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Alert note

Regional Response to Ebola Virus Disease (EVD) outbreak
due to the Bundibugyo virus in DRC

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Date completed: 03 June 2026
Forums: DRC, Tanzania
Type of emergency: Ebola Virus Disease (Bundibugyo Virus)

Funding Survey

If the forum indicates a plan to launch an appeal, we request funding members to please fill out this survey form which will help the **Emergency Steering Committee** assess the funding environment for this response. Please respond to this survey *within 24 hours of Alert publication*.

1. The nature of the emergency

A new outbreak of Ebola Virus Disease caused by the Bundibugyo virus has been declared in the DRC, more precisely in Ituri Province, on May 16th, 2026. This outbreak has been confirmed by WHO as an epidemic of international concern and a public health emergency.

The causes of this emergency are multiple, including the high mobility of the population, persistent insecurity, the ongoing humanitarian crisis, the urban and semi-urban nature of the current outbreak and a vast network of informal health structures. These factors increase the risk of local and regional spread. According to WFP, the Bundibugyo outbreak threatens to escalate what is already one of the world's largest hunger crises. In Ituri Province alone, more than one-third of the population struggles with acute or worse food insecurity, including more than half a million people facing emergency hunger.

As the DRC grapples with multiple crises stemming from armed conflicts, the Ebola virus outbreak has compounded the situation, leading to a complex and underfunded humanitarian crisis. Ituri Province remains the epicentre of the Ebola virus outbreak in 2026, while high cross-border mobility with Uganda, persistent insecurity and mass population displacement significantly increase the risk of community and regional spread. In North Kivu, according to the official statement of the Provincial Governor and INRB (Insitut national de Biomedicales), three cases were declared positive for Ebola Virus Disease, followed by the temporary closure of the border and other exit and entry routes to the DRC.

Although Tanzania currently has no confirmed active Ebola cases, the county remains at considerable risk of Ebola Virus Disease importation due to its close geographic proximity and strong socio-economic linkages with neighboring countries currently experiencing or recently affected by Ebola outbreaks, particularly the DRC and Uganda. Border regions are characterized by frequent and often uncontrolled cross-border movements involving trade, migration, fishing activities, family interactions, and other social and economic engagements, significantly increasing the likelihood of rapid cross-border transmission. According to recent regional surveillance updates from WHO and partner agencies, Tanzania continues to face increasing vulnerability to epidemic-prone diseases despite ongoing investments in surveillance and health system strengthening.

2. The impact and scale of the emergency

According to the available information, this is a large-scale emergency requiring a coordinated and significant response. According to data collected from April 1 to May 27, 2026, by WHO, a total of 2,635 contacts were listed; 906 suspected cumulative cases and 125 confirmed cases, including 94 in Ituri, 6 in North Kivu and 1 in South Kivu. About 60% of the affected people are women. Suspected cases were also reported in other unspecified health zones of Ituri, while in North Kivu, the Goma health zone and the city of Butembo each recorded 1 case.
Ituri, North Kivu and South Kivu provinces are characterized by high population mobility, security issues, a severe financial crisis, and fragile health infrastructure, making epidemic management particularly complex. At least four deaths among healthcare workers, in a clinical context suggestive of viral

haemorrhagic fever, have been reported, raising concerns about healthcare-associated transmission and gaps in infection prevention and control measures. People are affected by the illness itself, leading to death and suffering. Fear of the disease and control measures can also lead to social and economic disruptions, population displacement and limited access to essential services. The Ebola outbreak and its effects, such as lockdowns and border closures with Uganda and Rwanda, could have an impact on livelihood activities and food security, exacerbating an already precarious humanitarian crisis.

In the short term, the epidemic threatens lives, overloads already fragile health systems and disrupts socio-economic activities. The high level of misinformation regarding Ebola may also contribute to the spread of Ebola within the region. In the long term, it could lead to a loss of confidence in health systems, psychological trauma, an increase in poverty, and regional instability if its spread is not effectively contained. The Bundibugyo strain currently has no approved treatment or vaccine, making the response more difficult.

