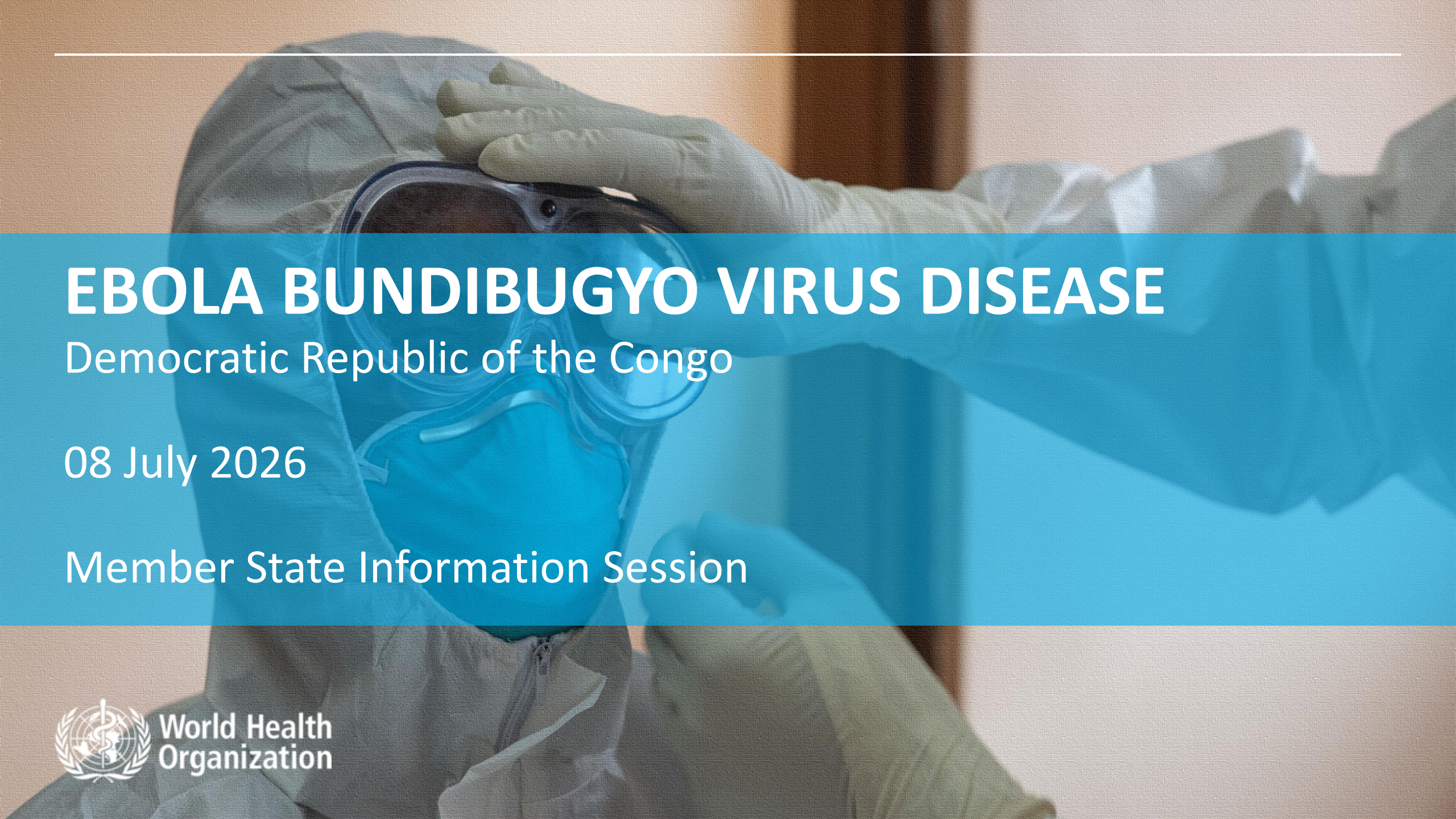




EBOLA BUNDIBUGYO VIRUS DISEASE

Democratic Republic of the Congo

08 July 2026

Member State Information Session



World Health
Organization

Epidemiological overview - cumulative, last 7d, last24h

Democratic Republic of the Congo: Key figures as of 2026-07-06

Time period	Confirmed cases	Confirmed deaths	Recoveries	Health Zones affected	Health worker infections
Total to date	1,708	580	280	37	109
New - last 24h	84	59	7	1	0
New - last 7d	375	181	91	2	31
New - last 21d	871	384	231	6	34

Uganda: Key figures as of 2026-07-07

Time period	Confirmed cases	Confirmed deaths	Recoveries	Districts affected	Health worker infections
Total to date	20	2	16	1	4
New - last 24h	0	0	0	0	0
New - last 7d	0	0	1	0	0
New - last 21d	1	0	9	0	0

*Uganda has reported in addition 1 probable case and 1 probable death

France: Key figures

Time period	Confirmed cases	Confirmed deaths	Recoveries	Districts affected	Health worker infections
Total to date	1	0	1	1	1



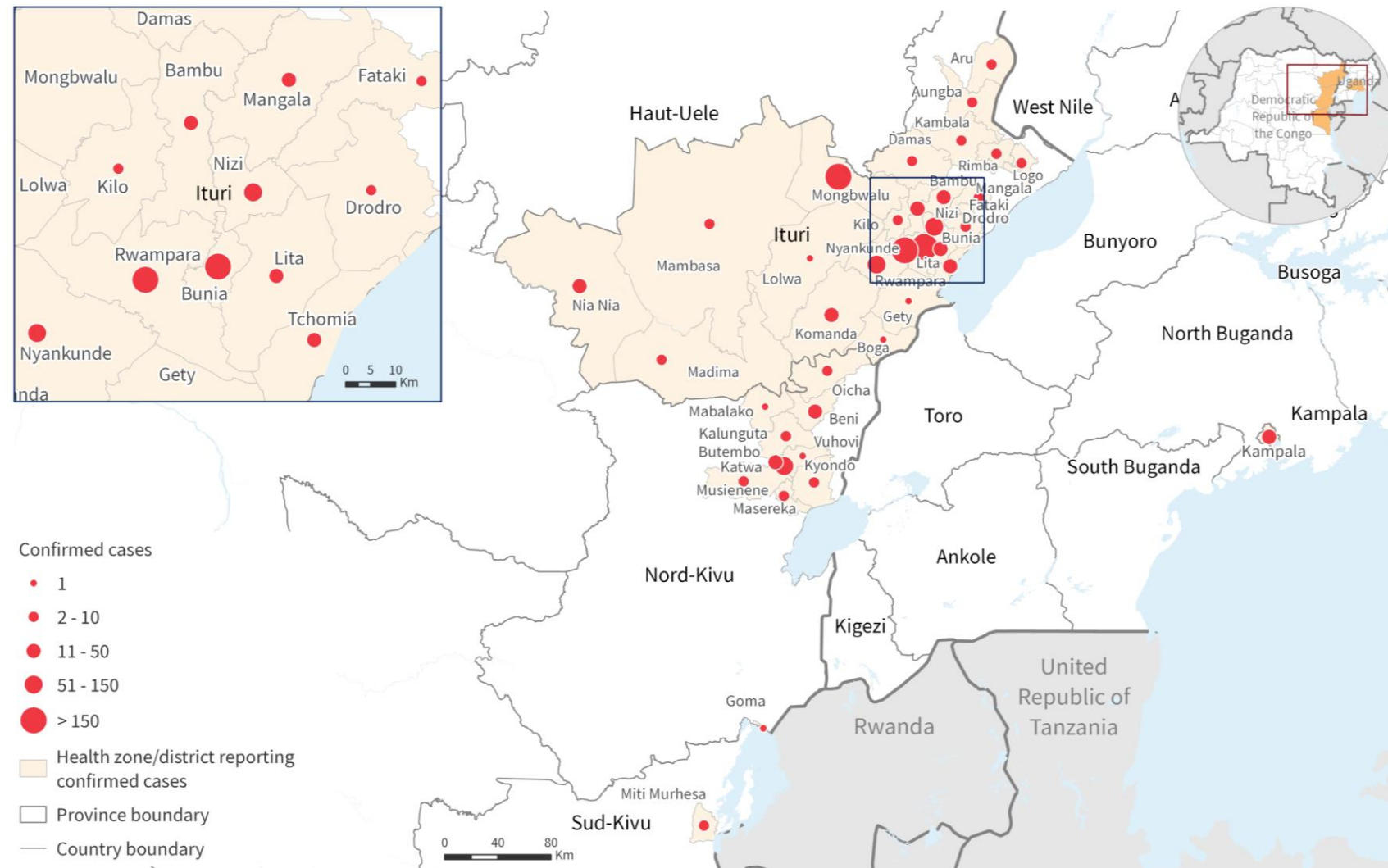
Data Source [MOH DRC](#), MOH Uganda – [link 1](#), [link 2](#), [MOH France](#)

* Suspected deaths have been temporarily excluded from the count pending the results of ongoing investigations. These investigations will determine whether they can be classified as probable cases or definitively discarded.

Confirmed cases

- **37 health zones in 3 provinces** reporting confirmed cases in DRC
 - Ituri - 25 HZ
 - Nord Kivu – 11 HZ
 - South Kivu – 1 HZ
- **1 district** reporting confirmed cases in Uganda

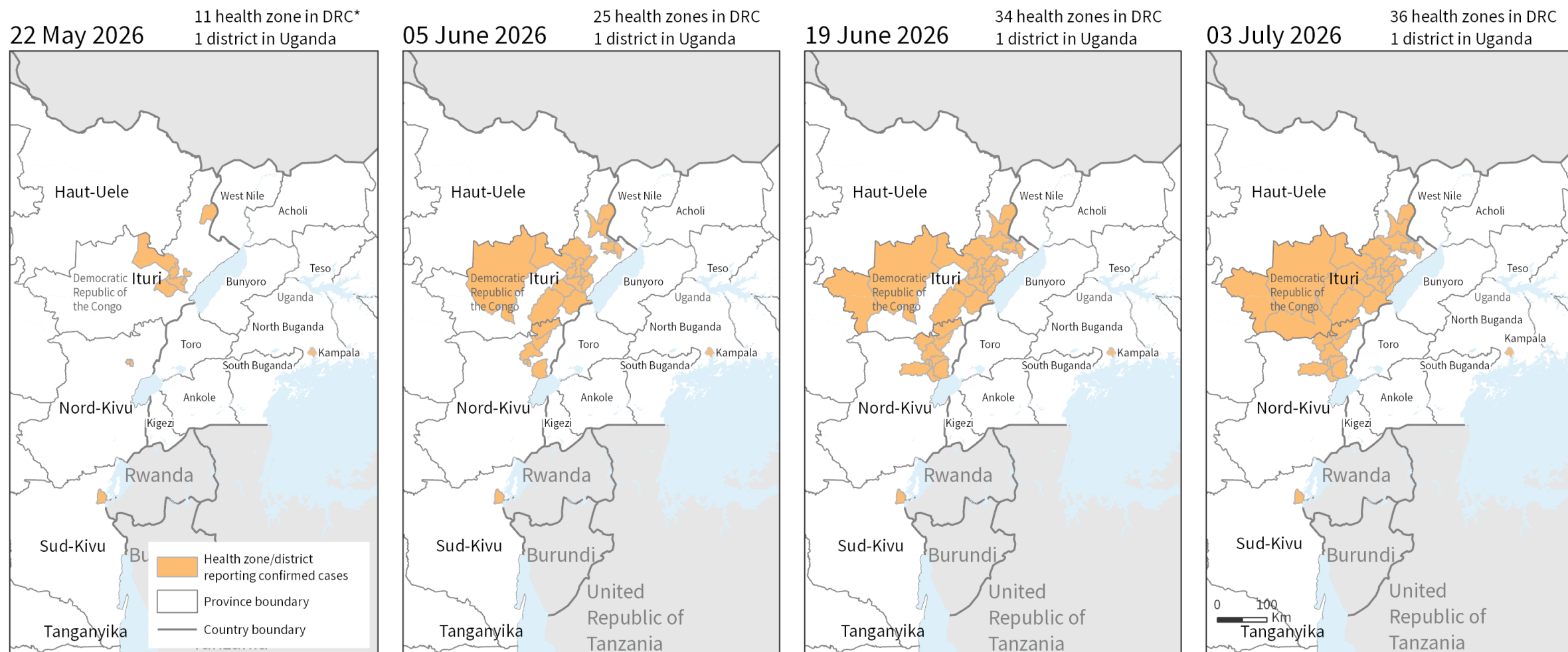
Distribution of confirmed Ebola Bundibugyo virus disease cases in the Democratic Republic of the Congo and Uganda, as of 7 July 2026.



