

EBOLA VIRUS DISEASE OUTBREAK

Uganda

Flash Update No. 1

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for every child

© UNICEF/UN0867197/Balikuddembe – A schoolteacher at Kamasasa Primary School in Kasese District conducts an Ebola awareness session at a school assembly using one of the posters disseminated with UNICEF support.

Reporting Date: 29 June 2026

Highlights

- **As of 25 June, 20 confirmed cases** and two **confirmed deaths** were reported in Uganda. The outbreak remains largely driven by imported cases from the Democratic Republic of Congo (DRC), which account for 15 of the 20 reported cases to date. The outbreak is caused by the Bundibugyo Ebola virus, for which there is no approved vaccine or treatment.
- With no sustained transmission till date, **UNICEF is prioritizing prevention activities to reduce the risk of virus transmission in Uganda**, while ensuring quality services for people impacted by the outbreak, particularly children and their caregivers.
- Considering the evolving dynamics of the epidemic and in line with the ongoing revision of the national response plan, UNICEF is revising its response plan to cover a six-month period. The **updated UNICEF six-month response plan** and funding requirements will be released once the Government's plan is finalized.

Situation Overview

The outbreak caused by the Bundibugyo Ebola virus, for which there is no approved vaccine or treatment, was confirmed in Ituri Province, eastern DRC, on 15 May 2026, though it is estimated to have been circulating for several weeks before detection. The Africa Centre for Disease Control declared a Public Health Emergency of Continental Security on 18 May, and UNICEF activated its highest emergency classification, a Level 3 Corporate Emergency to enable a rapid, organization-wide response. Uganda's Ebola outbreak remains primarily driven by imported cases from the DRC. To date, transmission has been limited to imported cases and their close contacts, with no sustained community transmission in Uganda. Reported cases have involved patients who sought treatment in Kampala, as well as their primary contacts, including a driver and healthcare workers. **As of 25th June, 20 confirmed cases**, **14 recoveries**, **four ongoing admissions**, and **two confirmed deaths** were reported in Uganda.

UNICEF Response

UNICEF is working with the Government, civil society organizations and the private sector to deliver interventions in health, WASH and Infection Prevention and Control (IPC), Risk Communication and Community Engagement (RCCE), community-based surveillance, nutrition, and mental health and psychosocial support (MHPSS). All partnerships strengthen Protection from Sexual Exploitation and Abuse (PSEA) activities across high-risk districts. UNICEF is further engaging regions and health districts at subnational level to provide logistical support to local task forces to provide oversight and technical support and monitoring of response actions.

UNICEF strategy in Water Sanitation and Hygiene (WASH) and Infection Prevention and Control consists of strengthening measures to reduce the spread of epidemics and reduce the risks of transmission. This includes providing

equipment and materials, particularly to health facilities, and ensuring a minimum WASH package in basic social services. Supplies have been extended to 46 health facilities and five quarantine centers, with ongoing procurement of IPC supplies for an additional 150 facilities. UNICEF is supporting the MoH to carry out WASH/IPC assessments in more than 500 health care facilities in the 37 high-risk districts. UNICEF also plans to rehabilitate and construct WASH infrastructure, primarily in health facilities and schools.

UNICEF continues to support the Ministry of Health (MoH) as co-lead of the **RCCE** pillar. Community engagement activities have reached 455,368 individuals (209,984 Male; 245,584 Female) with critical Ebola prevention messaging, including 141 persons with disabilities. A media campaign is ongoing on 12 major radio stations and three television stations, and prevention messages on 100 public transport buses operating along key border routes continue to be aired. Daily social and community listening are ongoing, with real-time insights being used to continuously adapt and strengthen RCCE strategies. Social listening shows increasing confidence and community ownership, although concerns persist regarding the risk of cross-border transmission linked to the evolving epidemiological situation in the DRC. To address these risks and reinforce positive community behaviours, UNICEF and partners are sustaining transparent communication, reinforcing positive narratives, engaging border communities through trusted channels, and strengthening visible government responsiveness to maintain trust and compliance.

