Voice of Mengo

Issue 2 · FY2025/26
Mengo Hospital · #MengoCares

IN THIS ISSUE

Ebola, defeated again.

On July 28, Uganda declared itself Ebola-free. The victory belongs to preparation, to science and to the healthcare workers who paid its price.

Dr Simon Peter Nsingo · Executive Director, Mengo Hospital

On 28 July, the Ministry of Health declared the end of Uganda's 2026 Ebola outbreak. After 42 days without a single new case, the country is Ebola-free. When the outbreak was confirmed in May, I knew that the right response was neither panic nor avoidance of the care people needed, but rather preparation – quiet, disciplined, and coordinated. Ten weeks on, that preparation has been proven right.

The facts deserve to be stated plainly, including the hard ones. Uganda recorded 20 confirmed cases. Eighteen people recovered; two, sadly, did not. The virus arrived from the Democratic Republic of Congo, which accounted for 15 of the cases. The other five were Ugandans, and every one of them was a health worker, infected while caring for others. We hold those two lives, and those frontline colleagues, at the very centre of this moment. No declaration of success is worth anything if it forgets them.

This outbreak was not ended by luck. It was ended by a fully documented response. The source of infection was identified, every transmission chain traced and reconstructed, and all contacts quarantined and monitored to the end of the follow-up period without further spread. Rapid molecular diagnostics, whole-genome sequencing, digital surveillance, and real-time contact tracing are examples of tools that Uganda used in previous epidemics to reach a level of certainty that allowed the nation to end the outbreak on evidence rather than just the calendar. The fact that genomic analysis even identified the circulating virus as a unique Bundibugyo variant serves as a reminder that our knowledge of these illnesses is constantly expanding.

"This outbreak was not ended by luck. It was ended by a fully documented response."

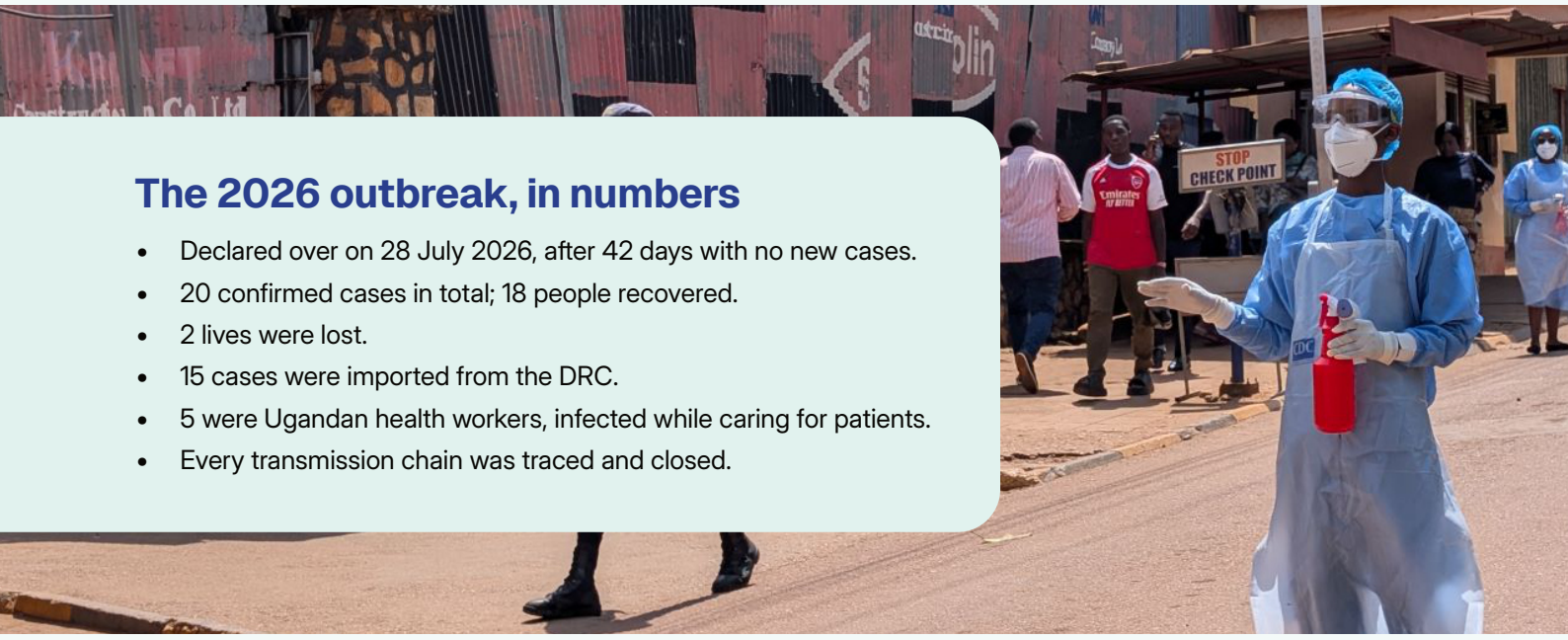
When the outbreak was declared, some abroad reached again for alarm and travel restrictions. The World Health Organization advised against them, and Uganda has now shown why. A country that can identify, trace, and close an imported outbreak in a matter of weeks is not a danger to be walled off; it is a partner to be trusted. Our experience hard-won across several outbreaks is precisely what global health security needs more of, not less.

