

The position of the government on US nationals infected with Ebola did not come from nowhere. Government of Uganda and the US signed an agreement last year which, among others, encompasses a Shs8.64 trillion health-funding deal.

BY TONNY ABET

As concerns mount over Ebola's growing impact on the economy and daily life, Uganda's leading doctors are supporting plans to bring in and treat foreign nationals—Americans infected with Ebola—in Ugandan facilities. Dr Joseph Gavin Nyanzi, the chairperson for Ethics and Professionalism of the Uganda Medical Association, told *Weekend Monitor* that Uganda has built significant experience in combating Ebola, both locally and internationally. He said this experience and expertise can have economic benefits.

"Fortunately, there is a record of the fact that Uganda has championed the combating of these terrible viral diseases," he noted. "And Ebola, on top of the list, in West Africa, from around 2014, Ugandan scientists were leading the fight against the scourge."

Dr Nyanzi also noted that even in the country, Ugandan scientists have done well in keeping deaths and infections low.

"So, I would say that as a country, that is one area where we have gained so much experience. And America is requesting to bring Ebola patients to be managed in Uganda. I think we have the capability."

"And of course, as we open that door, opening that door comes with many other incentives for the country," he added.

The open door

Dr Diana Atwine, the Permanent Secretary at the Ministry of Health, told the *BBC* this week that the US government approached them on this plan to have their nationals infected with Ebola treated in Uganda. Even before this, President Museveni had given a go-ahead for the establishment of a continental Ebola incident (patient) management coordination centre in Kampala.

"They (US government) approached us, but I think because they realised that we were also busy internally setting up systems. We had offered, but I think they are still assessing where they can establish," Dr Atwine said in an interview with the *BBC*.

She added: "We are always open, we have expertise in the country, we have been treating Ebola patients, so if they come to us, we will open our facility and take care of them."

Dr Atwine reasoned that Ebola is a global health security threat that affects everyone and so requires joint efforts in combating.

"No one is safe until everyone is safe. Because if the problem is in Africa, then we must deal with it in Africa. But also, we know that we are not just working alone, we are also working with partners," she said.

Dr Atwine added: "They have been working with us, they have been supporting us in setting up the labs. I don't

Deal or ordeal: Nursing of foreign Ebola cases



Uganda People's Defence Force personnel direct people, after Uganda closed its borders with the Democratic Republic of Congo as authorities intensify efforts to contain a new Ebola outbreak caused by the Bundibugyo virus strain, at the Mpondwe border post, in Kasese District, on Thursday. PHOTO/REUTERS

think there is a problem working with them if they have a challenge, especially if they have their nationals who are exposed in Africa.

In an earlier meeting with ambassadors, heads of missions and development partners in Kampala last week, Dr Atwine said Uganda is ready to send its scientists to help DR Congo.

"Uganda will never export Ebola; that is our commitment and pledge. We must support our neighbours in putting up systems," she said.

Still related to managing Ebola patients, President Museveni, last week, said Uganda had also accepted plans to have an Ebola incident management coordination centre in Kampala. He said this after meeting a high-level delegation from the Africa Centres for Disease Control (CDC) at State House, Entebbe. The Africa CDC proposed to establish a continental coordination centre for the Ebola Incident Management Support Team in Kampala.

"I met a delegation from the Africa CDC led by Director General Dr Jean Kaseya, who briefed me on the regional Ebola situation and the measures being taken to ensure Uganda remains protected," President Museveni said.

He added: "They proposed establishing a continental Incident Management Support Team for Ebola in Kampala to strengthen regional coordination and monitoring efforts, which Uganda welcomes and will support."

The money

The position of the government on US nationals infected with Ebola did not come from nowhere. Last December, Uganda signed a Memorandum of Understanding (MoU) with the US government, which, among others, encompasses a \$2.3b (Shs8.64 trillion) health-funding deal. The deal requires strong cooperation between the two countries in global health security, especially for

DOCTOR WEIGHS IN

Dr Joel Mirembe, a former secretary general of the Uganda Medical Association (UMA), however, observed that bringing foreign nationals to Uganda for treatment will potentially have other negative effects on the economy. But he is not totally against the plan. "Uganda, with the aid of (American) CDC, and other health development partners, has over the years built good capacity in managing Ebola outbreaks, and that contribution to global health response should be acknowledged."