UNICEF is scaling up MHPSS capacity among actors involved in the Ebola response. UNICEF is supporting vulnerable children and adults during the quarantine monitoring period and is engaging the recently established Uganda MHPSS Network as a key coordination partner. UNICEF supported the finalization of the national operational guidelines for MHPSS in public health emergencies and infectious disease outbreaks. In collaboration with key partners, including the Ministry of Gender, Labour and Social Development (MGLSD), the MoH, and Baylor, UNICEF supported the deployment of 12 MHPSS specialists to the ETUs and 4 to quarantine facilities. In addition, 20 counsellors from the MGLSD National Child Helpline (SAUTI 116) have provided tele-counselling support to people in quarantine, while Baylor has deployed 420 counsellors across 21 districts. Community-level activities are addressing stigma and facilitating the safe reintegration of survivors leaving quarantine. UNICEF is coordinating an integrated Child Protection and GBV response across national, district, and community levels. The SAUTI 116 national toll-free helpline, supported through the MGLSD, is functioning as the primary reporting and counselling mechanism, with operator capacity scaled up to manage increased call volumes.

In line with the **Nutrition** in Ebola Response Standard Operating Procedures and Infant and Young Child Feeding in Emergencies guidance, UNICEF has prepositioned appropriate Breast Milk Substitutes to support the infant's nutritional needs where breastfeeding is not feasible or is temporarily interrupted due to Ebola-related circumstances. In parallel, UNICEF is also providing ongoing technical support to MoH to train and orient district nutrition focal points on the nutrition SOPs.

UNICEF is supporting the Ministry of Education and Sports (MoES) to **strengthen Ebola preparedness and response in schools** through coordination, risk communication, and capacity building. Key actions to date include convening the first joint MoES – MoH school health coordination meeting, supporting orientation of District Education Officers on school Ebola preparedness measures, disseminating child-friendly Ebola Information, Education, Communication materials, supporting distribution of prevention messages to schools in high-risk districts, coordinating education sector partner mapping, and strengthening preparedness planning and response coordination.

Under the **Social Protection response**, UNICEF, in collaboration with its implementing partner, is supporting affected households, particularly those with members under quarantine, in isolation, or receiving care in Ebola treatment units, through child-sensitive humanitarian cash transfers. The outbreak can place significant socio-economic strain on affected families, disrupting livelihoods, income sources, and access to essential services, while increasing risks to children’s well-being. UNICEF is supporting the registration of households identified by the MoH to assess vulnerability and determine eligibility for cash assistance, with attention to the presence and needs of children. The cash assistance aims to support families in meeting immediate basic needs, including food, health care, hygiene supplies, transportation, and other essential expenditures during quarantine, isolation, treatment, and recovery. UNICEF plans to support approximately 1,000 households, reaching an estimated 4,000 children. UNICEF has procured worth US$ 342,000 of supplies, primarily IPC/WASH **supplies** and Personal Protective Equipment (PPEs) to support the Ebola response. In Addition, UNICEF procured and handed over 29 tents for the Ebola treatment centers being established by the

Government of Uganda in DRC border areas under a bilateral Memorandum of Understanding between the two countries.

UNICEF is working with the Government and partners to integrate **Prevention of Sexual Exploitation and Abuse** across pillars of the Ebola response, including strengthening the capacity of community health structures, frontline workers, and implementing partners.

Coordination and Partnership

UNICEF's response is fully integrated into government-led structures, under the leadership of the Ministry of Health, working alongside Ministry of Gender, Labour and Social Development (MGLSD), WHO and Africa CDC. As a key partner in the WHO/Africa CDC Incident Management Support Team (IMST), UNICEF co-leads or contributes to key response pillars including Risk Communication and Community Engagement, WASH, Infection Prevention and Control, logistics/supply, and Continuity of Essential Services (CoES) and supports government across the sub national level on preparedness and cross-border planning.

Funding

Thanks to the generous support of the **Governments of Cyprus, Iceland and the United States of America**, as well as the **Mastercard Foundation**, UNICEF is supporting the Ebola National Response Plan, particularly in the areas of surveillance and IPC and RCCE. Additional flexible funding is required to sustain these critical activities over time and continue providing MHPSS and CoES, as well as maintaining immediate and flexible response capacities.

For Further Information

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