Our part was the same as it has always been: to stay calm, stay prepared, and stay aligned with the national response. Throughout the scare we kept routine services running safely, screened at our entrances, and stood ready as a dependable partner to the Ministry of Health. We did not claim to be a singular gold standard, and we do not now. But we take quiet pride in the discipline our teams showed.

And we remain grateful to the Ministry for its leadership, to Friends of Mengo UK for the protective equipment they provided, and to the Uganda Protestant Medical Bureau for steady coordination across the faith-based health network.

The overriding lesson from this outbreak is that trust in a healthcare system must depend on tangible, steady performance instead of promotional slogans and never on fear. Being declared Ebola-free is not the end of vigilance; it is the reward for it. Preparedness does not switch off with a declaration, and ours will not.

Uganda has faced Ebola before and beaten it before. It has done so again, not by luck, but by good preparation. That is a victory worth marking and a lesson worth keeping.



The 2026 outbreak, in numbers

- Declared over on 28 July 2026, after 42 days with no new cases.
- 20 confirmed cases in total; 18 people recovered.
- 2 lives were lost.
- 15 cases were imported from the DRC.
- 5 were Ugandan health workers, infected while caring for patients.
- Every transmission chain was traced and closed.

Sources: WHO, Disease Outbreak News, 22 May 2026 (who.int/emergencies/disease-outbreak-news/item/2026-DON603); WHO PHEIC determination, 17 May 2026. Symptom guidance: Uganda Ministry of Health.

Small incisions, safer surgery, faster recovery.

Mengo's Head of Surgery explains how laparoscopic (keyhole) surgery delivers safer procedures, less pain, and faster recovery — and why, above all, it is about trust.

Dr Mwanje Bright Anderson · Head of Surgery

For years, I have practised laparoscopic surgery not as a trend, but as a commitment to better outcomes, safer procedures, and a higher standard of care.

Laparoscopy represents a fundamental shift in how we operate. Through small, precise incisions, we can reach and treat conditions that once required large openings and long recovery. With high-definition imaging and specialised instruments, every step is controlled, intentional, and guided by accuracy.

The benefits are clear and measurable. Patients feel less pain after surgery, lose less blood, and face a lower risk of infection. Hospital stays are shorter and recovery is faster, so people return to their normal lives sooner than they would after open surgery.

From routine operations such as gallbladder removal to more advanced abdominal procedures, laparoscopy keeps redefining what is possible in modern medicine. It is not simply about doing surgery differently; it is about doing it better.

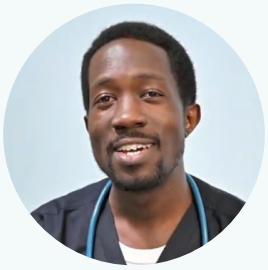
But beyond the technology, the instruments, and the theatre lights, this is about trust. Every patient who lies on that table entrusts us with their life, their future, and their hope.

Laparoscopic surgery lets us honour that trust with care that is both advanced and compassionate.

What patients should know about keyhole surgery

- It uses small incisions instead of one large opening, guided by high-definition cameras.
- It usually means less pain and less blood loss after the operation.
- It carries a lower risk of wound infection than open surgery.
- It often allows a shorter hospital stay and a quicker recovery.
- It is used for gallbladder removal and more advanced abdominal surgery.
- Ask your surgeon whether your procedure can be done laparoscopically.

The Emergency Department: where time means life.



Consolidated in 2025, Mengo's Emergency Department delivers round-the-clock, life-saving care.

Dr Kwagala Joseph · Medical Officer

In the heart of Mengo Hospital stands a department built on urgency, compassion, teamwork, and resilience: the Emergency Department. Formally consolidated in 2025 to handle accident and emergency cases, it operates around the clock, providing 24-hour care to patients from all walks of life. Though still young, it has quickly grown into a full unit committed to timely, life-saving care.

An emergency physician leads the department, supported by a multidisciplinary team of medical officers, senior house officers in medicine and surgery, intern doctors, and highly trained critical-care nurses. Together they form a workforce ready to respond at any hour. With 10 beds and an average waiting time of about one hour, the department aims to balance efficiency with patient-centred care.

One of its greatest strengths is its location. The Emergency Department, located between the Outpatient Department and the Specialist Centre, provides immediate access to specialist services and additional staff when they are most needed during emergencies, patient surges, and rapidly deteriorating cases, when every second counts and cross-departmental collaboration can mean the difference between life and death.

