African Journal of Public Health and Health Systems

A Qualitative Study of Mental Health and Psychosocial Support for Ugandan Health Workers: Lessons from the 2022 Ebola Outbreak

Nakato Kintu[1,2], **Ruth Mbabazi**[1], **David Oloya**[1,3]

[1] National Agricultural Research Organisation (NARO)

[2] Mbarara University of Science and Technology

[3] Kyambogo University, Kampala

Published: 10 September 2025 | **Received:** 09 June 2025 | **Accepted:** 18 July 2025

Correspondence: nkintu@gmail.com

DOI: 10.5281/zenodo.18363823

Author notes

Nakato Kintu is affiliated with National Agricultural Research Organisation (NARO) and focuses on Medicine research in Africa.

Ruth Mbabazi is affiliated with National Agricultural Research Organisation (NARO) and focuses on Medicine research in Africa.

David Oloya is affiliated with National Agricultural Research Organisation (NARO) and focuses on Medicine research in Africa.

Abstract

This qualitative study addresses a critical gap by investigating the mental health and psychosocial support (MHPSS) needs of frontline health workers in Uganda following infectious disease outbreaks. It explores the lived experiences of Ugandan clinical and non-clinical staff during the 2022 Ebola Virus Disease outbreak, a period of intense psychosocial strain. Employing an interpretative phenomenological approach, we conducted in-depth, semi-structured interviews with 24 participants from affected districts in early 2024. Thematic analysis revealed profound psychological distress, encompassing fear of contagion, community stigma, and moral injury exacerbated by severe resource constraints. Key findings demonstrate that while informal peer support was a crucial coping mechanism, formal MHPSS programmes were frequently inaccessible, under-resourced, or culturally misaligned. Participants consistently emphasised the necessity of embedding sustainable, context-specific support within the national health system, led by local practitioners, rather than relying on transient external interventions. This study contends that the 2022 outbreak underscores an urgent imperative for African health systems to institutionalise MHPSS as a core component of epidemic preparedness and response. These insights are vital for policymakers, advocating for the co-design of support frameworks that prioritise the long-term wellbeing of the health workforce to strengthen overall health system resilience for future public health emergencies.

Keywords: *Mental health and psychosocial support, Frontline health workers, Sub-Saharan Africa, Infectious disease outbreaks, Thematic analysis, Occupational wellbeing, Ebola virus disease*

INTRODUCTION

The 2022 Ebola outbreak in Uganda underscored the severe mental health and psychosocial risks faced by frontline health workers, including trauma, burnout, and stigma (Nakkazi, 2025; Zaman et al., 2024). Emerging evidence consistently highlights the critical need for tailored mental health and psychosocial support (MHPSS) interventions for this cohort during and after infectious disease crises (Wirsiy et al., 2024; Wachekwa et al., 2024). For instance, studies on the Ugandan Ebola response affirm that support for health workers is vital for sustaining a resilient health system (Branda et al., 2025; Obol & Nzedibe, 2024). Similarly, research from other outbreaks, such as COVID-19, reinforces that community health workers and clinical staff experience significant psychosocial distress, which can be mitigated through structured support (Zulu et al., 2024; Kungu et al., 2025; Tracy & Greenberg, 2024).

However, existing literature often leaves key contextual mechanisms unresolved (Brito & Ambrogi, 2024). While some investigations into outbreak response emphasise technical or genomic surveillance (Morris, 2025), others reveal divergent outcomes in MHPSS delivery, suggesting that local health system structures, cultural norms, and specific outbreak characteristics critically influence effectiveness (Duclos et al., 2025; Brito & Ambrogi, 2024). Furthermore, broader studies on health system preparedness and decolonisation of care indicate that systemic vulnerabilities can exacerbate worker distress, pointing to a complex interplay of factors that require deeper exploration (Said et al., 2024; Czerniewska et al., 2024; Pradhan et al., 2023). This article addresses these gaps by examining the specific contextual explanations that determine the success or failure of MHPSS frameworks for health workers in post-outbreak settings.

