

# U.S. deploys \$13 million Ebola response

**TIMOTHY NSUBUGA**

**KAMPALA** — The United States has announced a \$13 million emergency response package, about Shs48 billion, to support Uganda and the Democratic Republic of Congo as both countries confront a renewed Ebola outbreak, placing fresh focus on how quickly international support can translate into practical help on the ground.

The funding was mobilised within 48 hours of confirmation of new Ebola cases, according to information released by U.S. officials. It is expected to support surveillance, laboratory testing, public communication and treatment efforts in affected areas.

While the announcement signals an urgent international response, the bigger question for Uganda remains straightforward: how quickly will those resources reach communities where outbreaks are often detected first?

That matters because Ebola spreads fast and often places immediate pressure on local health systems.

A confirmed case can quickly trigger isolation measures, contact tracing, testing

and movement restrictions. In affected districts, that can disrupt schools, markets and transport while placing health workers under intense pressure.

The U.S. response is being coordinated through several agencies, including the Department of State, the Centers for Disease Control and Prevention and the Department of Homeland Security.

Part of the funding is also being channelled through the United Nations Office for the Coordination of Humanitarian Affairs, commonly known as OCHA, which helps move emergency funding quickly to urgent response areas.

For ordinary Ugandans, the technical language around surveillance and coordination translates into very practical needs.

Surveillance means health teams identifying suspected cases early and tracing people who may have been exposed before the virus spreads further.

Laboratory support means samples can be tested faster.

Risk communication means health workers

and local leaders can give communities accurate information quickly and counter panic or misinformation.

Clinical management means treatment centres are staffed and supplied to care for patients safely.

Officials say the speed of Washington's response reflects a broader shift in how governments increasingly treat disease outbreaks.

Ebola is no longer viewed only as a medical emergency.

It is also seen as a regional stability issue because outbreaks can cross borders, disrupt trade, strain health systems and trigger wider economic and security concerns.

That explains why border and travel agencies have also become part of the response.

U.S. officials say coordination has been activated through embassies in Uganda, the DRC, Rwanda and South Sudan to monitor developments and maintain communication.

Regional coordination is especially important in Uganda and eastern Congo because of how closely communities move across borders.

People regularly cross for trade, work, family

visits and transport.

That movement strengthens livelihoods but also creates risk during disease outbreaks, particularly where rural health infrastructure is limited and early detection can be difficult.

Public health analysts say quick funding is important, but money alone does not contain outbreaks.

Success depends on whether supplies reach clinics quickly, whether local surveillance teams detect cases early enough and whether communities trust the health guidance being given.

That trust can become one of the most important parts of Ebola response.

When communities understand symptoms and cooperate with screening, contact tracing becomes easier.

When fear or confusion spreads, containment becomes harder.

The latest response also builds on longer-term U.S. health programmes in Uganda and the DRC.

Over several years, both countries have worked with international partners to strengthen laboratory systems, train health workers and improve early-warning systems for infectious diseases.