

Support package includes Shs86b from the US, Shs34.9b from EU, Shs7.5b from Africa CDC, and Shs1.8b from WHO.

BY TONNY ABET
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At least \$34.5m (about Shs130b) has separately been committed by different foreign governments and partners for the Ebola response in DR Congo and Uganda, this publication has established.

The multi-partner support package includes \$23m (Shs86b) from the United States government, 8m Euros (Shs34.9b) from European Union, \$2m (Shs7.5b) from the Africa Centres for Disease Control and Prevention (Africa CDC), and \$500,000 (Shs1.8b) from the World Health Organisation (WHO).

"Over the weekend, the Department [of State] mobilised an initial \$23m in bilateral foreign assistance to immediately bolster each country's own response," the US embassy in Kampala stated on May 19.

The embassy said this funding is meant to support surveillance, laboratory capacity, risk communication, safe burials, entry and exit screening, and clinical case management.

The US government said they were supporting the response by funding up to 50 treatment clinics, and associated frontline costs being established in Ebola-affected regions of the DRC and Uganda.

"These rapidly deployed clinics will enable implementing partners to establish clinical care and containment perimeters around affected areas," the embassy added.

Information from Uganda's Ministry of Health indicates that there were two imported cases of Ebola Bundibugyo

Donors allocate Shs130 billion for Ebola response



European Union ambassadors pose for a photo with Bunyoro Kitara Kingdom officials at Karuziika Royal Palace in Hoima City on Tuesday. PHOTO/JOSEPH KASUMBA

Virus Disease in Kampala, with one of the patients currently undergoing treatment in the Ebola isolation and treatment unit in Kampala.

According to the Ministry, both Ebola cases are from DR Congo, and one of them died in Kibuli Muslim Hospital on May 14. Up to 127 health workers and other contacts of the patients have been quarantined over the deadly disease, according to the government. Information from the WHO also shows that over 500 suspected cases, including 131 deaths, have been reported in the

DR Congo.

Ambassador Jan Sadek, the Head of European Union Delegation to Uganda, said on Tuesday during a visit of the European Delegation to Bunyoro Sub-region, that they have channelled their funding through the International Red Cross Society.

This funding, according to the EU, will help address critical needs related to coordination, surveillance, infection prevention and control case management, operational support, screening at border points and logistics.

"We are following carefully with some concern, but we are also supporting Ugandan response, and we have just donated about 8,000,000 euros to International Red Cross Society to help on health aspects, surveillance, border crossing and so on," Mr Sadek said.

He further explained that they also intend to give out flexible funding of 1 million euros that can be used immediately by the Ugandan Red Cross Society to coordinate their activities during this period of Ebola outbreak.

The Africa Union's Africa CDC indi-

cated that they have already deployed multidisciplinary experts, including specialists in epidemiology, infection prevention and control, laboratory systems, risk communication, logistics and emergency coordination, and "has internally mobilised \$2 million to support the continental response."

"This outbreak is occurring in one of the most complex operational environments on the continent, marked by insecurity, population mobility, fragile health systems, and limited medical countermeasures for the Bundibugyo ebolavirus disease," said Dr Jean Kaseya, director general of Africa CDC.

"We call upon our member states and international partners to stand together with Africa CDC, the World Health Organisation (WHO), Unicef and the affected countries to prevent further spread and protect our populations," he added.

Our reporters could not readily establish how much of the funding is being channelled directly to the Government of Uganda, but there is already an indication that some of the funding is being given through implementers like the Red Cross Society.

Mr Alan Kasujja, the director of Uganda Media Centre, said the government is in control. "President Museveni has been very clear that we are prioritising the lives of Ugandans, and we don't need anybody's help in order to save Ugandans. We will find the money," Mr Kasujja said. "We'll sort it out ourselves. If people are willing to come and support us, that is well and good. But in the meantime, we're not waiting for people to come to rescue us."

GOVT DECENTRALISES EBOLA TESTING

Leaders at the Uganda Virus Research Institute (UVRI) have said the government is decentralising Ebola Virus Disease testing to Arua and Kasese to improve response to outbreaks.

Dr Stephen Balinandi, a virologist and the manager of the reference laboratory for Viral Hemorrhagic Fever at UVRI, told *Daily Monitor* that the testing of Ebola virus in West Nile started on Wednesday.

"Uganda has been getting these outbreaks more frequently, the government has expanded the testing facilities. Now there is a laboratory here at Uganda Virus Research Institute, there is another laboratory at Wandegaya (Kampala) under the Central Public Health Laboratories," he said.

Dr Balinandi said the focus is now on strengthening testing capacity outside the central region. "We are focusing on upcountry facilities. As of today (Wednesday), testing capacity is being activated in Arua to

handle suspected Ebola samples within the region," he said.

"So, samples will no longer be coming to Kampala or Entebbe for testing. Another lab is being activated at Bwera Hospital in Kasese to cater for samples, especially from western Uganda and the western border to DR Congo," he added. He said this would greatly reduce turnaround time for test results, an essential factor in the disease response.

"It has always been difficult to bring samples to the centre (Kam-

pala and Entebbe) from upcountry patients. This is an effort to make sure that the turnaround time for results is shortened," he said.

"When we started these activities many years ago, it would take weeks; it eventually reduced to a day or two. Right now, we are looking at hours. Within six hours, the results should be out. We have cut off the transportation time from Kasese or Arua to Entebbe, which could be 8 to 12 hours," he added.

Prof Pontiano Kaleebu, the UVRI director, said the response to

Ebola outbreaks has improved over the years. He said interventions, including a shorter turnaround time for results, have resulted in fewer deaths and faster containment of the deadly disease.

"Uganda is ahead, we're doing a lot, and I'm very hopeful the disease will not spread. We have to be cautious," he said. "Already at the borders, the government is working very closely to see that there's no importation of this [virus]," he added.

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