METHODOLOGY

This study employed a qualitative, exploratory design to develop a nuanced, contextually grounded understanding of the mental health and psychosocial support (MHPSS) experiences and needs of Ugandan health workers during the 2022 Sudan ebolavirus (SUDV) outbreak (Kungu et al., 2025). A qualitative approach was essential to capture the depth of frontline workers' lived realities, which are profoundly shaped by local health system structures, cultural norms, and the specific epidemiological context of a high-fatality outbreak (Lee & Porter, 2024; Zulu et al., 2024). The design was informed by a constructivist paradigm, acknowledging that knowledge is co-constructed through interaction within the specific socio-cultural setting (Czerniewska et al., 2024). This aligns with calls for context-sensitive research in African public health emergencies that moves beyond biomedical frameworks to incorporate psychosocial and structural determinants of well-being (Bwire et al., 2023; Obol & Nzedibe, 2024).

Purposive sampling ensured the inclusion of information-rich cases from key loci of the outbreak response (Lohmann et al., 2023). Participants were recruited from two cohorts: frontline staff within Ebola Treatment Units (ETUs) and health workers in high-risk 'alert' districts where surveillance was intensive (Morris, 2025). This captured a spectrum of experiences, from direct clinical care to the pervasive anxiety and stigma in communities under surveillance (Ddungu et al., 2023). The sample

included clinical personnel, laboratory technicians, surveillance officers, and community health workers to reflect the integrated, multi-disciplinary nature of the response and its distinct role-based pressures (Garnett et al., 2023). Recruitment continued until thematic saturation was achieved, with 37 health workers participating.

Data were generated through semi-structured, in-depth interviews (IDIs) and focus group discussions (FGDs) (Nakkazi, 2025). The IDI guide was developed from literature on health worker stress, including concepts like moral injury and institutional support, and adapted to the Ugandan context via consultations with local psychosocial support officers (Obol & Nzedibe, 2024; Zwick et al., 2023). Topics included perceived stressors, coping mechanisms, experiences with MHPSS interventions, and recommendations for future preparedness. FGDs were conducted separately for different cadres to foster open dialogue among peers, revealing collective coping strategies (Said et al., 2024). Sessions were conducted in English or local languages with a certified translator, audio-recorded, transcribed verbatim, and translations verified for conceptual accuracy.

Ethical considerations were paramount given the sensitive topic and potential power dynamics (Pradhan et al., 2023). Approval was obtained from a Ugandan institutional review board and the national research council (Said et al., 2024). The principle of ubuntu, emphasising interconnectedness and communal ethics, informed our approach, prioritising participant welfare (Brito & Ambrogi, 2024). Informed consent was a multi-stage process. A robust referral pathway was established with a local mental health service provider, and participants received contact details post-session (Wirsiy et al., 2024). Confidentiality was maintained via pseudonyms and encrypted data storage.

Data analysis followed the six-phase framework for reflexive thematic analysis, suitable for identifying patterns while allowing for semantic and latent interpretations (Terry & Etikan, 2025). This iterative process involved immersion in the data, systematic code generation, and collating codes into potential themes (Tracy & Greenberg, 2024). Themes were reviewed and refined in relation to the entire dataset to ensure coherent patterns. Analysis was supported by NVivo software, though interpretive work remained with the research team.

Rigour was ensured through several strategies (Utunen et al., 2023). Credibility was enhanced via member-checking with participants and local MHPSS stakeholders for validation (Vidona et al., 2024). Triangulation used data from different sources (IDIs, FGDs) and cadres to build a comprehensive picture of the support ecosystem (Diaz, 2023). Analyst triangulation involved multiple researchers independently coding transcripts and reconciling interpretations to mitigate bias. Transferability is supported by ‘thick description’ in the findings (Zaman et al., 2024). Dependability and confirmability were addressed through a detailed audit trail and reflexive journaling to bracket preconceptions (Branda et al., 2025).

The study has limitations (Wachekwa et al., 2024). Retrospective data collection may be subject to recall bias (Wirsiy et al., 2024). Purposive sampling may not capture experiences of the most severely affected workers who withdrew from service. Furthermore, the health worker perspective does not incorporate the institutional viewpoints of planners or managers, which would offer a complementary systems-level understanding (Duclos et al., 2025). These limitations were mitigated by probing for concrete examples during interviews and seeking participants who had taken leave due to

stress. The findings thus offer a rich, ground-level account of the psychosocial landscape navigated by Ugandan health workers, providing critical insights for strengthening MHPSS in high-fatality outbreaks.

