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Community-Centred One Health Preparedness for Ebola Virus Disease in a Transboundary Biodiversity Hotspot: Evidence from the Greater Virunga Landscape (GVL), Uganda

Inhalt

The Greater Virunga Landscape (GVL), spanning Uganda, Rwanda, and DRC, is a biodiversity hotspot where wildlife-human-livestock interactions and fragile health systems drive zoonotic risk. In May 2026, Uganda confirmed an Ebola Bundibugyo outbreak imported from DRC; by 2 June, 15 cases were confirmed, prompting a WHO PHEIC. No vaccine or treatment exists.

Between 1-9 June 2026, the SOH-PPR-GVL project (GVTC, Gorilla Doctors, WWF Uganda; World Bank Pandemic Fund via FAO, WHO, UNICEF) deployed a rapid One Health response across seven border districts: Bundibugyo, Ntoroko, Bunyangabu, Kabarole, Kanungu, Kasese, Rukungiri. Teams trained VHTs/CHEWs, ran risk communication at schools, markets, facilities, radio talk shows, Point of Entry assessments, and One Health meetings.

The intervention reached 5,000+ people, including 700 VHTs/CHEWs, 1,903 pupils in Kanungu, and 100 cultural leaders.

Four findings emerged: misinformation undermined trust in three districts; risk perception was low community-wide; IPC infrastructure was inadequate everywhere; porous border crossings remained unmonitored. One district's O.H team had not met since November 2025.

This shows that pre-existing community infrastructure enables swift outbreak pivoting. Preparedness in transboundary biodiversity hotspots is fundamentally social, not only technical. Sustained investment in community health workers, coordination, and border surveillance is the most cost-effective path to preventing zoonotic spillovers

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Ebola Bundibugyo Virus Disease, One Health, Pandemic preparedness, Community-based surveillance, Greater Virunga Landscape, Risk communication, Zoonosis, Uganda

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Professional Status of the Speaker

Graduate Student

Junior Scientist Status

No, I am not a Junior Scientist.

Autor: KWIRINGIRA, mugisha (Worldwide Fund for Nature (WWF), Uganda Country Office)

Co-Autor: Frau ALABA, Jenifer Nancy (WWF Uganda Country Office)

Vortragende: Frau ALABA, Jenifer Nancy (WWF Uganda Country Office); KWIRINGIRA, mugisha (Worldwide Fund for Nature (WWF), Uganda Country Office)

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Eingereicht von **KWIRINGIRA, mugisha** <mkwiringira@wwfuganda.org> am **Sonntag, 21. Juni 2026**