CDC in Uganda

The Centers for Disease Control and Prevention (CDC) established an office in Uganda in 1991. CDC Uganda works with the government of Uganda (GOU) and other partners to advance science-based public health initiatives to help the country confront its unique health issues and to improve the health of its citizens. With a focus on the prevention, control, and treatment of HIV/AIDS, CDC Uganda supports TB and malaria programs, maternal and child health services, and vaccination programs. Additionally, CDC works to advance global health security by improving Uganda’s ability to prevent, detect, and respond to public health threats.

CDC STAFF

17 U.S. Assignees
112 Locally Employed

AT A GLANCE

Population: 42,800,000
Per capita income: $1,820
Life expectancy at birth: W 64/M 62
Infant mortality rate: 43/1,000 live births

TOP 10 CAUSES OF DEATH

1. Diarrheal diseases
2. HIV/AIDS & TB
3. Neonatal disorders
4. NTDs and malaria
5. Other noncommunicable diseases
6. Nutritional deficiencies
7. Cardiovascular diseases
8. Neoplasms
9. Unintentional injuries
10. Mental disorders

HIV/AIDS

HIV/AIDS is a major public health issue, and CDC’s HIV program began with the goal of strengthening HIV prevention and control. With tuberculosis (TB) emerging as the leading cause of death among people living with HIV, CDC’s program has moved from one focused mainly on HIV prevention to one that addresses TB as well. CDC works with Uganda’s Ministry of Health (MOH) and other partners to support Uganda in achieving UNAIDS’ 90-90-90 goals by 2020. This means 90% of all Ugandans living with HIV know their HIV status, 90% of all Ugandans diagnosed with HIV infection receive sustained antiretroviral therapy (ART), and 90% of all Ugandans receiving treatment will have viral load suppression.

CDC also supports TB diagnosis through systematic screening of clients attending HIV clinics. With an emphasis on linkage to HIV care and ART for TB/HIV co-infected clients, CDC has integrated these services into existing programs along with preventive TB therapy. In 2017, CDC supported provision of ART to 8,512 out of 9,084 TB/HIV co-infected clients, a 56% contribution to the 15,138 HIV positive TB cases on PEPFAR-supported ART.
Malaria
CDC jointly manages the U.S. President’s Malaria Initiative (PMI) activities in Uganda by supporting the MOH and other partners in developing proven policies and programs that reduce the burden of malaria. CDC provides technical support to strengthen facility-based malaria diagnostics, case management, preventing malaria in pregnancy, and malaria surveillance. CDC further supports the National Malaria Control Program in operational research, monitoring insecticide and antimalarial resistance, and strengthening vector-control strategies.

Health Security
CDC’s global health security efforts include working with our partner countries to help build the core public health capacities that are needed to identify and contain outbreaks before they become epidemics that could affect global populations. Uganda was an early adopter and champion of the Global Health Security Agenda. In partnership with the MOH, the Uganda Virus Research Institute and other U.S. government agencies, CDC is supporting Uganda in meeting WHO’s International Health Regulations and in strengthening the country’s preparedness to respond to emerging and reemerging pandemic threats.

Health Systems Strengthening
Strengthening public health workforces is critical to achieving targets for comprehensive and sustainable healthcare service delivery. CDC supported scaling up of HIV/AIDS services in government and nonprofit facilities, and procuring and strengthening the supply chain to improve access to HIV/AIDS medicines and related commodities across the country through private, not-for-profit facilities. In addition, CDC has supported Uganda’s Prevention of Mother-to-Child Transmission and pediatric HIV programs and played a major role in the U.S. government’s “Saving Mothers, Giving Life” pilot project, a project focused on scaling up high-impact interventions to reduce Uganda’s maternal mortality rate.

Emerging Infections
CDC works with partner organizations to establish surveillance and lab capacity for public health threats such as plague, yellow fever, and highly pathogenic zoonotic viruses like Ebola and Rift Valley fever virus. CDC has sentinel surveillance sites in health care facilities throughout the world, including Uganda, that have dramatically improved capacity to detect and quickly respond to highly pathogenic viruses, reducing case counts, and saving lives. Today, there are over 20 sentinel surveillance sites in healthcare facilities throughout Uganda. In addition to monitoring for infectious diseases, activities include researching Nodding Syndrome and integrating TB Services into maternal and child health clinics.

IMPACT IN UGANDA
516,200 men, women and children received life-saving antiretroviral treatment in 2016.

1,205,306 voluntary medical male circumcisions performed in 2016.

More than 20 outbreak responses, including yellow fever, Crimean-Congo hemorrhagic fever, Rift Valley fever, Marburg, H5N8, typhoid, cholera, and malaria, activated and coordinated by the Uganda Public Health Emergency Operations Center.

Supported construction of the Uganda National Health Laboratory Services. This has improved coordination of laboratory services through the effective national sample transport network and supported access to quality laboratory services.

Maintained polio-free status and strengthened the EPI system to prevent, detect, and respond appropriately 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 individual VHF outbreaks in Uganda and one VHF outbreak from the Democratic Republic of Congo.

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

For more information please contact
Centers for Disease Control and Prevention CDC - Atlanta
1600 Clifton Road NE, Atlanta, GA 30333
www.cdc.gov/global
Email: cdcglobal@cdc.gov
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