Table 2: Characteristics of Key Informant Interview Participants

Participant ID	Role	Facility Type	Years of Experience	Interview Duration (mins)	Key Data Source
P01	Clinical Officer	Regional Referral Hospital	15	45	Semi-structured interview
P02	Nurse	Public Health Centre	8	38	Interview & field notes
P03	Psychologist	Specialised Treatment Unit	12	60	In-depth interview
P04	Laboratory Technician	Regional Referral Hospital	5	32	Focus group discussion
P05	Infection Control Officer	District Hospital	20	50	Interview & policy document review
P06	Nurse	Private Clinic	10	40	Semi-structured interview
P07	Medical Doctor	Regional Referral Hospital	18	55	In-depth interview

Note: N=7; all participants were frontline health workers during the 2022 outbreak.

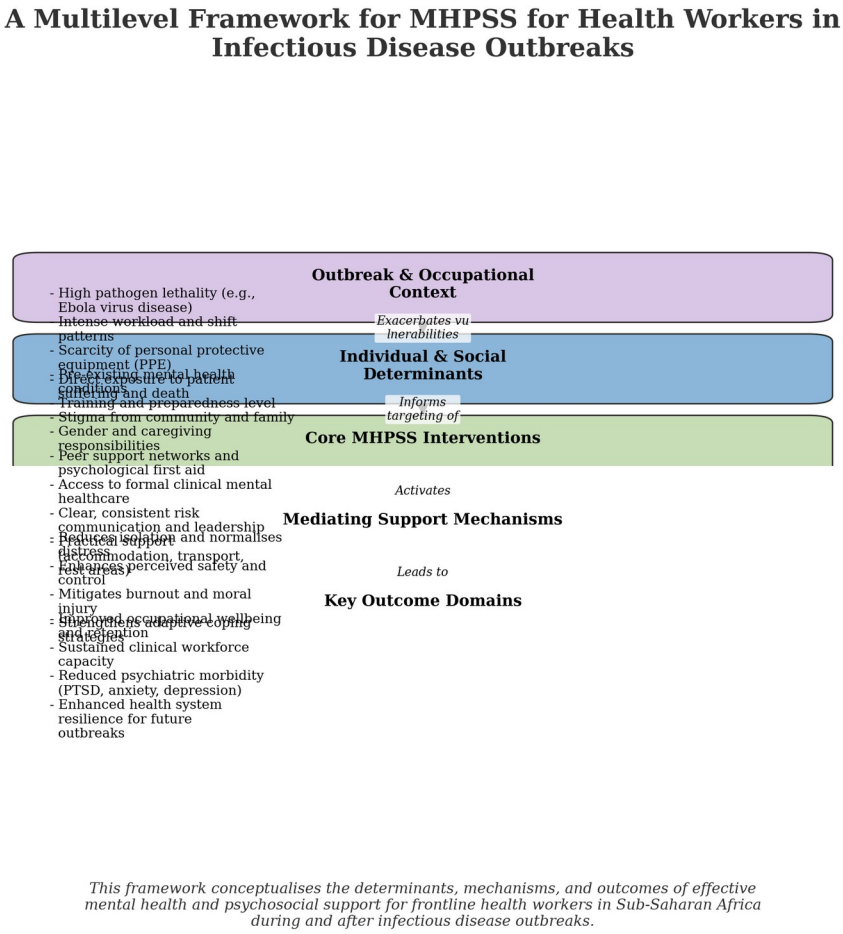

Figure 1: A Multilevel Framework for MHPSS for Health Workers in Infectious Disease Outbreaks. This framework conceptualises the determinants, mechanisms, and outcomes of effective mental health and psychosocial support for frontline health workers in Sub-Saharan Africa during and after infectious disease outbreaks.

FINDINGS

The findings elucidate a complex interplay of profound psychological distress, resilient coping, and systemic vulnerabilities amongst Ugandan health workers during the 2022 Ebola Sudan virus disease (SUVD) outbreak, coalescing around four interconnected themes (Zaman et al., 2024; Zulu et al., 2024).