The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization, Ministries of Health of the Democratic Republic of the Congo and Uganda, GRID3
Map Production: WHO Health Emergencies Programme

Health zones or districts reporting confirmed Ebola Bundibugyo virus disease cases in the Democratic Republic of the Congo and Uganda



The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

* On 15 May 2026 (date of the BVD outbreak declaration), 13 confirmed cases were reported in Rwampara health zone. Suspected and probable cases were reported in Bunia and Monbwalu health zones.

** The health zone of Goma in Nord-Kivu province is not visually distinguishable on the map due to its small geographic size and the scale of the map. Goma began reporting cases on 18 May 2026.

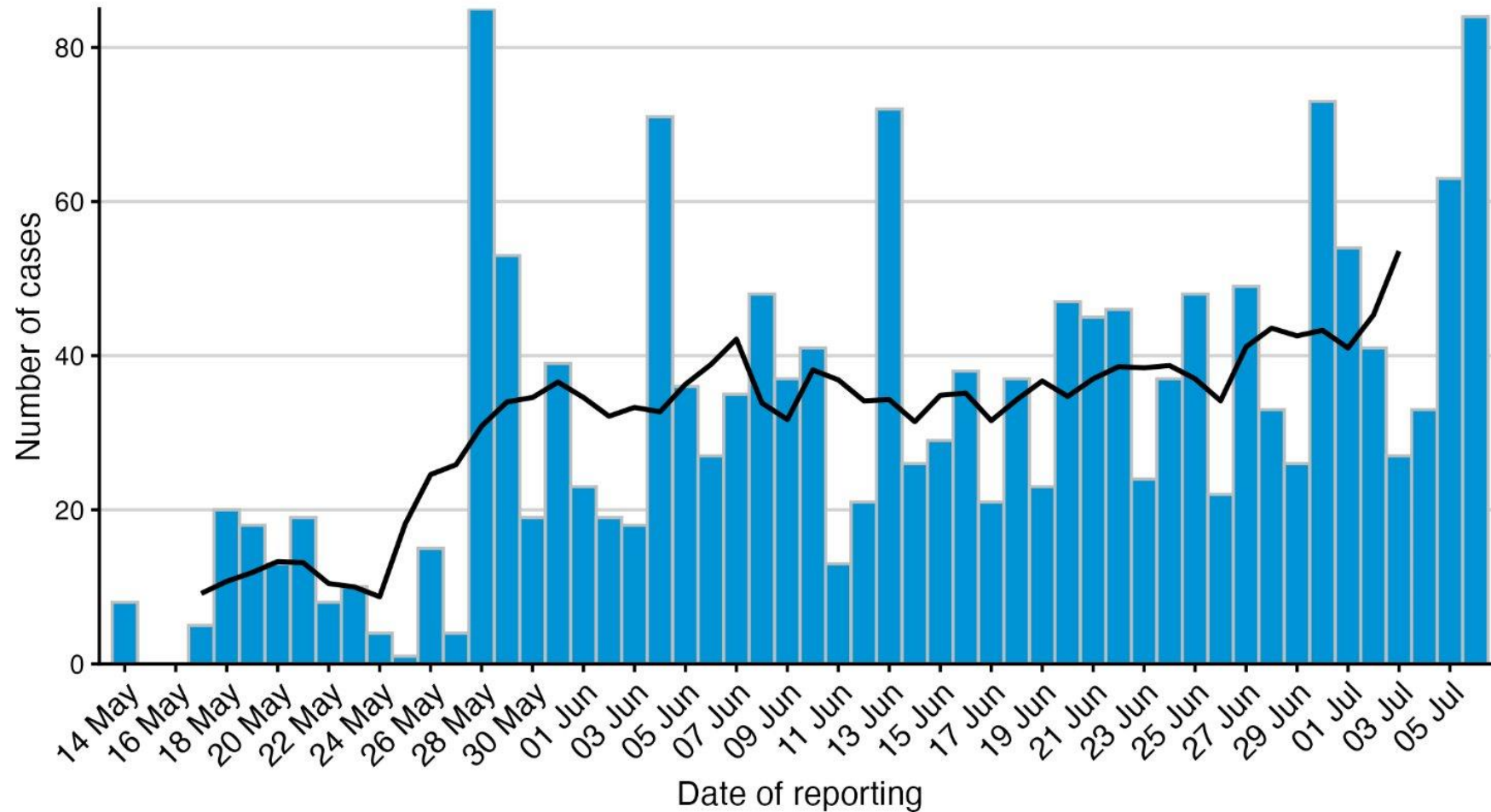
Data Source: World Health Organization, Ministries of Health Democratic Republic of the Congo and Uganda, GRID3
Map Production: WHO Health Emergencies Programme



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Confirmed cases (n = 1708) by date of reporting in DRC

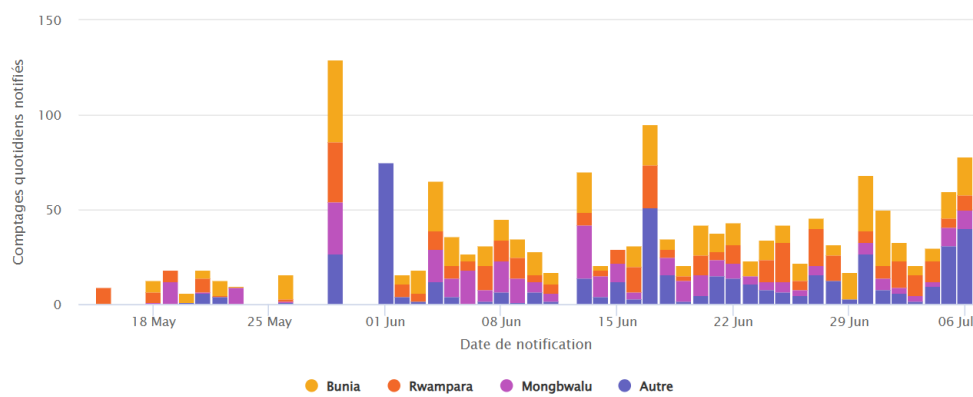
Data as of 2026-07-06 — black line = 7-day moving average



Source = Centre des Opérations d'Urgence de Santé Publique (COUSP) situation reports

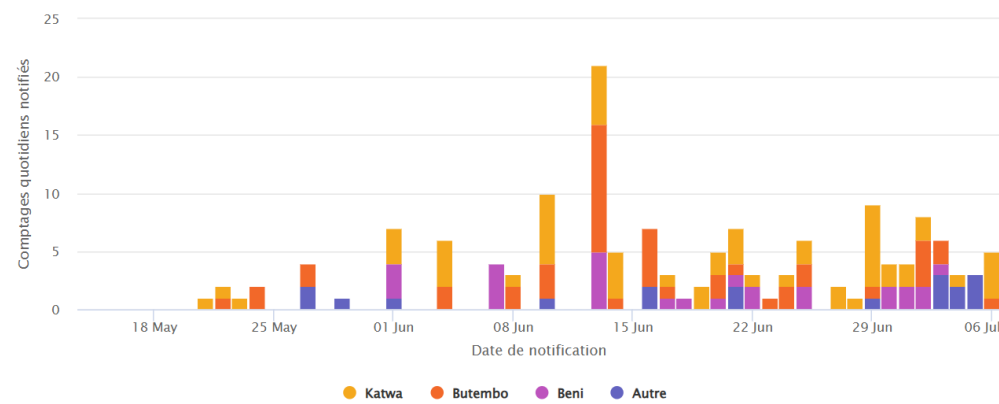
Most affected zones by province

Confirmed cases in Ituri



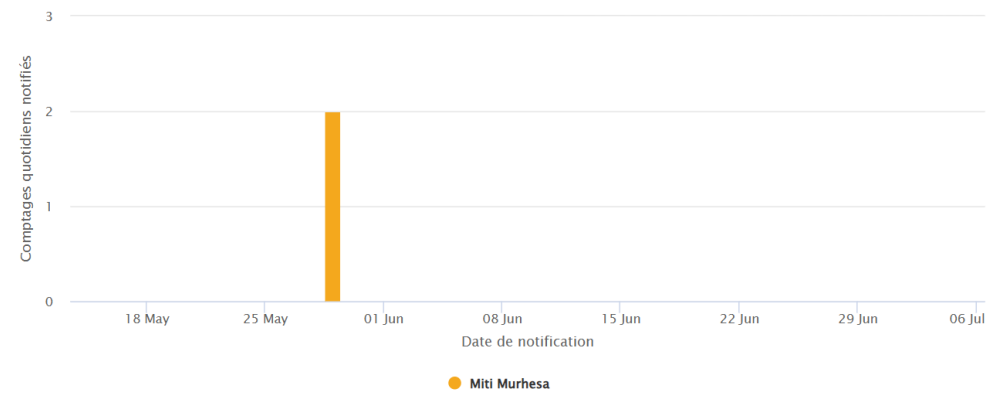
N = 1,556 cas notifiés. Source : rapport de situation COUSP.

Confirmed cases in Nord Kivu



N = 149 cas notifiés. Source : rapport de situation COUSP.

Confirmed cases in South Kivu

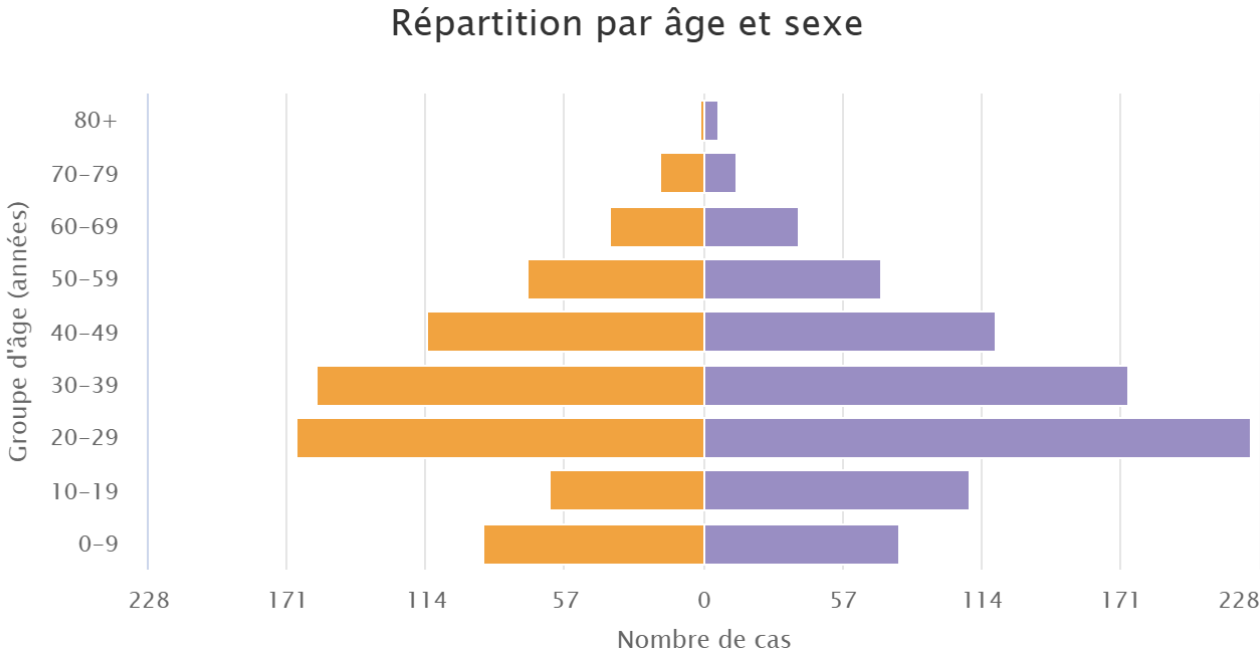


N = 3 cas notifiés. Source : rapport de situation COUSP.