In Tanzania, the regions of Kagera, Kigoma, Mara, Mwanza and other border districts remain highly exposed due to their proximity to outbreak-prone neighboring countries and the high volume of cross-border interactions. Border communities, mobile populations, traders, pastoralists, fishing communities, families with cross-border links, and frontline health workers are among the groups most at risk in the event of EVD importation. Tanzania has also experienced recurrent viral haemorrhagic fever events (2023 Marburg outbreak in Kagera and 2025) the country's vulnerability to emerging and re-emerging infectious diseases and exposed critical gaps in IPC readiness, emergency response capacity, trained workforce availability, and coordination systems, particularly in frontline health facilities serving border communities. WHO and regional health security assessments continue to identify Tanzania as a priority country for preparedness strengthening.

3. Local and national capacity

Local populations, accustomed to health and humanitarian crises, implement survival and resilience strategies. However, the persistence of conflicts and the scale of this new epidemic often exceed their capacities to adapt and overcome the shock.

Local health structures exist but are often under-equipped and lack qualified personnel. Local non-governmental organizations, including BOAD, ECC-MERU/South Kivu, ECC-North Kivu, COPAD,Armees du Salut and EELCO, are at the forefront of efforts in awareness, prevention, and community support. Community leaders also play a crucial role in mobilizing communities and disseminating information on preventive measures against Ebola.

The DRC government has declared an outbreak and, with support from WHO, UN agencies and national agencies, has set up a response strategy focusing on the following pillars: epidemiological control, prevention and control of infections, medical assistance, risk communication and community engagement, and multisectoral assistance. However, the immense size of Ituri Province and North Kivu, with two parallel administrations and security challenges, may complicate the rapid and effective implementation of response plans.

WHO has strengthened its support and is coordinating the international response. Organizations like MSF are on the ground for medical assistance, while other UN agencies and international NGOs are also mobilized or in the process of being mobilized to support efforts to prevent and control infections. The DRC government, WHO and UN agencies have set up coordination mechanisms and called for more interventions in health, WASH, protection, food security, logistics and other sectors.

ACT members are part of this coordination mechanism at country level and have already started responding to the Ebola outbreak. Most DRC Forum members are grassroots organizations trusted by community members and can play an important role in risk communication and community engagement, as well as infection prevention and control, as two key pillars of the strategy to fight the Ebola outbreak and avoid the wider spread of the epidemic in the region.

The Government of Tanzania, through the Ministry of Health and its partners, has continued to strengthen national preparedness and response systems for epidemic-prone diseases. Investments have been made in disease surveillance, emergency coordination mechanisms, laboratory systems, rapid response teams, infection prevention and control, and community-based health interventions.

Tanzania has also developed strong partnerships with Faith-Based Organizations, civil society organizations and humanitarian actors supporting health service delivery and community engagement across the country. These partnerships are particularly important in hard-to-reach and underserved border

communities, where faith-based health facilities remain trusted providers of healthcare services. Tanzania also maintains collaborative relationships with FBO networks operating under the umbrella of the ACT Alliance in Kenya, Uganda, Rwanda, Burundi, and the Democratic Republic of Congo.

In Tanzania, the facilities are mainly distributed across the Northern, Lake, and Western Zones, including KCMC in Moshi, Nyakato Hospital and Bugando Medical Centre in Mwanza, Bunda DDH and Shirati Hospital in Mara Region, several faith-based facilities in Kagera Region, Heri Adventist Mission Hospital in Kasulu District, and Kigoma Baptist Hospital in Kigoma/Ujiji Municipality. In Uganda, the facilities include St. Mary's Hospital Kilembe in Kasese, Kitovu Hospital in Masaka, Mutolere Hospital in Kisoro, Bwindi Community Hospital in Kanungu, Kisiizi Hospital in Rukungiri, and Kuluva Hospital in Arua. In Rwanda, the identified facilities include Kibagabaga Hospital, King Faisal Hospital, Ruhengeri Hospital, Gisenyi Hospital, Rwamagana Hospital, and Nyagatare Hospital. In Burundi, the facilities include Kira Hospital, Ngozi Hospital, Gitega Regional Hospital, Bururi Hospital, and Muyinga Hospital. In Kenya, the facilities include Kijabe Hospital, Consolata Hospital Nkubu,Mater Misericordiae, Consolata Mathari, Jumuiya, AIC Litein, and Coast General Hospital.

4. Key needs and gaps

The Ebola Virus Disease outbreak has occurred at a particularly critical time, as funding for humanitarian activities, especially in the health sector, has been affected by the suspension of U.S. funding. This once again highlights an alarming humanitarian situation, where existing response capacities are under significant pressure.