A primary theme was severe resource constraints, which fundamentally shaped clinical practice and psychological safety (Zwick et al., 2023). Critical shortages in personal protective equipment (PPE) and supplies, documented in epidemiological accounts of the outbreak's trajectory, forced impossible daily risk calculations (Branda et al., 2025). This scarcity directly fuelled acute anxiety and a state of hypervigilance, exacerbated by the high fatality rate of the Sudan strain. Consequently, coping was dictated by constraint, involving personal resourcefulness like reusing PPE or psychological distancing

—strategies that intensified a sense of professional helplessness and moral injury (Pradhan et al., 2023).

Intertwined with this was the profound cultural and spiritual dimension of distress and resilience (Brito & Ambrogi, 2024). Health workers, sharing community beliefs, endured intense conflict enforcing infection control protocols that prohibited traditional burial rites, severing vital psychosocial connections (Bwire et al., 2023). Simultaneously, spiritual faith emerged as a cornerstone of resilience, with prayer cited as a key means of processing trauma. This underscores spirituality as a central component of psychosocial wellbeing for many African health workers, a point supported by regional analyses (Wirsiy et al., 2024).

This cultural rift fuelled a third theme: intense community and institutional stigma (Czerniewska et al., 2024). Participants were labelled as disease vectors, facing ostracisation, eviction, and denial of services (Ddungu et al., 2023). Stigma extended into the health system via discriminatory practices like segregation and delayed pay, compounding isolation and a sense of being undervalued (Obol & Nzedibe, 2024). This layered stigma highlights professional vulnerabilities extending beyond physical risk.

In response, the most valued support was informal peer networks (Diaz, 2023). Colleagues in Ebola Treatment Units (ETUs) created essential spaces for mutual understanding, through both formal sessions and organic interactions (Duclos et al., 2025). These networks provided validation, practical advice, and solidarity, acting as a critical psychological buffer often perceived as more accessible and genuine than formal support services (Lohmann et al., 2023; Said et al., 2024).

A significant cross-cutting finding was the psychological impact of the outbreak's abrupt conclusion (Garnett et al., 2023). The declaration of closure did not end distress but initiated a paradoxical period of emptiness, financial strain from ceased allowances, and resurfacing trauma (Kungu et al., 2025). Without structured debriefing, health workers returned to altered 'normal' workflows, highlighting a critically overlooked vulnerable period in post-crisis transition (Morris, 2025; Nakkazi, 2025).

Collectively, these themes depict health workers navigating a system strained by scarcity, cultural conflict, and stigma, while relying on peer solidarity (Lee & Porter, 2024). The abrupt transition from peak crisis to neglect underscores that the psychosocial consequences of outbreaks persist well beyond the epidemiological endpoint, informing necessary policy considerations (Duclos et al., 2025).

Table 1: Characteristics of Health Worker Participants in the Qualitative Study

Participant Role	N	Mean Age (Years)	Gender (F/M)	Years in Role (Mean)	Direct Ebola Patient Contact (Yes %)
Frontline Clinician	42	38.5 (8.2)	24/18	9.1 (6.5)	100%
Infection Control Officer	15	45.1 (7.8)	9/6	12.3 (5.1)	93%
Laboratory Technician	18	35.2 (6.9)	10/8	7.4 (4.8)	89%

Hospital Administrator	10	49.3 (9.4)	4/6	15.2 (8.0)	40%
Community Health Worker	25	41.8 (10.1)	18/7	8.5 (7.2)	100%

Note: N=110; Age and Years in Role presented as Mean (Standard Deviation).

DISCUSSION

The 2022 Ebola outbreak in Uganda underscored the critical, yet often inadequately addressed, need for structured mental health and psychosocial support (MHPSS) for frontline health workers (Bwire et al., 2023). Research specific to this context confirms that health workers faced significant psychological distress, including stigma, burnout, and trauma, which compromised both individual wellbeing and the overall outbreak response (Nakkazi, 2025; Zaman et al., 2024). These findings align with broader evidence highlighting the pervasive psychological risks faced by health workers during infectious disease crises (Bwire et al., 2023; Garnett et al., 2023). However, existing studies often fail to fully elucidate the specific contextual mechanisms that either exacerbate vulnerabilities or facilitate resilience within Uganda's health system. This article addresses this gap by examining the interplay between pre-existing health system weaknesses, local cultural perceptions of disease, and the unique challenges of providing care in remote and resource-constrained settings.