Demographics of confirmed cases

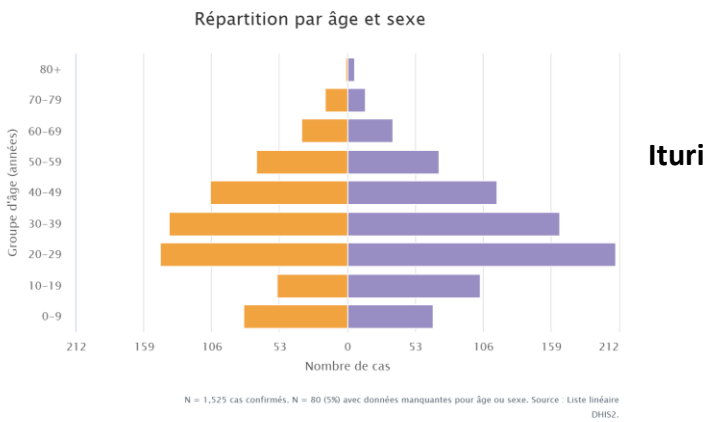
Includes National, Ituri, North Kivu and South Kivu



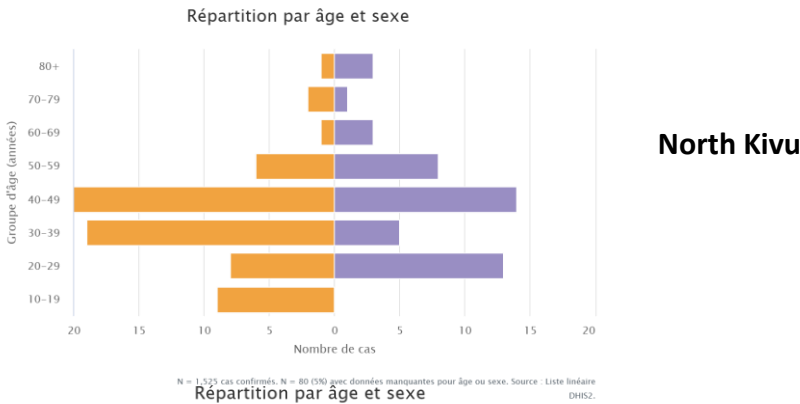
● Femme ● Homme

N = 1,641 cas confirmés. N = 80 (5%) avec données manquantes pour âge ou sexe. Source : Liste linéaire DHIS2.

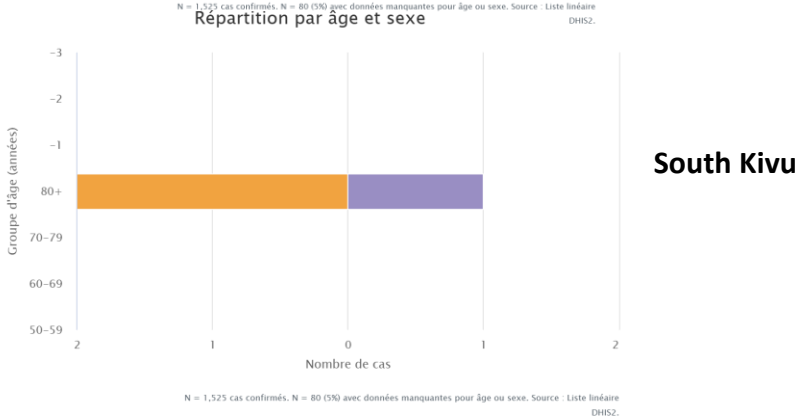
3 provinces



Ituri



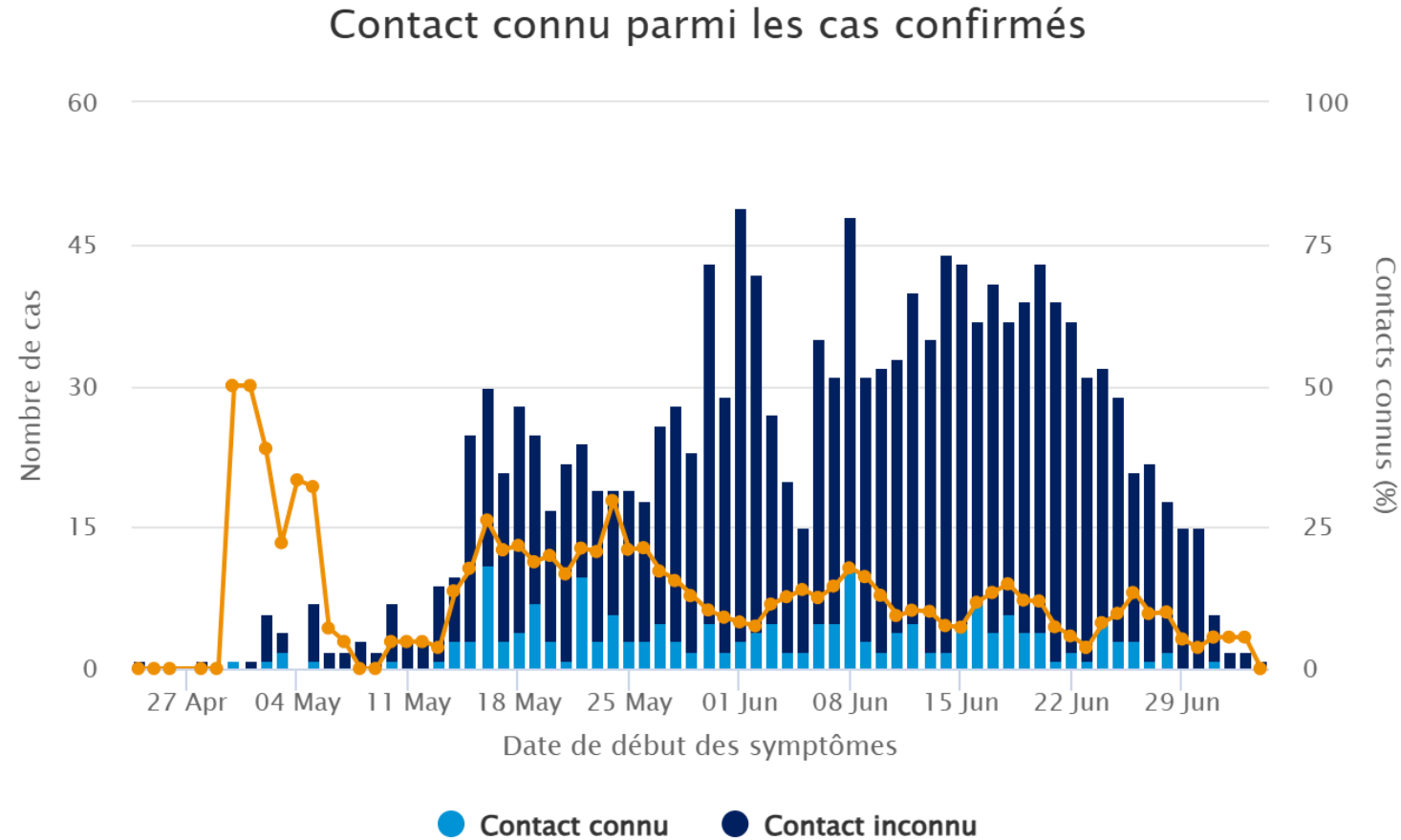
North Kivu



South Kivu

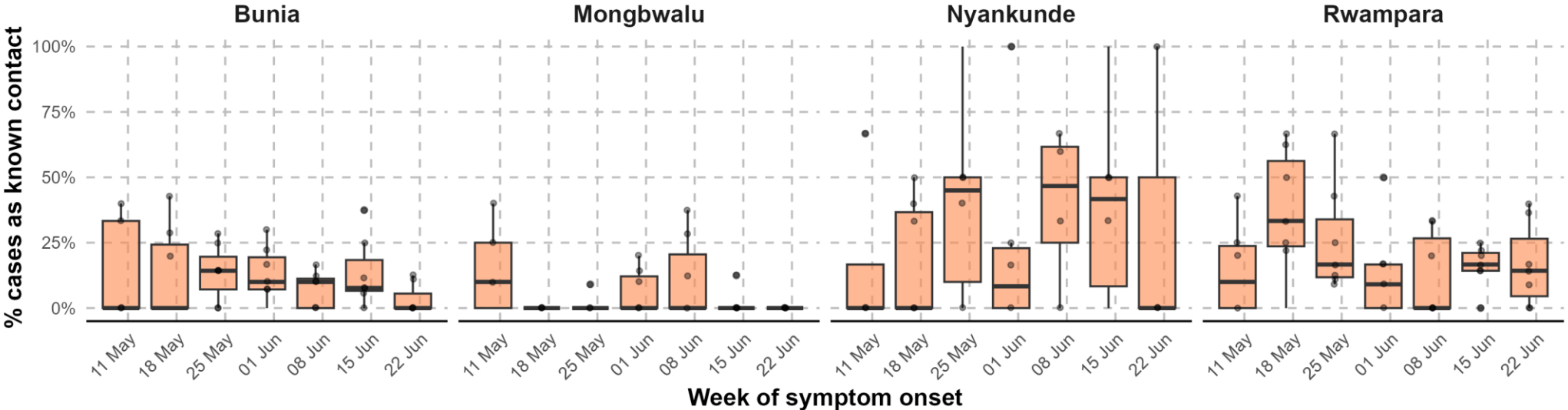
New cases among known contacts

Linelist data – includes reporting delays for recent days



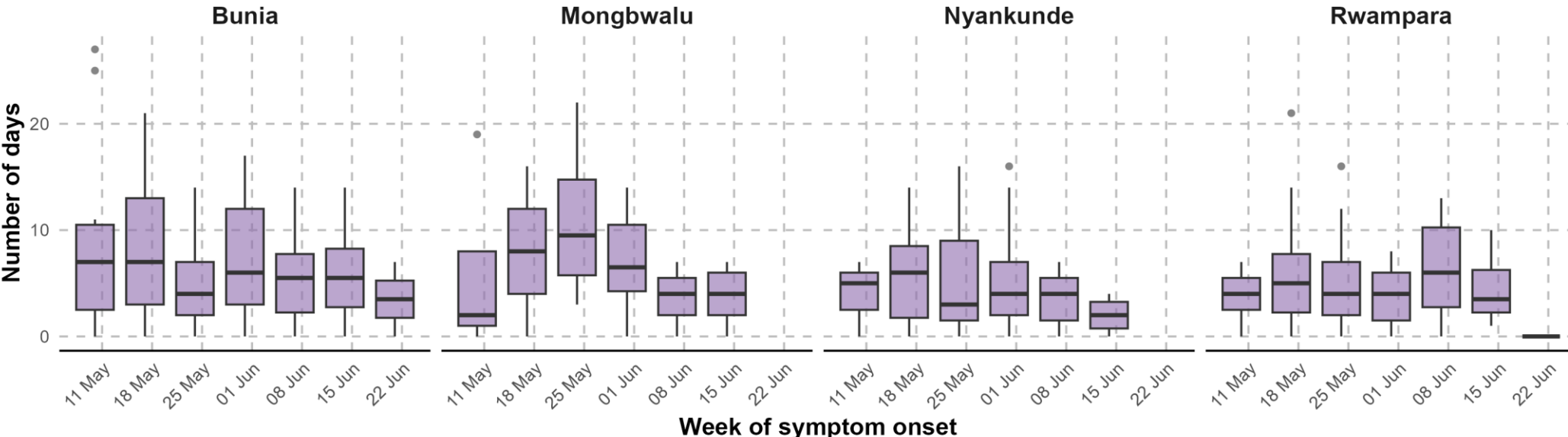
Epidemiological links and time to investigation