In DRC, while WHO and Médecins sans Frontières are responding to health care needs, several gaps remain, particularly in infection prevention and control, risk communication and community engagement, and multisectoral assistance. Security constraints, poor road infrastructure, and limited physical access remain major challenges in the affected provinces, limiting timely response and outreach to affected and at-risk communities.

In the health sector, trained personnel are available for the management of Ebola Virus Disease, but there is a lack of equipment and incentives for proper case management. Urgent WASH needs also remain, particularly in health facilities and affected or at-risk communities, where access to safe water, sanitation, and hygiene is essential to prevent further spread of the disease.

The outbreak is also increasing protection risks, especially for women and children, who may face heightened exposure to violence and exploitation in the context of fear, illness, and disruption of services. Disruptions to agricultural and commercial activities may further increase food insecurity and malnutrition in affected communities. There is also a strong need to strengthen community awareness and engagement to improve acceptance of prevention and control measures and avoid misinformation.

Significant uncertainties persist regarding the actual number of infected people and the geographical extent of the outbreak. ACT DRC Forum members are grassroots organizations trusted by community members and are well positioned to respond across different pillars of the strategy and contribute to reducing the spread of the epidemic.

In Tanzania, despite ongoing investments in preparedness and health system strengthening, the country continues to face significant vulnerabilities related to Ebola preparedness and response capacity, particularly within high-risk border regions. Key gaps include limited rapid response capacity at peripheral health facilities, inadequate infection prevention and control infrastructure and supplies, shortages of trained frontline healthcare workers, weak community awareness and risk communication systems in remote border areas, limited laboratory diagnostic and specimen referral capacity, insufficient cross-border coordination and real-time information sharing, and limited psychosocial support and stigma reduction interventions during outbreaks. These gaps create a heightened risk for delayed detection and response in the event of an Ebola outbreak, potentially resulting in rapid transmission and significant humanitarian and public health consequences. Resource constraints at district and community levels also affect the ability to sustain preparedness efforts in the most exposed areas.

Please indicate whether you are considering:

	Indicate your intention with an **X** below

Rapid Response Fund *(intended for small and medium scale emergencies)*	
Appeal *(intended for large scale emergencies)*	X

If you indicate an intention to launch an appeal, the secretariat will activate an Emergency Steering Committee meeting within two working days on receipt of this alert.

5. Forum Capacity and members intention to respond

ACT Member	Geographical focus	Sectors of expertise and experience
Christian Aid DRC	Goma, Nyiragongo, Beni, Bunia, and Rwampara Health zones (about 4500 householsd direct reach)	WASH facilities, Hygiene NFI, PPE Cash for protection support, Risk Communication Awareness and Community Engagement (RCCE). Community engagement on: - infection prevention and control (IPC) - Access to safe water, sanitation, and hygiene services to reduce transmission risks - Livelihood support to mitigate the socioeconomic impact of the outbreak, reduce negative coping mechanisms, and prevent increased vulnerabilities—including those that may heighten exposure risks and protection concerns among affected populations - RCCE, to build trust, counter misinformation, and promote life-saving behaviors
Evangelilcal Lutheran Church in Tanzania (ELCT)	Kagera, Kigoma, Mwanza and Mara Regions of Tanzania : These regions have active boarders with DRC, Uganda, Burundi and Rwanda accessed by roads, by water across lake victoria and other means. The borders have have some of the most active cross border activities and family relations between people in Tanzania, DRC and Uganda where we currently have the active Ebola oubreak Engagement of FBO health facilities located in Uganda, Kenya, Rwanda, Burundi – engagement of ACT Alliance members in these EAC countries with health facilities located in the boarder and those with high cross border activities	• Training of Health workers of health workers from 30 health facilities in this region • Provision of PPE to the facilities boardering DRC, and Uganda • Emergency Medical supplies for prevention and possible trématent of suspected cases or related conditions • Enhancing laboratory preparedness and rapid diagnostic capacity; • WASH facilities, Hygiene • Community prevention and sensitization • Faith communities engagement and trainings Tanzania: Member states • Media engagament and prevention campaigns • Improving risk communication and community engagement in high-risk communities; • Supporting Faith-Based health facilities with preparedness supplies and training; • Establishing and equipping rapid response teams at regional and district levels; • Strengthening emergency coordination and cross-border information sharing mechanisms; • Enhancing community-based surveillance and early warning systems; and
EELCO	Bukavu, territory kabare , kalehe et idjwi .	Training of local leaders preventive measures against Ebola,sensitisations,support with PPE
BOAD / GOMA RDC	North Kivu: city of Goma and Beni, territories Nyiragongo, Rutshuru, Masisi Lubero , Beni	- I- Emergency humanitarian assistance (food, non-food items, WASH, protection), - Food security and livelihoods

