

CDC in Uganda



The Centers for Disease Control and Prevention (CDC) partnership with Uganda dates to 1991 when the agency began research there involving HIV/AIDS. By 1994, CDC had established a field epidemiology training program (FETP) at Makerere University, and, by 1998, had in place a permanent country director and a memorandum of understanding with the ministry of health (the Ministry). With the establishment of PEPFAR in 2003, Uganda became a focus country for the initiative and CDC began supporting the implementation of HIV prevention, care, and treatment services. CDC continues to partner with the Ministry as well as more than two dozen indigenous organizations in provision of these and other health services.

Staff

CDC office (physical presence)
127 Locally Employed
20 Direct Hires
2 Contractors and Fellows

At a Glance

Population: 46,218,000
Per capita income: \$1,360
Life expectancy at birth
women/men: 57/56 yrs
Infant mortality rate:
51/1000 live births

Source: Population Reference Bureau 2012
World Population Data Sheet

Top 10 Causes of Death

1. HIV 17%
2. Malaria 12%
3. Lower Respiratory Infections 7%
4. Tuberculosis 5%
5. Meningitis 4%
6. Cardiovascular Diseases 4%
7. Cancer 4%
8. Diarrheal Diseases 3%
9. Road Injuries 3%
10. Ischemic Heart Disease 2%

Source: GBD Compare
(<http://viz.healthmetricsandevaluation.org/gbd-compare/>), 2010

HIV/AIDS

Through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) CDC, the Ministry and other governmental and civic organizations support expanding HIV prevention, care, and treatment services; expanding and improving HIV/counseling and testing services and TB/HIV integrated service delivery; and strengthening health systems. This includes building workforce capacity, strengthening epidemiology, surveillance, and health information systems, monitoring and evaluating program performance, and adapting services to changes in the HIV/AIDS epidemic.

Emerging and Zoonotic Disease Detection

CDC, in partnership with the Uganda Virus Research Institute, has increased laboratory capacity for diagnosing Ebola, Marburg virus, yellow fever, influenza, and hepatitis E, and established a plague diagnostic laboratory and field study site in Arua, and strengthened biosafety and biosecurity practices in public health. The zoonotics program also focuses on improving and expanding surveillance and outbreak response capability.

Some activities include a nodding syndrome outbreak investigation in 2012 to validate cases, establish infrastructure for a trial of several antiepileptics, and to develop information on the illness; the expansion from 10 to 42 traditional healers in Arua and Zombo who can recognize and refer plague patients to the local clinic; and CDC's development of an inexpensive test, the Plague Rapid Test (PRT) for diagnosing plague which yields results in 15 minutes and does not require electricity or refrigeration. PRTs were delivered to Uganda before the 2012-2013 plague season began. CDC is conducting a trial on Ciprofloxacin to treat plague.

Health Systems Strengthening

The FETP works with the Ministry to strengthen national and local public health systems and to address the shortage of skilled epidemiologists. FETPs are two year, in-service training programs: students spend 25% of their time in the classroom and 75% of their time conducting mentored field work. CDC collaborates with the UVRI in Entebbe to improve arbovirus surveillance and field research on arboviral threats.



Influenza

There are nine routine sites and three sites providing specimens periodically for sentinel surveillance for influenza-like illness (ILI) and severe acute respiratory infection (SARI). Influenza monitoring by WHO African was carried out in nine locations by the end of 2010.

Malaria

CDC's malaria program, supported by the President's Malaria Initiative, includes strengthening health-facility based surveillance for malaria control through sentinel sites in collaboration with the Uganda Malaria Surveillance Project, monitoring antimalarial treatments, providing technical guidance and support to the National Malaria Control Program, and supporting the ITN and indoor residual spray campaigns.

Reproductive Health

The Division of Reproductive Health (DRH) is improving MCH programs through availability and quality of basic facility- and community-based MCH data, increasing data analysis evaluation capacity, and improving program effectiveness. DRH will expand the household nutrition survey in Guatemala to include other key MCH indicators and will develop a second MCH survey.

Neglected Tropical Diseases

From 2011-2015 CDC, the Ugandan National Onchocerciasis Control Programme, and the African Field Epidemiology Network is working to eliminate onchocerciasis in Africa. The prevalence of co-endemic filarial infections, which may affect the accuracy of current tests, makes specimen collection a high priority. The Northern Focus in Uganda recently started community-directed treatment, which provides an opportunity to collect specimens that are relatively ivermectin free. The African Onchocerciasis Specimen Bank will create the world's largest collection of specimens to evaluate current diagnostic tests and new tests that are developed, and to develop a rapid, field ready test to eliminate River Blindness in Africa.

Noncommunicable Diseases

DHDSP is working with IUHPE to have health professionals across sub-Saharan Africa (and elsewhere) discuss CVD prevention policy development, monitoring, and evaluation in Africa. IUHPE is strengthening web resources and course curricula for cardiovascular health practice and research in sub-Saharan Africa.

Immunizations

CDC is supporting a capacity building project in Uganda to strengthen the immunizations systems in the country to attain global milestones in polio eradication and measles control; to improve detection and response to outbreaks of vaccine preventable diseases; and to improve the skills of the district EPI Officers, especially to use locally analyzed data to identify under-served counties and communities and to plan and provide for them accordingly.

For more information please contact Centers for Disease Control and Prevention:

CDC-Atlanta

1600 Clifton Road NE, Atlanta, GA 30333

Email: cgh@cdc.gov

Web: <http://www.cdc.gov/global>

Impact in Uganda

- In 2012, CDC-Uganda supported ART for more than 228,000 people and care for nearly 400,000.
- In 2012, CDC-Uganda support of PMTCT transmission services allowed more than 725,000 pregnant women to be counseled and tested and receive HIV results. Of these pregnant women, more than 48,000 were started on ART.
- 800,000 houses sprayed, 3 million residents protected from malaria in 10 districts; households with at least 1 insecticide-treated bednet increased from 16% to 60% in 2012.
- 130 people received rapid prophylaxis for plague; no further cases occurred in 2012.