectancy at birth: F 64/M 62 years
Infant mortality rate: 43/1,000 live births

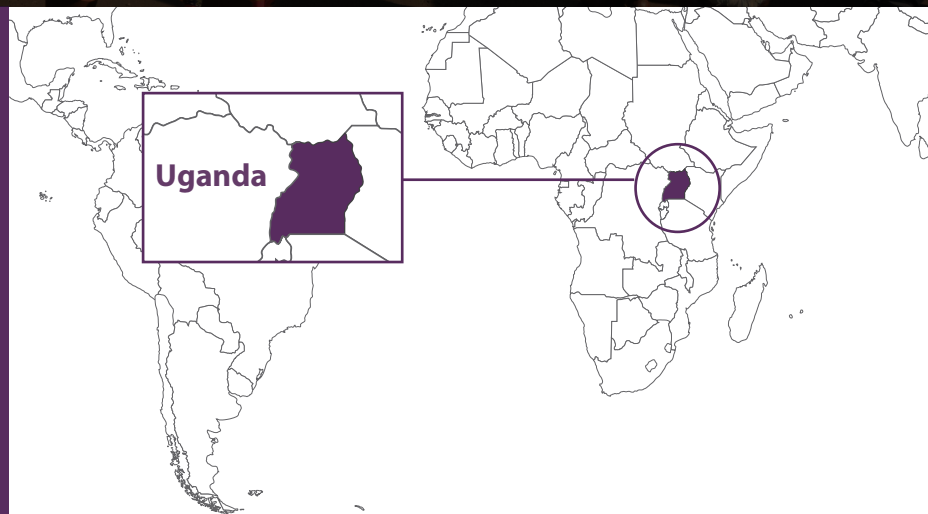
Sources:
World Bank 2018, Uganda
Population Reference Bureau 2018, Uganda



TOP 10 CAUSES OF DEATH

1. Neonatal disorders
2. HIV/AIDS
3. Malaria
4. Lower respiratory infections
5. Tuberculosis
6. Diarrheal diseases
7. Ischemic heart disease
8. Congenital defects
9. Stroke
10. Road injuries

Source:
GBD Compare 2018, Uganda



Global Health Security

In today's globally connected world, disease threats can spread faster and more unpredictably than ever before. CDC's global health security efforts in Uganda help improve the country's ability to prevent, detect, and respond to infectious disease outbreaks before they become epidemics that could affect global populations. These efforts help Uganda reach the targets outlined in the Global Health Security Agenda (GHSA), a global partnership launched in 2014 to help make the world safer and more secure from infectious disease threats.

Working closely with the Ministry of Health and other partners, CDC provides expertise and support across the 11 technical areas known as GHSA action packages. These action packages help Uganda build core public health capacities in disease surveillance, laboratory systems, workforce development, and emergency management, as well as other critical areas.

One of the successes achieved by the Ministry of Health, with CDC support, was the establishment of a national Public Health Emergency Operations Center (PHEOC). Uganda's PHEOC has dramatically reduced the time it takes to detect and respond to outbreaks. The PHEOC boasts a system to monitor threats in real-time, a network of national laboratories to rapidly identify the source of illness, trained disease detectives, and rapid response teams at the ready. The PHEOC has effectively coordinated and responded to serious infectious disease outbreaks such as yellow fever, Marburg virus, Rift Valley fever, Crimean Congo hemorrhagic fever, influenza, measles, cholera, typhoid, meningitis, and anthrax.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

HIV and Tuberculosis

HIV is a leading cause of death and a health threat to millions worldwide. As a key implementer of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), CDC works with Uganda to build a sustainable, national HIV response program to accelerate progress towards the UNAIDS global targets to control the HIV epidemic by the year 2020.

Tuberculosis (TB) is as a common cause of death among people living with HIV. CDC's work addresses TB diagnosis and treatment through systemic screening of patients attending HIV clinics. With an emphasis on linkage to HIV care and antiretroviral treatment (ART) for TB/HIV co-infected patients, CDC has integrated these services into HIV programs.

In collaboration with the Ministry of Health, CDC provides HIV prevention and treatment services through funding and technical assistance. CDC assisted in developing an integrated national, regional, and district service-delivery model that builds health system capacity to respond to both HIV and TB.

CDC supports Uganda's efforts to find persons living with HIV, expand ART to all HIV-positive patients immediately upon diagnosis, and scale up viral load testing to monitor for HIV suppression. CDC also works to reduce new HIV infections through the Prevention of Mother-to-Child HIV Transmission program, the PEPFAR DREAMS program, rollout of pre-exposure prophylaxis, stronger key population programs, and voluntary medical male circumcision.

Health Systems Strengthening

Strengthening public health systems is critical to achieving targets for comprehensive and sustainable healthcare service delivery. With a focus on a uniformly coordinated, nationally-owned laboratory network that effectively responds to the country's diagnostic needs without interruptions, CDC supports infrastructure development and equipment.

CDC supported construction of the Uganda National Health Laboratory Services. This effort included supporting the Early Infant Diagnosis-Viral Load laboratory to attain international accreditation through the South African National Accreditation System. CDC also supported refurbishing of the Uganda Virus Research Institute-Arua laboratory with a focus on combating plague outbreaks caused by a bacteria transmitted by rats and fleas, which were endemic in the West Nile region. CDC's investments in combatting plague in Uganda have resulted in no human cases in Ugandans since 2015, and rapid detection of these recent cases who crossed the border to seek care.

Field Epidemiology Training Program

CDC supports Uganda in strengthening its workforce capacity to investigate and respond to disease outbreaks through the establishment of a Field Epidemiology Training Program (FETP). FETP trains a workforce of field epidemiologists—or disease detectives—to identify and contain outbreaks before they become epidemics. Participants focus on “learning by doing” to develop the skills for gathering critical data and turning it into evidence-based action.

Malaria

Malaria is a leading cause of death and disease in many countries, and young children and pregnant women are the groups most affected. Under the U.S. President's Malaria Initiative, CDC has assigned a resident advisor to the malaria-endemic country of Uganda to support the implementation of malaria prevention and control interventions. These interventions include providing long-lasting insecticide-treated nets and indoor residual spraying, preventing malaria in pregnancy, and improving diagnostics and case management. CDC also supports the National Malaria Control Program in operational research, surveillance, monitoring, and evaluation, including monitoring of bed net durability and insecticide and antimalarial resistance.

CDC IMPACT IN UGANDA



More than 608,000 men, women and children received life-saving antiretroviral treatment in 2018.



Over 340,000 voluntary medical male circumcisions performed in 2018.



Supported the Population-based HIV Impact Assessment survey to measure reach and impact of Uganda's HIV services. Results are being used to re-focus programs for epidemic control.



More than 35 outbreak responses coordinated by the Public Health Emergency Operations Center, with reduced response times from a high of 30 days to less than 48 hours.



Field Epidemiology Training Program Fellows have investigated 91 outbreaks, conducted 12 emergency assessments and 52 public health surveillance projects, and implemented 59 applied epidemiology studies since 2015.



Maintained polio-free status and strengthened the EPI system to prevent, detect, and respond to outbreaks of vaccine-preventable diseases.



Established a national biosafety level 3 reference laboratory for viral hemorrhagic fevers (VHFs), which helped detect and confirm 12 VHF outbreaks in Uganda and one VHF outbreak from the Democratic Republic of Congo.

For more country information, visit:
www.cdc.gov/globalhealth/countries/uganda

For more information, please contact:
Centers for Disease Control and Prevention
1600 Clifton Road NE, Atlanta, GA 30329-4018
www.cdc.gov/global
Email: cdcglob@cdc.gov