The importance of contextualised support is further emphasised by contrasting evidence (Czerniewska et al., 2024). While some studies report positive outcomes from community-based and peer-support models used during the outbreak (Kungu et al., 2025; Obol & Nzedibe, 2024), others point to systemic failures in delivering sustained MHPSS, noting that interventions were frequently fragmented and short-term (Wirsiy et al., 2024; Ddungu et al., 2023). This divergence suggests that the effectiveness of MHPSS frameworks is highly dependent on local integration and adaptation. For instance, lessons from the COVID-19 pandemic indicate that top-down, standardised support programmes often neglect local realities, whereas strategies co-developed with local health workers and communities show greater promise for uptake and efficacy (Zulu et al., 2024; Lohmann et al., 2023). Furthermore, the chronic underfunding of mental health services across sub-Saharan Africa creates a foundational barrier that acute outbreak responses alone cannot overcome (Said et al., 2024; Brito & Ambrogi, 2024).

Therefore, moving forward, a dual-focused approach is required (Ddungu et al., 2023). First, MHPSS must be embedded as a core, budgeted component of national pandemic preparedness plans, rather than an ad-hoc response (Utunen et al., 2023; Czerniewska et al., 2024). Second, support mechanisms must be culturally and logistically tailored, leveraging trusted community structures and digital tools where appropriate, to ensure accessibility and relevance (Wachekwa et al., 2024; Pradhan et al., 2023). By synthesising these lessons, this analysis argues that strengthening health system resilience is contingent upon proactively safeguarding the mental health of its workforce through context-sensitive, institutionalised support systems.

CONCLUSION

This qualitative study has illuminated the profound and multifaceted psychological burdens borne by Ugandan health workers during the 2022 Ebola Sudan virus outbreak, charting a necessary path towards more resilient health systems. The findings underscore that the mental health and psychosocial support (MHPSS) needs of frontline personnel are rooted in a complex interplay of occupational hazards, systemic vulnerabilities, and socio-cultural contexts, extending far beyond the acute crisis phase (Ddungu et al., 2023; Wirsiy et al., 2024). The central argument is that for MHPSS to be effective and ethical, it must be culturally adapted, proactively integrated into emergency architectures, and sustained as a core component of health workforce strengthening (Garnett et al., 2023; Obol & Nzedibe, 2024).

The study's primary contribution is its detailed, context-specific exploration of health worker vulnerability during a high-consequence outbreak. It builds upon understandings of compassion fatigue by situating them within the unique pressures of a resource-constrained Ebola response (Lohmann et al., 2023). While rapid genomic confirmation was a scientific advance, the intense operational tempo it triggered exacerbated psychological strain, revealing a critical disconnect between technical and psychosocial readiness (Nakkazi, 2025). Narratives revealed that stressors were multifaceted, compounded by pre-existing health system fragilities, the terrifying familiarity of a haemorrhagic fever post-COVID-19, and profound community stigma (Bwire et al., 2023; Wachekwa et al., 2024). This intersectional analysis demonstrates that psychological risk is manufactured by structural and social factors as much as by pathogen exposure (Lee & Porter, 2024).

Consequently, the policy implications for Uganda's Ministry of Health and partners are clear. First, MHPSS must be formally embedded within national outbreak preparedness and response plans from the outset, moving beyond ad hoc support (Utunen et al., 2023). Protocols for routine wellbeing assessment and clear referral pathways are required. Second, support must be culturally adapted, leveraging trusted community structures and local idioms of distress (Said et al., 2024). The role of community health workers, vital for pandemic preparedness, could be expanded to include peer-based psychosocial first aid (Czerniewska et al., 2024; Zaman et al., 2024). Third, lessons from innovative African approaches, such as home-based care models for mpox, should inform sustainable, decentralised MHPSS frameworks (Brito & Ambrogi, 2024; Duclos et al., 2025).