Proportion of confirmed cases who were a known contact

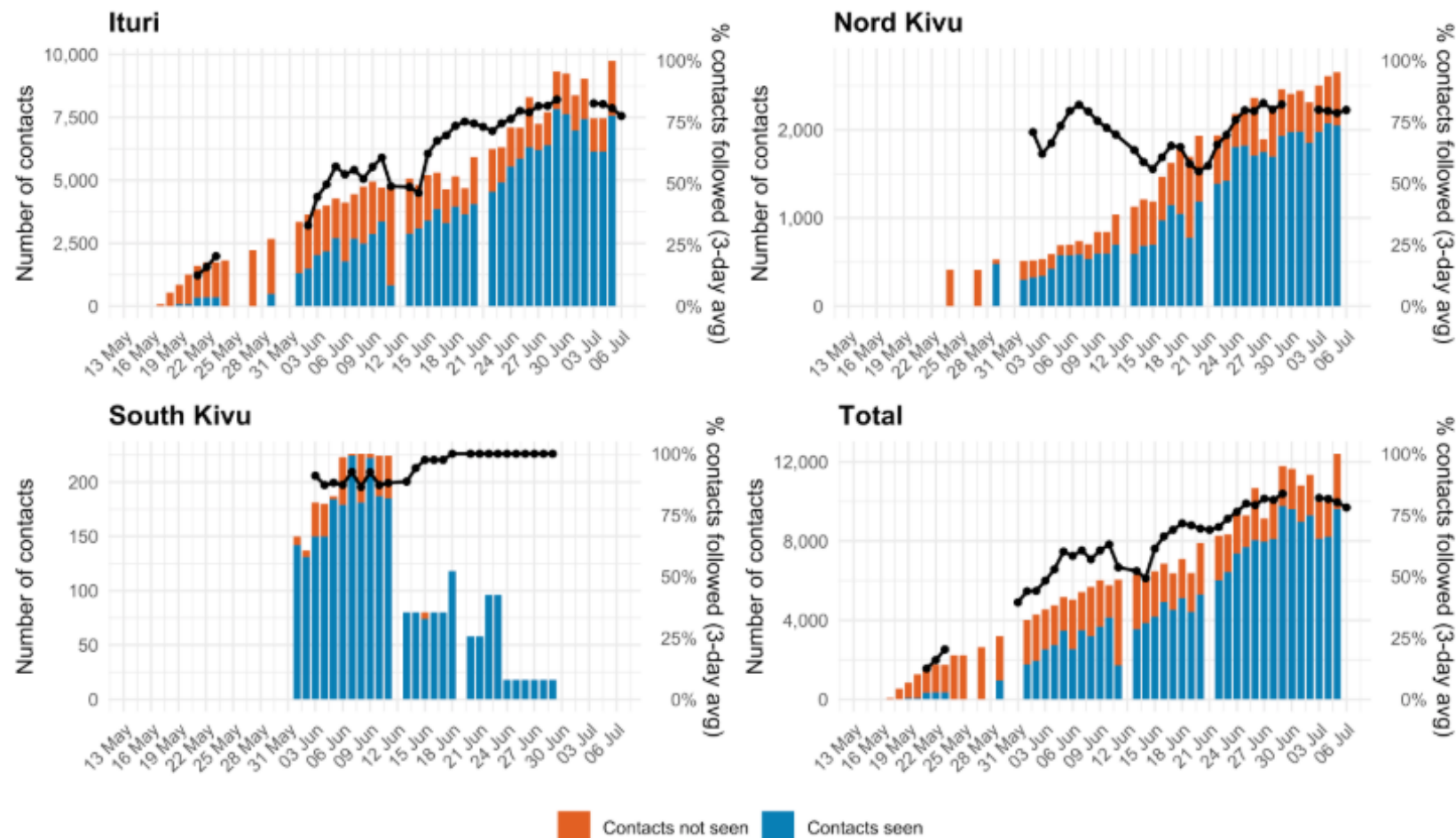


NA and unknown contact status imputed as unknown

Number of days from symptom onset to investigation

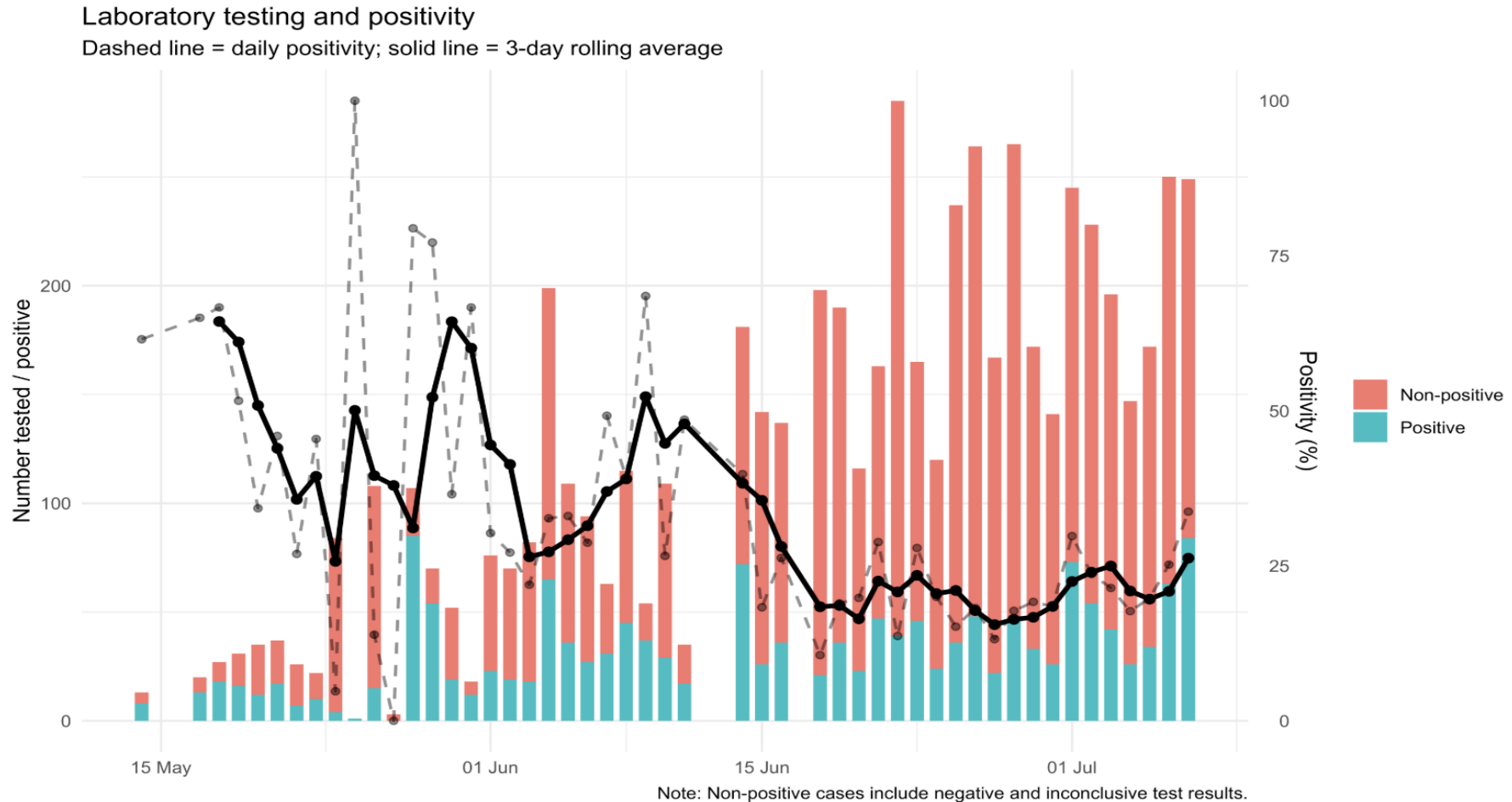


Contact tracing activities in DRC (data as of 6 July 2026)



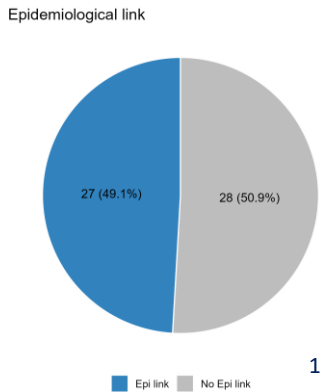
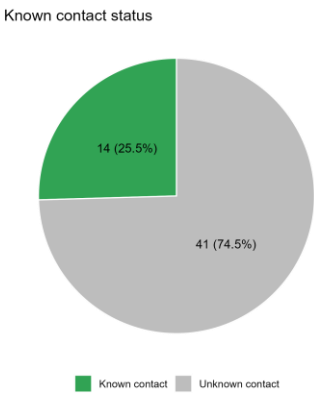
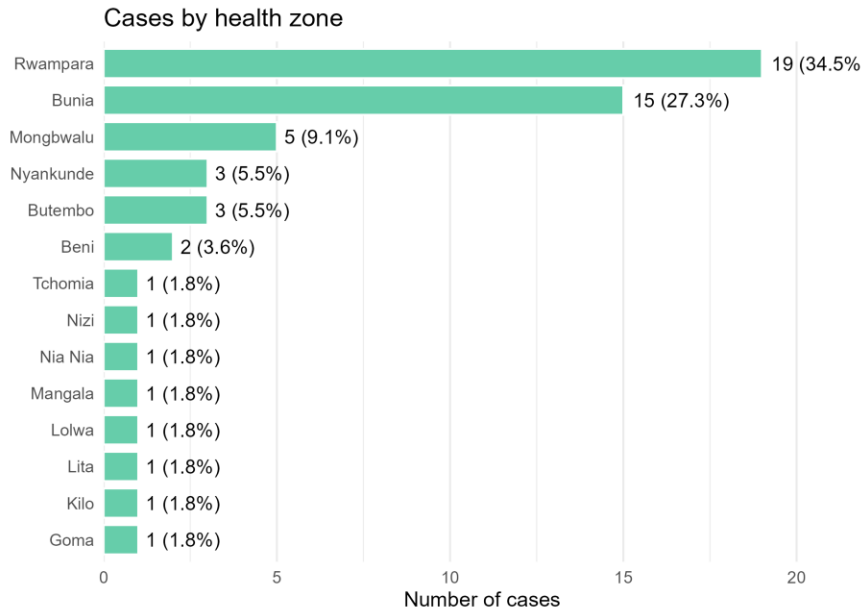
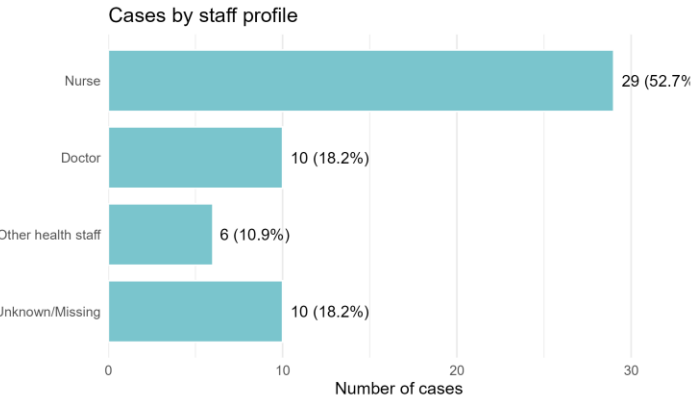
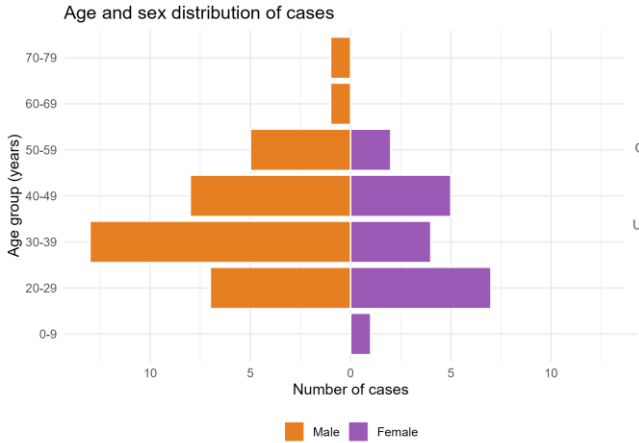
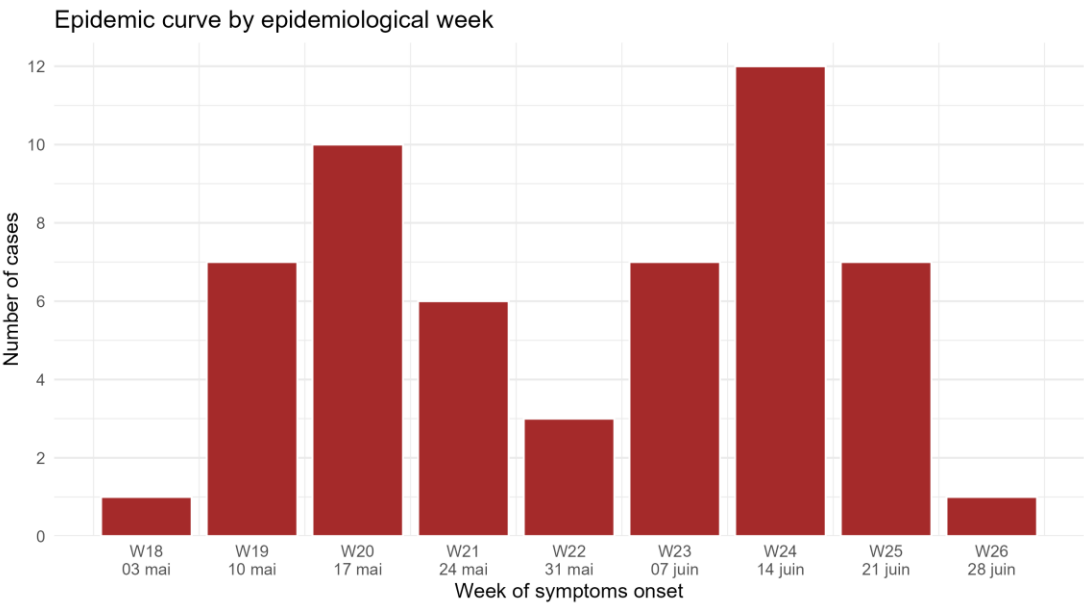
Testing and positivity over time – DRC

as of 6 July 2026



Infection among healthcare workers

- 109 confirmed cases, including 34 deaths (CFR 31.2%)
- 46/75 have recovered.
- Case based data is available for 50 cases (50%)