Dr Mirembe noted that "decisions to receive foreign Ebola patients must carefully consider the broader public health, economic, and social implications for the host country, especially the negative implications. Increased patient cases will increase the already strained human resources for health, medical supply and may cause a practical breaking point. This must be factored in and the US must bring in the money."

"Ebola outbreaks carry major consequences beyond the infected patient and family, including public fear, pressure on already constrained health systems, death risks to frontline workers, and lower tourism returns, trade as it has already been seen by closure of border district markets," he added.

fighting disease outbreaks that are of national and international concern.

In the MoU, spanning 2026–2030, the US commits up to \$1.7b (over Shs6.38 trillion) to priority programmes, including HIV/AIDS, tuberculosis, malaria, maternal and child health, polio eradication, global health security, disease surveillance, and emergency preparedness.

Uganda, on the other hand, pledges, in the MoU, to increase domestic health spending by more than \$500m (Shs1.87 trillion), gradually, and later assume greater financial responsibility as US support tapers.

US Ambassador William Popp, in an interview then, highlighted their goals. "We are building on prior successes and making a significant shift toward promoting self-reliance in the health sector through strong community health systems, clear performance metrics, and a foundational commitment to data systems and global health security that will prevent and stop outbreaks from threatening Uganda, the United States, and the world."

Regarding the ongoing outbreak, Dr Nyanzi said managing US nationals infected with Ebola in Uganda will help the country find more funding for the response.

"So the permanent secretary is saying there are billions of dollars that are needed to stop it from spreading further... So we are able to handle those patients in Uganda. And I know that will come with further resources to help us stop the further spread of this disease," he added.

As of May 20, amounts totalling \$34.5m (about Shs129.63b) had separately been committed by different foreign governments and partners for the Ebola response in the Democratic Republic of the Congo (DRC) and Uganda.

The multi-partner support package includes \$23m (Shs86b) from the United

States government, €8m (Shs35b) from the European Union, \$2m (Shs7.51b) from the Africa CDC and Prevention, and \$500,000 (Shs1.9b) from the World Health Organisation (WHO).

The needs

Dr Atwine observed that the actual financial requirement for the response will be much higher than Shs90b, given the evolving situation of the outbreak.

The money will mostly be spent on case management (treatment), risk communication and community engagement, logistics, contact tracing and coordination, according to the donors.

But on May 28, the US Department of State announced additional funding for the response.

"With this new \$80m (Shs300b) commitment, the Department has mobilised more than \$112m (Shs421b) in bilateral foreign assistance for the Ebola response in less than two weeks," the US government stated.

"In addition to the aforementioned \$112m in bilateral foreign assistance, the State Department has committed \$50m (Shs188b) to the UN Office for the Coordination of Humanitarian Affairs (OCHA) to fund up to 50 Ebola response clinics in affected areas.

"The Department is also providing \$300m (Shs1.1 trillion) through OCHA pooled funds to the DRC and Uganda for broader humanitarian efforts in the affected region," the US government added.

The impacts

According to the Ministry of Health, there are currently seven confirmed cases, four active cases, one death (a Congolese national), and one recovery. About 500 contacts are being monitored, with a 21-day incubation period for the virus.

The infection with Ebola, given the high fatality rate of about 50 percent, comes with a lot of anxiety, pain, and hopelessness. Those in quarantine (Ebola-negative contacts) are also hampered in engaging in economic activities.

Kampala Metropolitan Area and about 31 districts considered at high risk of Ebola spread have varying levels of restrictions on movement and social interactions, which can affect livelihood and general well-being. Uganda has also closed its borders with the DRC, in an arrangement that, although it allows movement of goods, still affects interactions for business and social reasons.

Dr Simplicious Gessa (PhD), Uganda Tourism Board's (UTB) head of public relations, on Thursday told this publication that the tour operators and hotels are already being hit hard because of Ebola-related information and misinformation.

"We have received information from our private sector tourism players indicating a number of cancellations as a result of some irresponsible reports," Dr Gessa said, but did not provide figures to justify this.

Information from the Ministry of Tourism, Wildlife and Antiquities indicates that in 2024 alone, the tourism sector's direct contribution to GDP was Shs6 trillion (3.2 percent of GDP) as the sector recovers from Covid-19 impact. But tourism sector players are worried that this could decrease if cancellations increase or persist.

Mr Deogratius Muhumuza, the founder of Uganda Eco Tours, said operators are "on tenterhooks" due to frequent "Ministry of Health updates" that quickly spread on X (formerly Twitter) and WhatsApp, creating a negative impression internationally.