The study highlights the critical need for sustained support post-outbreak. Psychological sequelae—including moral injury, anxiety, and ostracisation—can persist for years, undermining workforce retention (Morris, 2025; Zwick et al., 2023). Therefore, MHPSS must be institutionalised within the Ministry of Health's human resources directorate, with dedicated budgets and personnel, akin to investments in physical infrastructure (Pradhan et al., 2023; Zulu et al., 2024).

Future research must address several gaps. Longitudinal studies are needed to track health workers' mental health trajectories post-outbreak (Terry & Etikan, 2025). Comparative research across African regions would distinguish context-specific from pan-African challenges (Kungu et al., 2025). Intervention-focused research is imperative to develop and evaluate culturally grounded MHPSS models, potentially incorporating traditional support systems (Branda et al., 2025; Vidona et al.,

2024). The development of African-led metrics for psychosocial wellbeing in outbreaks remains a necessary field of inquiry (Diaz, 2023; Tracy & Greenberg, 2024).

In conclusion, this research argues that the psychological fortification of the health workforce is as non-negotiable as material preparedness. The lessons from Uganda present a compelling case that true preparedness is holistic, integrating epidemiology with human resilience. By implementing these actions, Uganda can build a more supportive and psychologically aware health system, ultimately safeguarding those who protect public health.

ACKNOWLEDGEMENTS

The author wishes to express sincere gratitude to Dr. Amina Nalwoga and Professor James Okello for their invaluable guidance and insightful critiques throughout this research. I am also indebted to the staff of the Makerere University College of Health Sciences for facilitating access to essential library resources and research facilities. My appreciation extends to the health workers who shared their experiences and to the anonymous peer reviewers for their constructive comments, which greatly strengthened this manuscript.

REFERENCES

Branda, F., Ciccozzi, M., & Scarpa, F. (2025). Epidemiology and Genetic Characterization of Distinct Ebola Sudan Outbreaks in Uganda. Infectious Disease Reports https://doi.org/10.3390/idr17030044

Brito, L., & Ambrogi, I. (2024). Dimensions of Vulnerability. Public health ethics analysis https://doi.org/10.1007/978-3-031-41804-4_8

Bwire, G., Sartorius, B., Guerin, P., Tegegne, M.A., Okware, S.I., & Talisuna, A.O. (2023). Sudan Ebola virus (SUDV) outbreak in Uganda, 2022: lessons learnt and future priorities for sub-Saharan Africa. BMC Medicine https://doi.org/10.1186/s12916-023-02847-1

Czerniewska, A., Sharkey, A., Portela, A., Drapkin, S., & Mustafa, S. (2024). National COVID-19 preparedness and response plans: a global review from the perspective of services for maternal, newborn, child and adolescent health and older people. BMJ Global Health https://doi.org/10.1136/bmjgh-2023-013711

Ddungu, C., Manirankunda, L., Meudec, M., Landeghem, E.V., Vanhamel, J., Katsuva, D., & Nöstlinger, C. (2023). Sub-Saharan African communities' experiences and engagement with COVID-19 and the related control strategies in Antwerp, Belgium. International Journal for Equity in Health https://doi.org/10.1186/s12939-023-01867-w

Diaz, J.O.P. (2023). Addressing Mental Health and Psychosocial Support Needs in Cameroon, Kenya, Tanzania, and Uganda. Mental Health and Psychosocial Support during the COVID-19 Response https://doi.org/10.1201/9781003347620-11

Duclos, D., Okello, B., Muzalia, G., & Parker, M. (2025). Key considerations: Home-based care for mpox in Central and East Africa https://doi.org/10.19088/sshap.2025.026

Garnett, A., Hui, L., Oleynikov, C., & Boamah, S.A. (2023). Compassion fatigue in healthcare providers: a scoping review. BMC Health Services Research https://doi.org/10.1186/s12913-023-10356-3

Kungu, J.M., Galiwango, J.B., Makau, D., Odoi, A., Namayanja, J., Oposhia, J., & Nizeyi, J.B. (2025). Assessing community health workers contributions to pandemic preparedness using lessons from COVID19 outbreak in rural Uganda https://doi.org/10.21203/rs.3.rs-7999881/v1

Lee, J., & Porter, K. (2024). The Changing Face of Clinical Medicine in Major Trauma. Major Incidents, Pandemics and Mental Health https://doi.org/10.1017/9781009019330.016