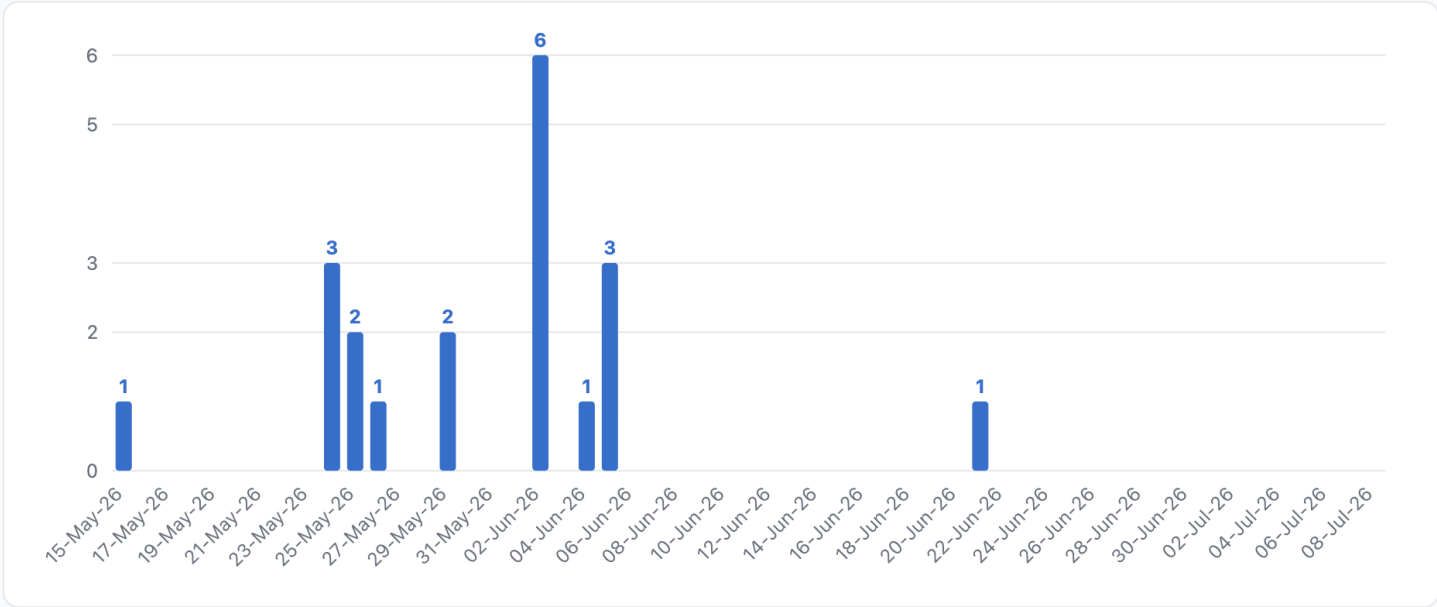
Uganda: situation update

Data as of 08 July 2026

- One new confirmed case (imported) reported on June 21
 - Of the 20 confirmed cases, **15 are imported cases** and **5 are local cases**
- Activated Ebola treatment units (ETUs) with:
 - 84 beds with 10 critical care units at the main isolation centre at Mulago isolation facility.
 - 56 beds with 4 critical care beds at Entebbe isolation facility
 - 32 beds at Mulago Field Isolation Facility.
- 2242 persons tested (0.9% positivity)
- 604 alerts, of which 594 (98%) verified

0 Newly confirmed (past 24 hours)	20 Confirmed cases	1 Probable case	4 HCW infections
3 Total fatalities Confirmed (2) and probable (1)	0 Total contacts under active follow up	821 Completed 21- day follow-up	6 Cumulative contacts tested positive

Cases by date of confirmation



WHO Risk Assessment

Overall risk and confidence (based on information available at time of assessment)

15 May - V1

Overall risk		
National	Regional	Global
High	High	Low

Confidence in available information		
National	Regional	Global
Moderate	Moderate	Moderate

Overall risk and confidence (based on information available at time of assessment)

20 May - V2

Overall risk		
National	Regional	Global
Very High	High	Low

Confidence in available information		
National	Regional	Global
Moderate	Moderate	Moderate

Overall risk and confidence (based on information available at time of assessment)

5 June – V3

Overall risk				
Democratic Republic of the Congo	Uganda	Countries with land borders adjoining countries with documented BDBV detection	Rest of the African Region	Global
Very High	High	High	Low	Low

Confidence in available information				
Democratic Republic of the Congo	Uganda	Countries with land borders adjoining countries with documented BDBV detection	Rest of the African Region	Global
Moderate	Moderate	Moderate	Moderate	High

Link [to WHO Rapid Risk Assessment-Ebola disease caused by Bundibugyo virus, Democratic Republic of the Congo, Uganda and countries with land borders adjoining countries with documented BDBV detection v3](#)

Readiness: bridge from preparedness to effective response

Readiness efforts aim to rapidly detect, investigate, contain and interrupt transmission before sustained community transmission occurs.

- **ROs are leading readiness coordination across priority countries**, supported through regular three-level coordination meetings.
- **EOCs and Incident Management Systems** have been activated in affected and high-risk countries
- **Partner coordination** is being strengthened through GOARN, the Collective Service, Africa CDC and other established coordination mechanisms.
- Regular readiness **monitoring and reporting** across priority countries is being coordinated by ROs.

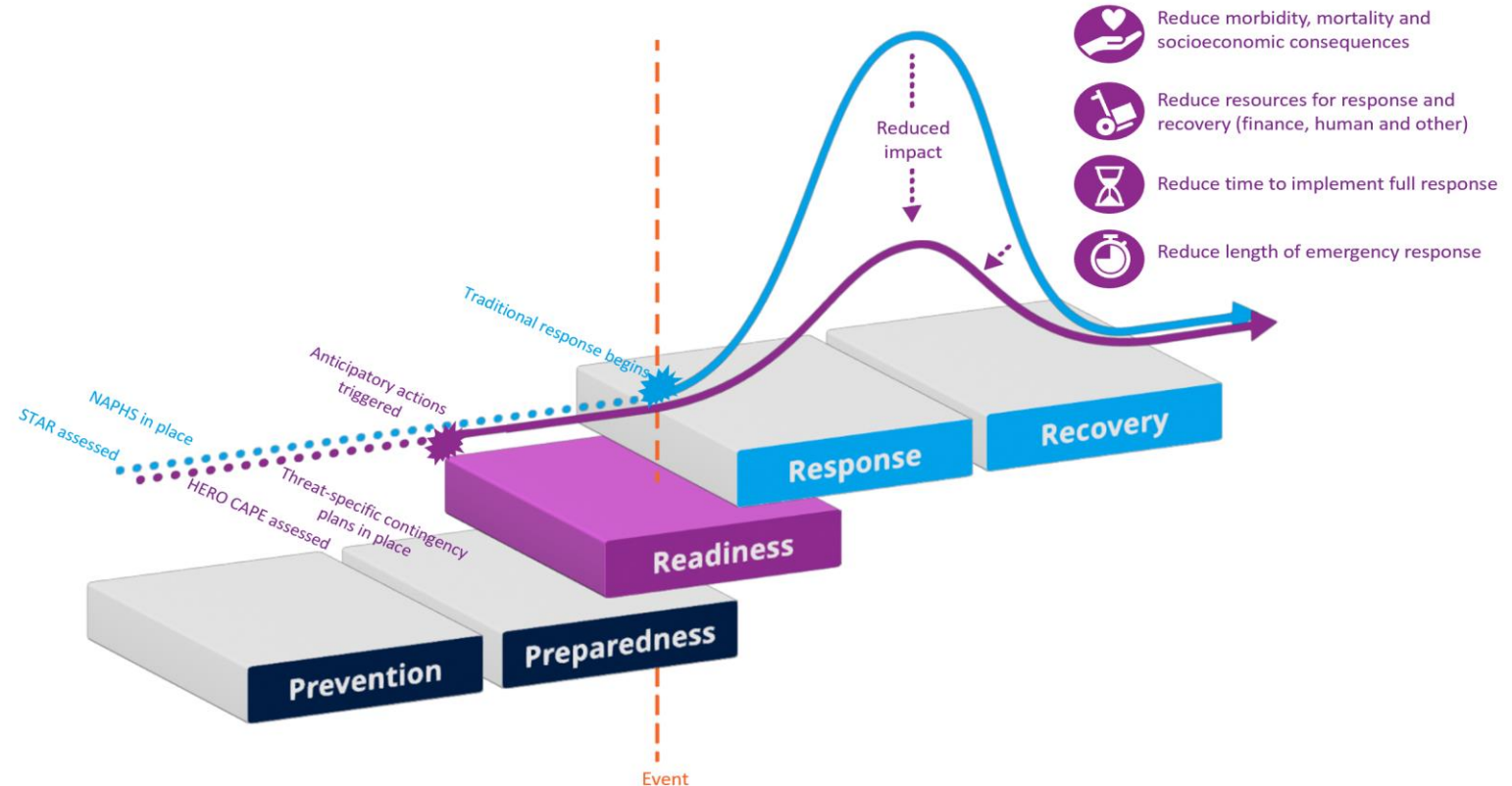




Photo credit: Ardo Farah, WHO Country Office Kenya

REGIONAL STRATEGY FOR BUNDIBUGYO VIRUS DISEASE PREPAREDNESS AND OPERATIONAL READINESS

IN COUNTRIES NEIGHBOURING THE DEMOCRATIC REPUBLIC OF THE CONGO

15 May 2026 – 15 November 2026

Draft Version 1 • Issued: 18 May 2020

SCOPE
9 Neighbouring Priority Countries

PATHOGEN
Bundibugyo Ebolavirus (BDBV)

STATUS
PHEIC declared – 17 May 2020

01

Readiness Assessments

25/47 member states (46%) assessed; 9/10 Priority 1 & 2 countries (90%) completed — 4 with limited capacity (<49%)

02

Costed Contingency Plans

9 out of 10 priority countries have submitted plans

03

Cross-Border Meetings

3 high-level meeting held between DRC, Uganda and South Sudan (and others)

04

Readiness Support Teams Deployment

Deploy readiness support teams to Priority 1 & 2 countries to address gaps in key pillars — finalised assessments, capacity building, simulation exercises. Priorities Strengthening border/POE screening and response capacities, conduct simulations and address gaps, supply of PPEs and lab reagents

Strengthening preparedness in surrounding countries

- **Rapid review of capabilities** using SPAR, JEE, and a dedicated Readiness checklist
- **Risk assessment and prioritization** of countries and areas.

Risk factors include, inter alia: Cross border movements; refugee and population movement, road railway & trucking corridor, domestic and international air connectivity, tourism and commercial activities...

- **Readiness technical support missions** are informing identification of support needed and deployment of multidisciplinary readiness teams.
- **Supporting national plans** developed in priority countries

Plans emphasize capacities and capabilities for:

- rapid detection and timely response
- community-centred interventions
- continuity of essential health services
- protection of frontline health workers
- prevention of regional and international spread.