"The guiding principle is simple: time is life."

Its guiding principle is simple: time is life. The team understands the value of rapid decisions and quick communication, and years of training have built a culture of seamless coordination with the intensive care unit, imaging, laboratory, and other services. This enables faster diagnosis, quicker treatment, and better outcomes.

Despite this progress, the department faces real challenges – the greatest being the cost of care for uninsured or partially insured patients. As a Private Not-for-Profit (PNFP) hospital, we often treat patients who need urgent, life-saving care but cannot immediately meet the cost. Unpaid bills strain resources, yet the commitment to preserving life remains, and staff continue to uphold the hospital's mission of compassionate care above all.

Beyond the medicine and the procedures, what truly sets the department apart is its humanity. The slogan 'Mengo Cares' is not just words on a wall; it shows in how we treat patients and families. Compassion, empathy, professionalism, and dignity stay at the centre of every interaction, even under the pressures of emergency medicine.

Because in the end, this is where our community turns in its hardest moments—and finds that it is not alone.

Mengo's screening research goes global.

An elective audit of Mengo's HPV screening programme earned an international oral presentation.

Dr. Katherine Renshaw Dring

Over the summer of 2025, I had the privilege of undertaking my medical elective at Mengo Hospital. I completed a split clinical and research elective, spending time in both the Obstetrics and Gynaecology Department and the HIV and Public Health Department. Under the supervision of Dr Edith Namulema and Mr. John Dalton, I designed a research project examining the cervical cancer screening programme for HIV-positive women at Mengo.

In 2023, Mengo switched from its previous screening method, visual inspection with acetic acid (VIA), to HPV testing. Because HPV causes the majority of cervical cancers, detecting infection early allows women to receive preventive treatment, thereby reducing the disease. The project aimed to identify key figures — screening uptake, retention, HPV positivity, and demographic trends — that could assist the team in reaching out to patients who are less likely to return and improving the program.

Starting the project was daunting; I was a medical student from the UK with limited research experience. But I had excellent support from Dr Namulema, who introduced me to colleagues who helped me access the data I needed. Once we had written the proposal, we identified women who had attended screening, collated the data, analysed the findings, presented them graphically, and wrote up the audit as a research paper.

We submitted the abstract to the British Society for Colposcopy and Cervical Pathology (BSCCP), hoping to present a poster at its annual scientific meeting. Our expectations were surpassed: we were invited instead to give an oral presentation to more than 350 delegates from around the world. It was remarkable to share the work being done at Mengo by Dr Namulema and Sister Robinah through the cervical screening programme.

We hope this recognition encourages further research at Mengo, strengthens collaboration and resource-sharing, and supports global health partnerships beyond Leeds Teaching Hospitals NHS Trust. I thoroughly enjoyed working within an international team and learning from both Ugandan and British colleagues, and I hope we can continue this work and, ultimately, help eliminate cervical cancer in Uganda.

About Mengo's cervical screening

- Cervical cancer is largely caused by HPV, a common virus.
- In 2023, Mengo moved from VIA to more sensitive HPV testing.
- Early detection lets women receive preventive treatment.
- The audit examined uptake, retention, and who is less likely to return.
- The work was presented internationally at the BSCCP meeting.

From critical illness to a dream of medicine.

After 15 days in intensive care, a young patient returns to school with a dream to match.

Prossy Nantongo Kisitu . Client Experience

When Nakato arrived at Mengo Hospital, her family feared the worst. A sudden, severe cough had worsened quickly. She had first been treated at another hospital without improvement and was referred to us for specialised care.

At Mengo, Nakato needed urgent admission to the Intensive Care Unit (ICU). For her family, the moment was overwhelming; they faced the cost of critical care and an urgent need for transport, and emotions ran high. The team responded quickly and compassionately, arranging an ambulance that arrived within 15 minutes. Throughout her stay, the doctors kept communication open and reassuring, with regular updates and family meetings to explain her condition and progress.

Nakato spent 15 days in the ICU under close monitoring by the doctors, the paediatric surgeon, and the ICU nursing team. Her family had braced themselves for bad news; instead, they watched a steady recovery they described as a miracle.

The family praised the cleanliness of the hospital, its standards of hygiene, and the professionalism of the staff and were grateful for the daily reviews and the ready availability of nurses and doctors whenever they had questions. The team also arranged additional consultations and supported the family throughout, including follow-up after discharge.

Nakato is now back at school – healthy, cheerful, and thriving. When the team visited, she was overjoyed to see the nurses and staff who had cared for her during her critical days. Asked about her future, she shared her dream with confidence: one day, she wants to become an ICU doctor, inspired by the team that helped save her life.

Her journey from critical illness to recovery is a powerful reminder of the impact of compassionate, patient-centred care and of the hope that continues beyond the ICU.

Voice of Mengo