		- Community resilience, peace, and social cohesion, - Good Governance - Environmental Protection, - Community Engagement
ECC-MERU South Kivu	Health zones of Kalehe, Kalonge, Bunyakiri,Uvira Katogota et Kamanyola.	- Sensitizations.distributions of handwashing kits
COPAD	Bunia, rwampara,Karisimbi, Nzulo.	Senzitisations, handwashing distributions,pyschosocial support.
NCA	Mithi-Murhesa, Kadutu et Ibanda, zones de santé de Karisimbi, Nyiragongo et Goma.	Handwashing (Preventions and controls of infections)
HEKS/EPER	Nord Kivu, sud Kivu and Ituri.	{Preventions and controls of infections,support with PPE, cash distributions/livelihoods.
ECC-Nord Kivu	Health zones of Karisimbi,Goma.	Sensitisations,training of religious leaders, wash handing distributions
ARMEE DU SALUT (Salvation Army)	Health zones of Karisimbi, Masisi et Beni.	Wash and distributions kits, training on preventives measures

6. Potential responses

ACT members are considering a response in DRC and Tanzania, focusing on community engagement, infection prevention and control, WASH, support to health facilities, psychosocial support, multisectoral assistance and coordination. We expected to reach 98737 persons among them people living with disability.

In DRC, BOAD and Christian Aid are planning an integrated response in North Kivu and Ituri, focused on awareness campaigns on Ebola Virus Disease, promotion of hygiene practices, combating misinformation, distribution of hygiene kits, installation of water points and handwashing facilities, disinfection of public places, capacity building for local health workers, provision of PPE and basic medical equipment, and strengthening early warning systems and reporting of suspected cases at community level. The response will also include support for affected individuals and their families.

The initial action plan is structured around four priority operational areas: flexible financial support to initiate frontline logistics operations, capacity building through specialized training and accelerated refresher courses on Ebola management, IPC and epidemiological surveillance, urgent allocation of PPE, rapid diagnostic kits, essential medicines and WASH materials, and enhanced coordination with local health authorities, the ACT Alliance network, and national and international partners to ensure a harmonized response. The target groups include frontline medical staff and community relays, patients and users of targeted health facilities, and priority households reached through community-based hygiene and sanitation activities.

Other ACT DRC Forum members are also responding or planning to respond. ECC-MERU South Kivu is focusing on risk communication and community engagement, as well as infection prevention and control through the distribution of handwashing kits. COPAD is working on risk communication and community engagement and providing psychosocial support to affected communities. NCA is responding on risk communication, community engagement, and infection prevention and control in North Kivu and South Kivu. ECC-North Kivu is working on risk communication, community engagement, and infection prevention and control in North Kivu. EELCO is working on trainings of local leaders, preventive measures against Ebola and support with PPE.

To date, 10,416 people, including 6,686 women and 3,730 men, have been reached through communication and community engagement activities.

In Tanzania, ELCT intends to support national preparedness, prevention, and rapid response efforts, with a focus on high-risk border regions and vulnerable communities. The response would prioritise Kagera, Kigoma, Mwanza and Mara Regions, which have active borders and cross-border connections with DRC, Uganda, Burundi and Rwanda through roads, Lake Victoria and other routes. These areas are characterized by active cross-border movements, trade, and family relations between people in Tanzania, DRC and Uganda, where the current Ebola outbreak is active.

The response would prioritise strengthening community-based surveillance and early warning systems, improving risk communication and community engagement, supporting cross-border information sharing,

and reinforcing preparedness capacities of faith-based health facilities serving border communities. Based on ELCT experience and long-standing partnerships with Faith-Based Organization health facilities across the East African Community, ELCT estimates that FBOs could contribute approximately 75 health facilities across the region, including 30 from Tanzania, 23 from Uganda, 10 from Kenya, 5 from Burundi, and 7 from Rwanda. This would include engagement of ACT Alliance members and FBO health facilities located in Uganda, Kenya, Rwanda and Burundi, particularly those situated in border areas or serving communities with high cross-border mobility.