Category	Criteria	Member states	Actions
Priority 1	A. Countries with active outbreaks	DRC, Uganda	Response actions if outbreak is confirmed+ application of operational requirements +recommended readiness actions
	B. Neighbouring countries with very high risk of cross border spread from affected district	South Sudan, Rwanda, Burundi	
Priority 2	Countries with direct land borders and high traffic/travel with priority 1A country	Angola, CAR, Ethiopia*, Republic of Congo, Kenya, Tanzania, CAR, Zambia	Application of minimum operational requirements +recommended readiness actions+ risk monitoring
Priority 3	All other regional member states	All other regional member states	Risk monitoring

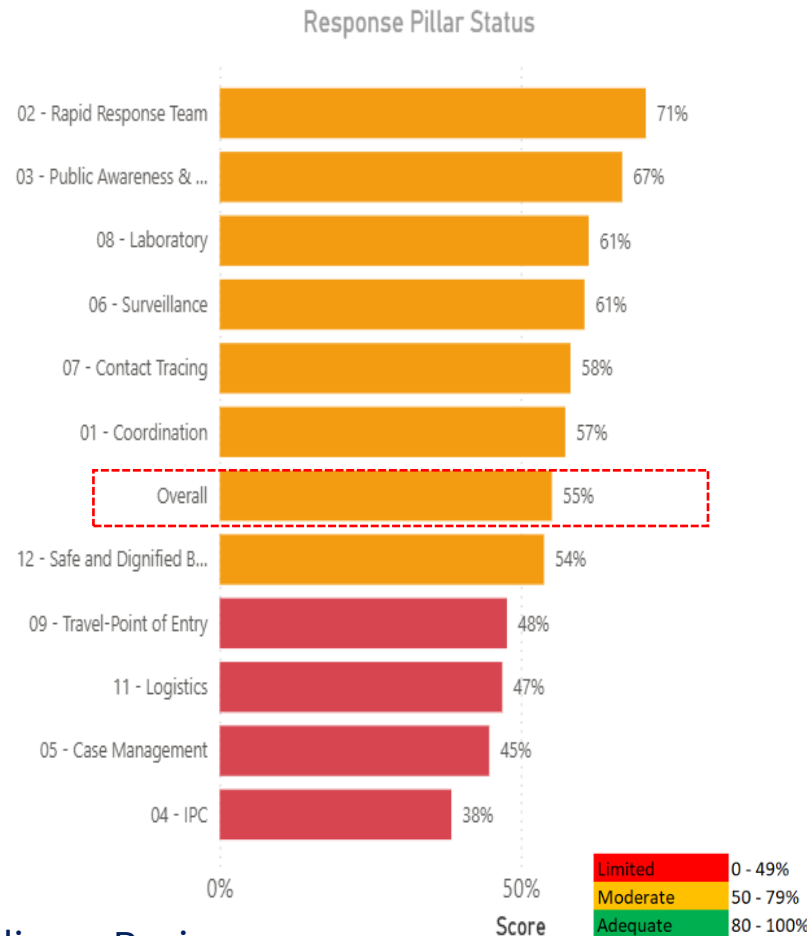
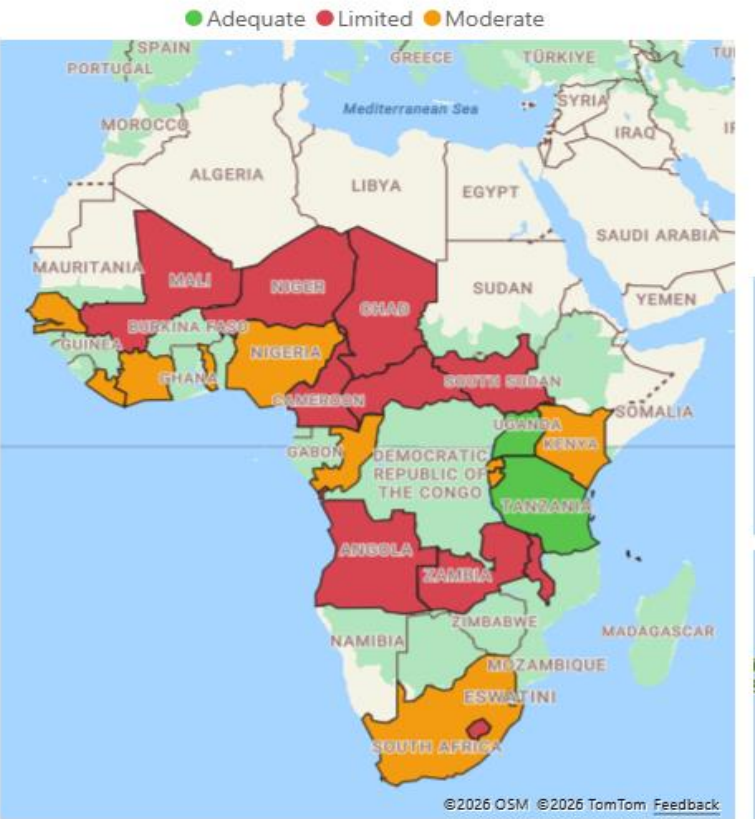
Average aggregate BVD readiness capabilities in high risk countries

Data Period

2026-Q2

Region

WHO African Region



3 Neighboring countries, 2026-Q2 BASELINE

55%

OVERALL READINESS SCORE

- Strongest: Rapid Response Teams (77%), RCCE (67%), Lab (60%), Surveillance (61%), Safe and Dignified Burials (72%),
- Weakest: IPC (53%), Case management (45%), OSL (47%), RCCE 58%, Travel-PoE (43%),

WHO African region: Filovirus Disease Readiness Review

EVD Scenarios & Special Scenarios

The preparedness matrix covers 9 scenarios — 6 standard + 3 special

STANDARD SCENARIOS

S1	No EVD Cases <i>Baseline preparedness — always active</i>
S2	Suspected EVD Case / High-Risk Contacts Imported <i>Alert & investigation</i>
S3	Lab-Confirmed Case — Imported <i>Immediate containment</i>
S4	Lab-Confirmed Case — Autochthonous (locally acquired) / Secondary Transmission <i>Contact tracing & escalation</i>
S5	Sustained Transmission in EMR MS <i>Full outbreak response</i>
S6	Outbreak Controlled / Risk Reduced <i>Step-down & recovery</i>

SPECIAL SCENARIOS

SP1	Medical Evacuation — Confirmed EVD Case <i>Into an EMRO Member State</i>
SP2	Medical Evacuation — WHO Staff <i>WHO personnel repatriation</i>
SP3	Suspected / Confirmed Case in Mass Gathering <i>Hajj, Umrah, or large events</i>
+	Other evolving scenarios <i>Based on the settings that can be added</i>

Laboratory confirmed EVD case in EMR MS- Imported confirmed case in EMR MS

Review and update preparedness action statuses below

COORDINATION Phase 3.1 Operational readiness and response • IHR

● Activate the national public health emergency response mechanism and Incident Management System (IMS).

🕒 24 hours

⚠️ Overdue 7h 8m

In progress

Update

● Conduct an immediate rapid risk assessment and classify the event risk at national and subnational levels.

🕒 24 hours

⚠️ Overdue 7h 8m

In progress

Update

● Notify WHO under IHR (2005) and maintain regular reporting.

🕒 24 hours

⚠️ Overdue 7h 8m

In progress

Update

Establish multi-sectoral coordination involving health, immigration, aviation, border authorities, security, and communication sectors.

🕒 72 hours

🕒 1d 16h

Not started

Update

Technical support missions, using the Filovirus Disease Readiness Toolkit

In finalisation

Track time-bound targets: Tasks are categorized by urgency based on execution timelines, establishing strict expectations for minimum readiness requirements (ranging from 3 to 30 days) and additional requirements.

Mobilize designated human resources: Consult the personnel matrices at both national and subnational levels to assign specific team roles, operational leads, and field staff.

Deploy equipment and materials: Refer to the logistics lists to source, stockpile, and distribute critical supplies.

Access reference documents and resources: Utilize the hyperlinked reference sections to quickly deploy global guidance, standard operating procedures, and technical tools provided by international health partners.



Component 6 – Safe and Dignified Burials

Description and Tasks

Key reference documents

Description: Ensure that burials take place safely and in a dignified [manner](#) always [taking into account](#) local customs. Incorporate psychosocial support and risk communication adapted to the epidemiological profile of FVD, ensuring community trust is maintained to avoid clandestine home burials. SDB systems must be operationally efficient, epidemiologically sound, and socially responsive. Integrating cultural sensitivity, transparent communication, and mechanisms that acknowledge the socio-economic impact on affected families, SDB interventions can strengthen community collaboration and reinforce the legitimacy of the broader outbreak response framework.

Minimum Readiness Requirements		Within days	Yes /No
6.1	Establish SOPs for safe and dignified burials and house disinfection.	30	
6.2	Equip and train at least one local burial team minimum per priority Health zone (4 people to carry bodies, 1 to disinfect, 1 community communicator, 1 supervisor, 2 drivers, 2 cars).	30	
6.3	SDB team should have its own logistic base, for disinfection of reusable material, disinfection of vehicle, preparation of PPE kit and sample kit and other equipment and material needed to conduct the burial. And if possible, its own incinerator to dispose the waste material	30	

- SOP - How to conduct safe and dignified burial of a patient who has died from suspected or confirmed Ebola disease ([link](#))
- GUIDANCE – IFRC 2020, Safe and Dignified Burial An Implementation Guide for Field Managers ([link](#))
- TOOL - Steps to put on ([link](#)) and remove ([link](#)) personal protective equipment for Ebola/Marburg disease: Coverall
- TOOL - Steps to put on ([link](#)) and remove ([link](#)) personal protective equipment (PPE) for Ebola/Marburg disease: Gown and headcover

1 Coordination

2 Rapid Response Team

7 Epidemiological Surveillance

8 Contact Tracing

3 RCCE

4 IPC & WASH

9 Laboratory

10 Border Health & PoE

5 Clinical Management

6 Safe & Dignified Burials

11 Financing

12 Logistics

13 Mass Gatherings

BVD readiness training and simulation exercise catalogue

Strategic Gap and Fragmentation:

- Numerous training and SimEx Packages are currently circulating across different platforms and partners. This fragmentation hinders rapid deployment, limits visibility, and makes rigorous quality control difficult during the critical response.

An Excell-based catalogue

- for all training and SimEx packages available to support the BVD response and readiness.
- Putting everything in one place ensures rapid discovery, standardized quality, and aligned deployment.
- Done in collaboration between HQ Readiness team and the WHO Academy



Organized by the 14 pillars of the Continental Preparedness and Response Plan.

Bundibugyo Ebola Virus Disease (BVD) — Training and SimEX Catalogue

Consolidated catalogue of all trainings, Online, Face-to-Face and Training-of-Trainers (ToT), and Simulation Exercises, organized by the 14 pillars of the Continental Preparedness and Response Plan (SPRP), June–November 2026.

#	Technical Area	Existing Online Course	Face-to-Face Training	ToT	SimEx Packages
1	Coordination, Leadership and Governance				
2	Risk Communication and Community Engagement				
3	Surveillance and Epidemiology				
4	Laboratory Systems and Genomic Sequencing				
5	Case Management and Clinical Care				
6	Infection Prevention and Control (IPC), WASH and Safe and Dignified Burials				
7	Research and Knowledge Management and Access to Medical Countermeasures				
8	Operations Support, Logistics and Workforce Deployment				
9	Continuity of Essential Health and Social Services and Community Health Systems				
10	AI Analytics and Threat Assessment				
11	Preparedness and Readiness				
12	One Health				
13	Humanitarian Response and Service Delivery				
14	Prevention & Response of Sexual Exploitation, Abuse & Harassment (PSEAH) & Safeguarding				
TOTAL		0	0	0	0

Click on each pillar to access available resources

Pillar 1: Coordination, Leadership and Governance

Pillar 2: Risk Communication and Community Engagement

Pillar 3: Surveillance and Epidemiology

Pillar 4: Laboratory Systems and Genomic Sequencing

Pillar 5: Case Management and Clinical Care

Pillar 6: Infection Prevention and Control (IPC), WASH and Safe and Dignified Burials

Pillar 7: Research and Knowledge Management and Access to Medical Countermeasures

Pillar 8: Operations Support, Logistics and Workforce Deployment

Pillar 9: Continuity of Essential Health and Social Services and Community Health Systems

Pillar 10: AI Analytics and Threat Assessment Systems

Pillar 11: Preparedness and Readiness

Pillar 12: One Health

Pillar 13: Humanitarian Response and Service Delivery

Pillar 14: Prevention & Response of Sexual Exploitation, Abuse & Harassment (PSEAH) & Safeguarding

This workbook catalogues the training and simulation exercise (SimEx) packages available to support the Bundibugyo Ebola virus disease (BVD) response and readiness, organized according to the 14 pillars of the Continental Preparedness and Response Plan. It is intended to support both the active response workforce (Priority 1A: DRC and Uganda) and the readiness workforce (Priority 1B: South Sudan, Rwanda, and Burundi; Priority 2: CAR, Republic of the

Technical products and capacity strengthening

- Finalization of an updated Ebola **Readiness Toolkit**, including priority actions, technical guidance and key resources.
- Finalization of an updated Ebola Readiness **Training Package** to strengthen preparedness capacities at national and subnational levels.
- Launch of an Ebola **EPI-WIN webinar** series to support Member States with practical readiness guidance and facilitate experience sharing.
- Update and dissemination of **OpenWHO** Ebola readiness and response **courses**.