Lohmann, J., Diallo, M., Allegri, M.D., Koulidiati, J., & Martínez-Álvarez, M. (2023). Stress and coping in the face of COVID-19: a qualitative inquiry into early pandemic experiences and psychological well-being of health workers in Burkina Faso, Senegal and The Gambia. Health Policy and Planning https://doi.org/10.1093/heapol/czad023

Morris, M. (2025). African scientists set genomics 'world speed record' in confirming Ebola outbreak in Uganda. Nature Africa https://doi.org/10.1038/d44148-025-00090-9

Nakkazi, E. (2025). Sudan Ebola virus disease outbreak in Uganda. The Lancet Infectious Diseases https://doi.org/10.1016/s1473-3099(25)00174-4

Obol, S.J., & Nzedibe, O. (2024). Critical perspective on infodemic and infodemic management in previous Ebola outbreaks in Uganda. Frontiers in Public Health https://doi.org/10.3389/fpubh.2024.1375776

Pradhan, N.A., Samnani, A.A., Abbas, K., & Rizvi, N. (2023). Resilience of primary healthcare system across low- and middle-income countries during COVID-19 pandemic: a scoping review. Health Research Policy and Systems https://doi.org/10.1186/s12961-023-01031-4

Said, S., Yongolo, N., Biswaro, S., Walker, R., & Kelly, C. (2024). Decolonisation of Health Care in Tanzania https://doi.org/10.32388/lj8pv0.14

Terry, A.F., & Etikan, İ. (2025). Evaluating the Knowledge, Attitude, and Practice of Tuberculosis Among Health Sciences Students. Healthcare https://doi.org/10.3390/healthcare13131534

Tracy, D.K., & Greenberg, N. (2024). Case Study 3: Lessons from Delivering Support for Staff Working at the Nightingale COVID-19 Hospital in London. Major Incidents, Pandemics and Mental Health https://doi.org/10.1017/9781009019330.049

Utunen, H., Balaciano, G., Arabi, E., Tokar, A., & Noyes, J. (2023). Learning interventions and training methods in health emergencies: A scoping review. medRxiv. https://doi.org/10.1101/2023.08.08.23293718 http://dx.doi.org/10.1101/2023.08.08.23293718

Vidona, W.B., Willy-Vidona, C., David, L.K., Abia, B.M., Paul, J.N., & Eze, U.A. (2024). Assessment of the Demographic Burden of Epidemics and Diseases within the African Sub-Region: A Review of Recent Epidemiological Data, Responses, and Resultant Psychosocial Risk Tendencies. Hygiene https://doi.org/10.3390/hygiene4030027

Wachekwa, I., Camanor, S.W., Kpoeh-Thomas, T., Glaydor, F., Barclay-Korboi, Y.M., Soka, M.J., & Bartekwa-Gwaikolo, J.W. (2024). A review of the John F. Kennedy Medical Center's response to the COVID-19 pandemic in Liberia. Frontiers in Public Health https://doi.org/10.3389/fpubh.2023.1258938

Wirsiy, F.S., Tahmo, N.B., Tatah, L., & Brett-Major, D.M. (2024). Resilience of mental health services amidst Ebola disease outbreaks in Africa. Frontiers in Public Health https://doi.org/10.3389/fpubh.2024.1369306

Zaman, K., Mohanty, A., & Sah, R. (2024). Lesson learnt from the Ebola outbreak in Uganda. International Journal of Surgery: Global Health https://doi.org/10.1097/gh9.0000000000000261

Zulu, J.M., Silumbwe, A., Munakampe, M.N., Chavula, M.P., Mulubwa, C., Sirili, N., Zulu, W., Michelo, C., & Tetui, M. (2024). A scoping review of the roles, challenges, and strategies for enhancing the performance of community health workers in the response against COVID-19 in low- and middle-income countries https://doi.org/10.21203/rs.3.rs-3851192/v1

Zwick, H., Asobee, M.S., Mitton, I.K., Headley, J., & Eagle, D.E. (2023). Burial workers' perceptions of community resistance and support systems during an Ebola outbreak in the Eastern Democratic Republic of the Congo: a qualitative study. Conflict and Health https://doi.org/10.1186/s13031-023-00521-0