New online course on **OpenWHO.org**

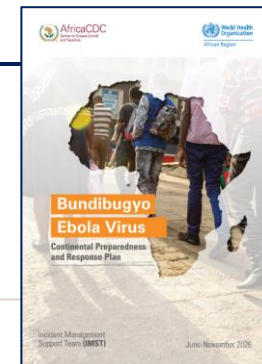
Learn more about
the Ebola Disease caused by
Bundibugyo virus



English and French

A circular inset image showing a person from behind, wearing a dark vest with the WHO logo and "World Health Organization" text, standing in front of a blue building.

The Continental BVD plan calls for a Financial Tracking Mechanism (FTM) to strengthen transparency, coordination & accountability



**USD
517,678,605**

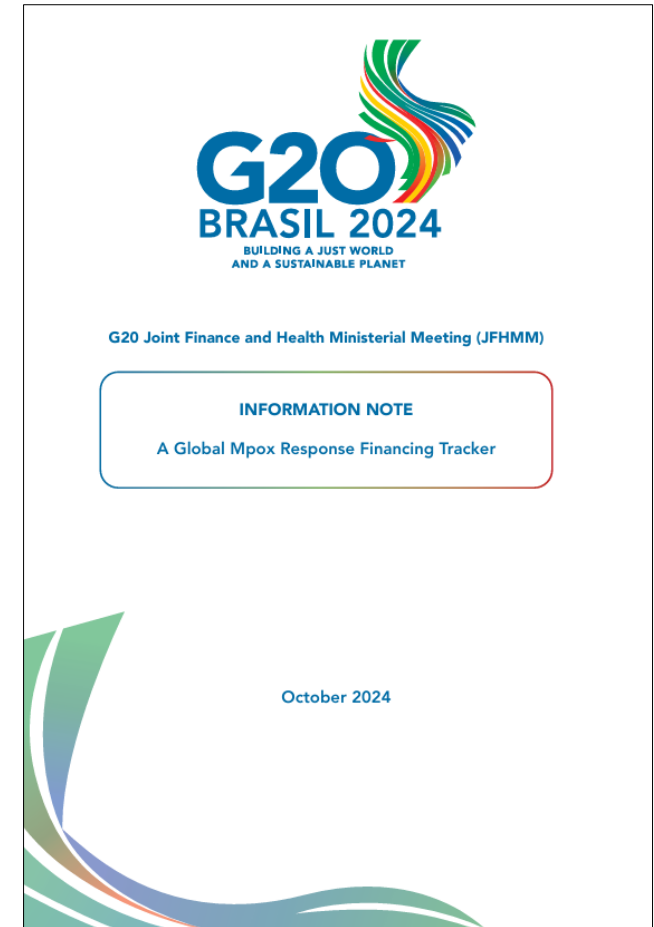
**allocated
across
11 pillars**

New prioritization: SDB,
IPC/WASH,
logistics/workforce, patient
care standards, RCCE and
data systems.

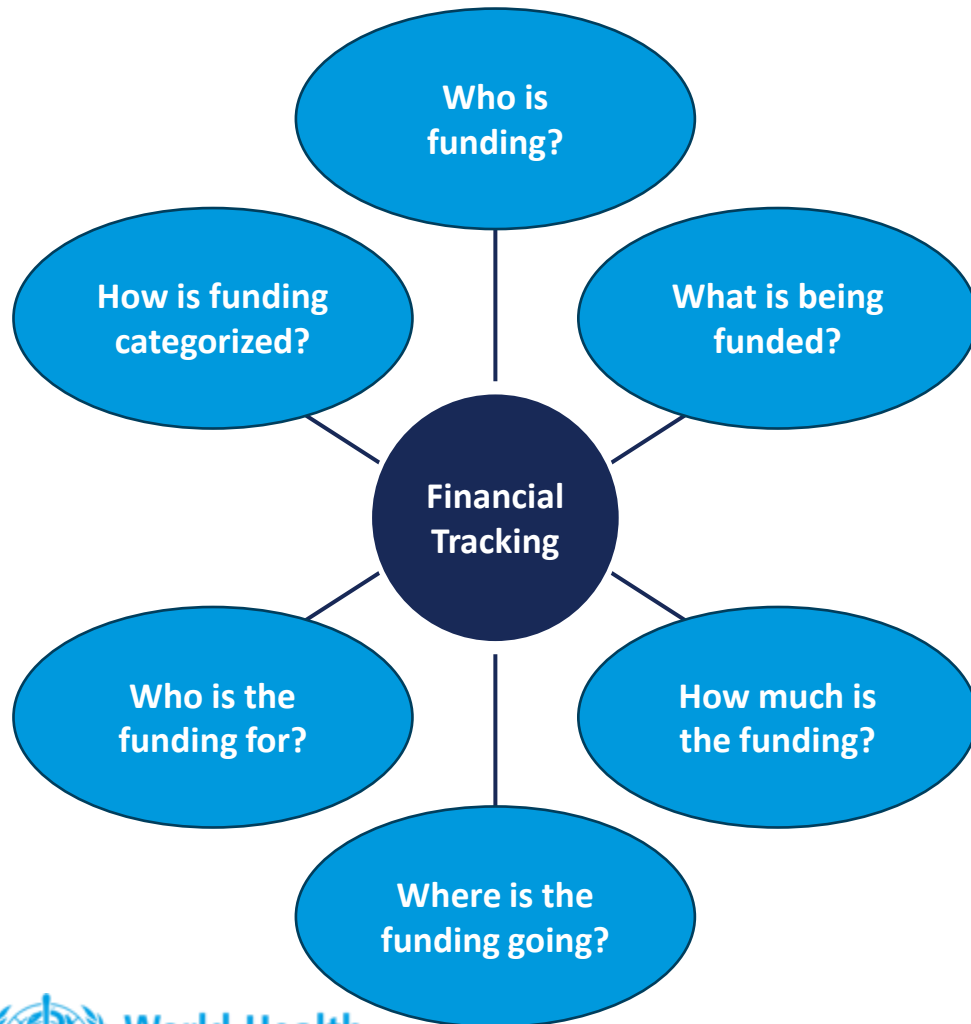
Budget line	Budget (USD)
Countries in Response Phase	264,973,389
DRC	240,265,930
Uganda	24,707,459
Countries in Preparedness Phase	79,100,000
South Sudan	7,400,000
Central African Republic	16,700,000
Burundi	15,000,000
Other high-risk countries	40,000,000
Partner support	173,605,216
TOTAL	517,678,605

The BVD FTM builds on lessons from the Mpox experience

- **Transparency in financing:** The FTM improves visibility of financing flows but requires granular tracking by response pillar.
- **Multiple financing modalities:** The FTM should capture domestic, external, and in-kind contributions to provide a complete picture of response financing.
- **Flexible funding:** Greater availability of flexible funding is needed to complement ear-marked sources of funding and support.
- **Resource coordination:** The FTM plays a critical role in coordinating resources and identifying financing gaps across the response.
- **Financing instruments:** The FTM should document different financing instruments and channels, e.g. grants, loans, pooled funding mechanisms etc.

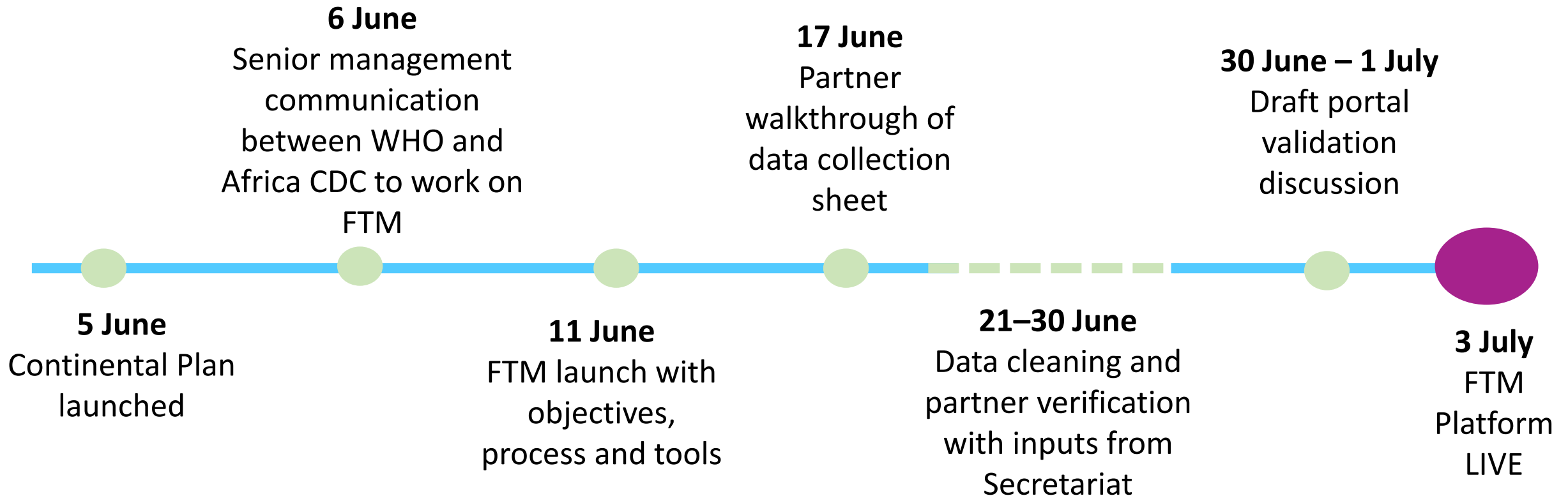


The objectives of the BVD FTM are to enhance coordination, track contributions, and assess gaps



- **Enhance transparency, accountability, and coordination of financing** for the BVD response
- **Track contributions against the response pillars in the Continental Plan:**
 - Financial contributions (**pledged and disbursed**)
 - **Reprogrammed financing** for projects or contingent financing
 - **In-kind donations:** Contributions provided in-kind addressing response needs
- **Assess financing gaps** across response pillars. Countries and organizations based on resource requirements and available funding

The BVD FTM platform was established within one month of launching the continental plan



The approach to developing the BVD FTM focused on data quality and verification, partner engagement, and de-duplicating reporting

- Strong emphasis on **data quality**
- Early **partner engagement and co-development** of data collection sheet
- Primary focus on funding **outflows from the primary source of funding** to minimize duplication
- Focus on contributions directed to the **Continental Preparedness and Response Plan** (including national plans) only
- **Other plans including non-BVD humanitarian needs are linked to the FTM platform** but excluded from the estimated resources needed
 - Close coordination with OCHA Financial Tracking Service
- **Pooled funding** is linked to the organization managing the funds



World Health
Organization



AfricaCDC
Centres for Disease Control
and Prevention

Coordinated Financial Tracking Mechanism

BVD response financing transparency platform

REQUIREMENT

US\$518M

14 SPRP pillars

Estimated Resource Requirement outlined in CPRP

PLEDGES

US\$1.2B

Pledged funding includes funding or in-kind contributions that have been announced or intended, as well as available, reprogrammed and committed financing. Work is underway with countries and partners to determine additional breakdown to the response

DISBURSED

US\$114.9M

22.2% of requirement disbursed

GAP

US\$403.1M

77.8% of requirement remaining



World Health
Organization

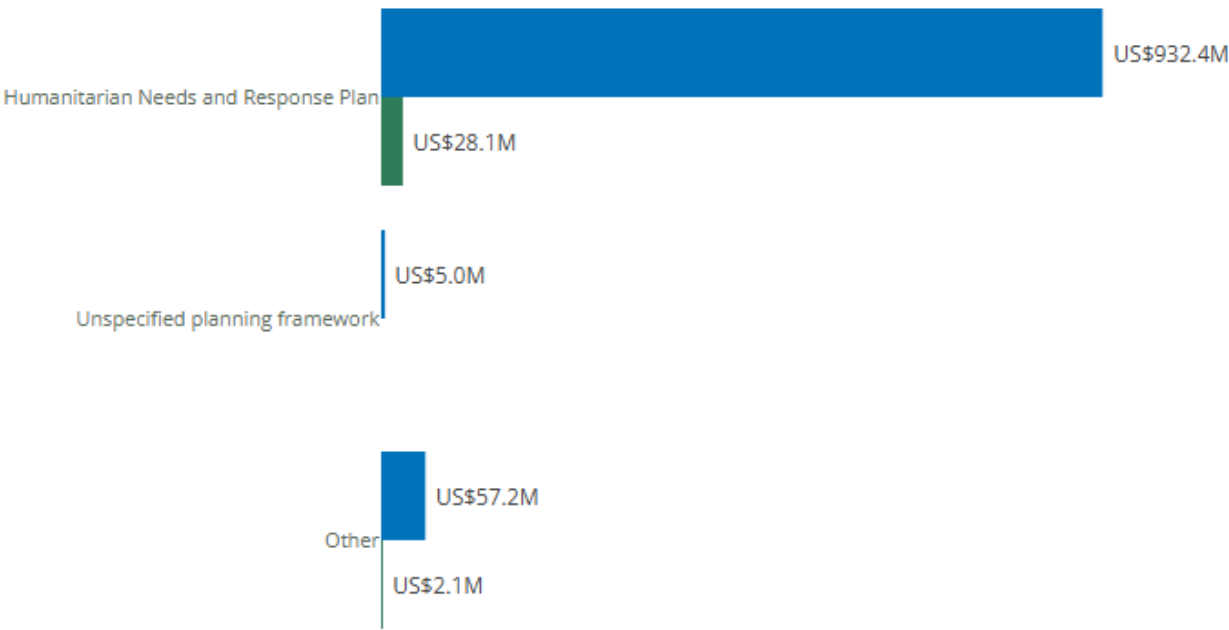
The FTM platform can be accessed at: <https://apps.who.int/bvd-ftm>

Only 10% of pledged and available resources to the continental BVD plan have been disbursed

Continental BVD plan



Other plans*

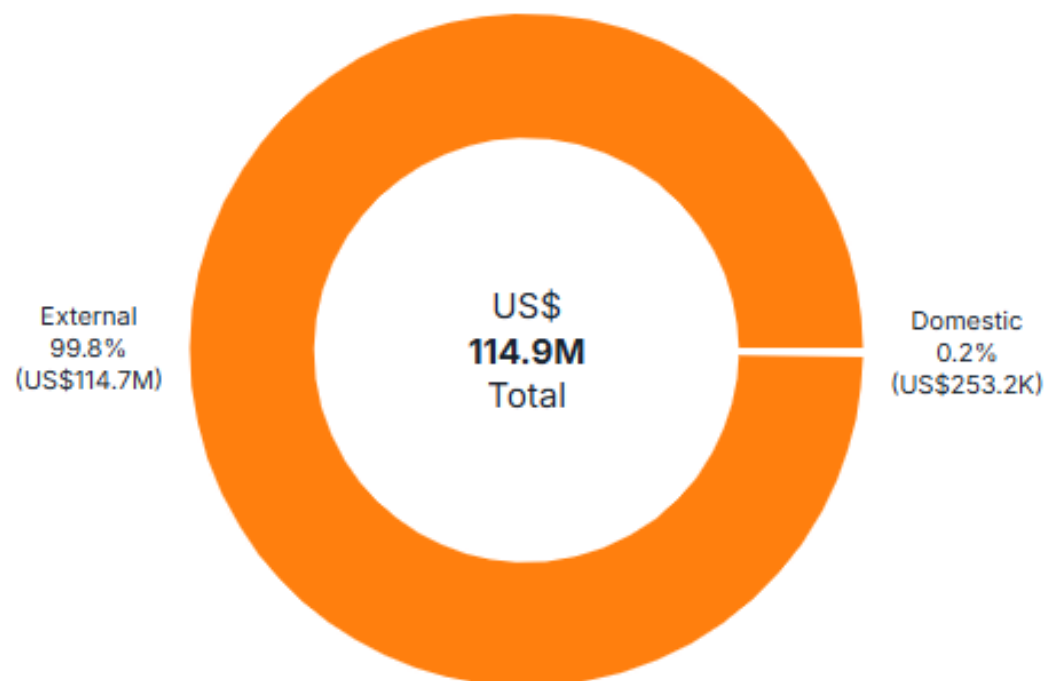


■ Pledges ■ Disbursed

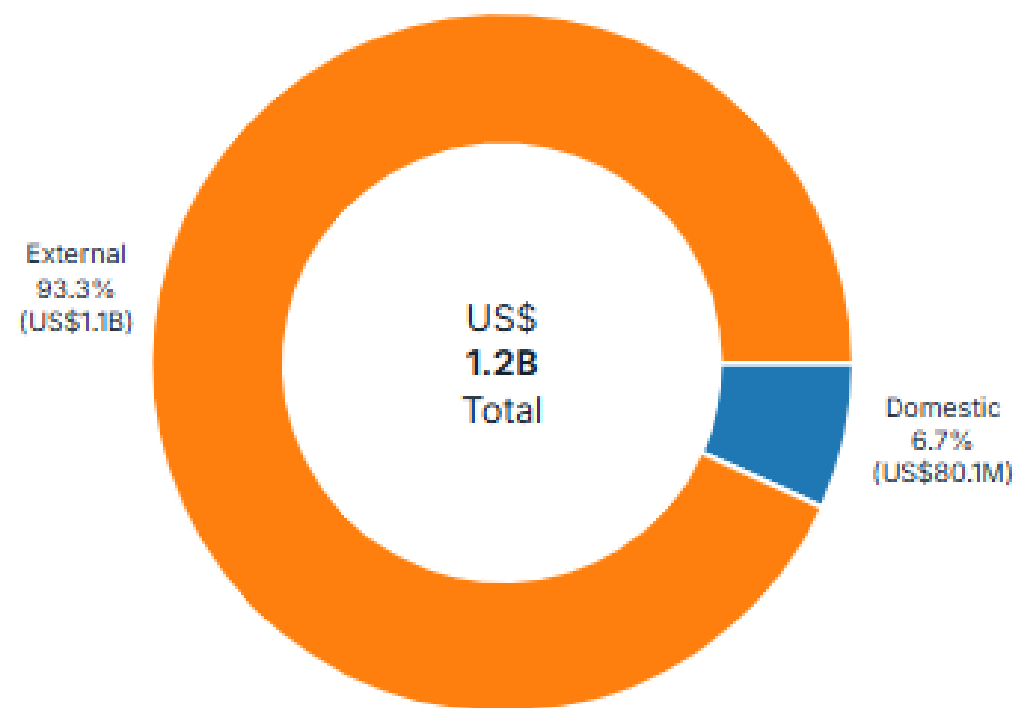
**Working with OCHA Financial Tracking Service to link platforms for humanitarian response*

A majority of funding is external with ~7% of pledged funding through domestic sources

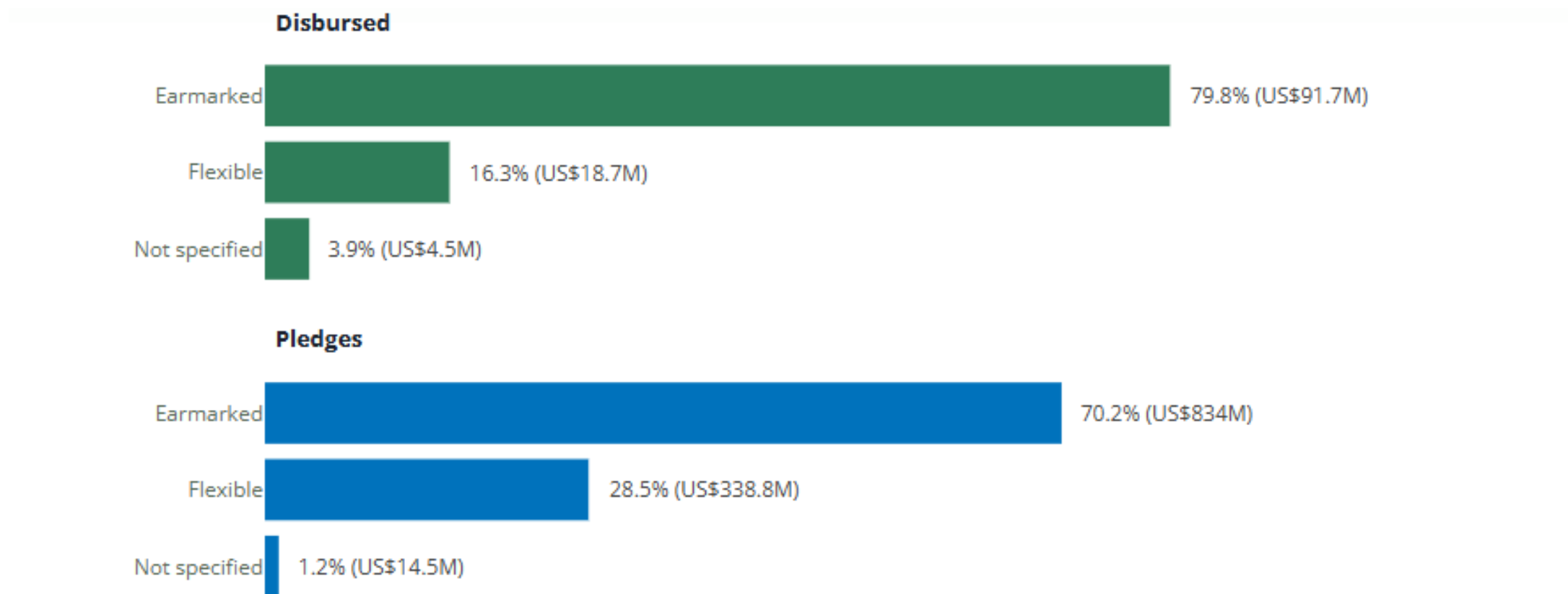
Disbursed funding



Pledged funding

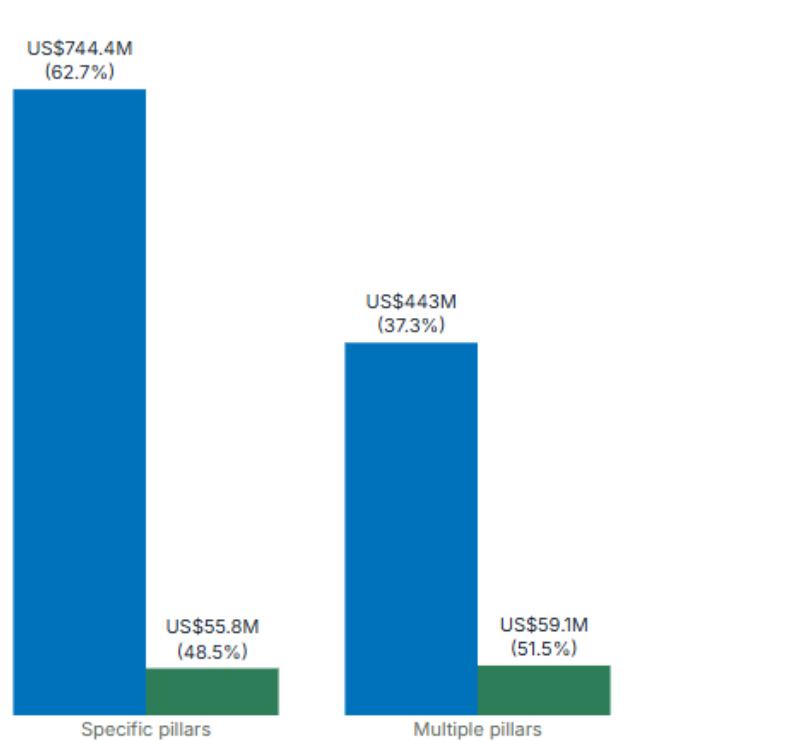


A majority of available and disbursed has been earmarked

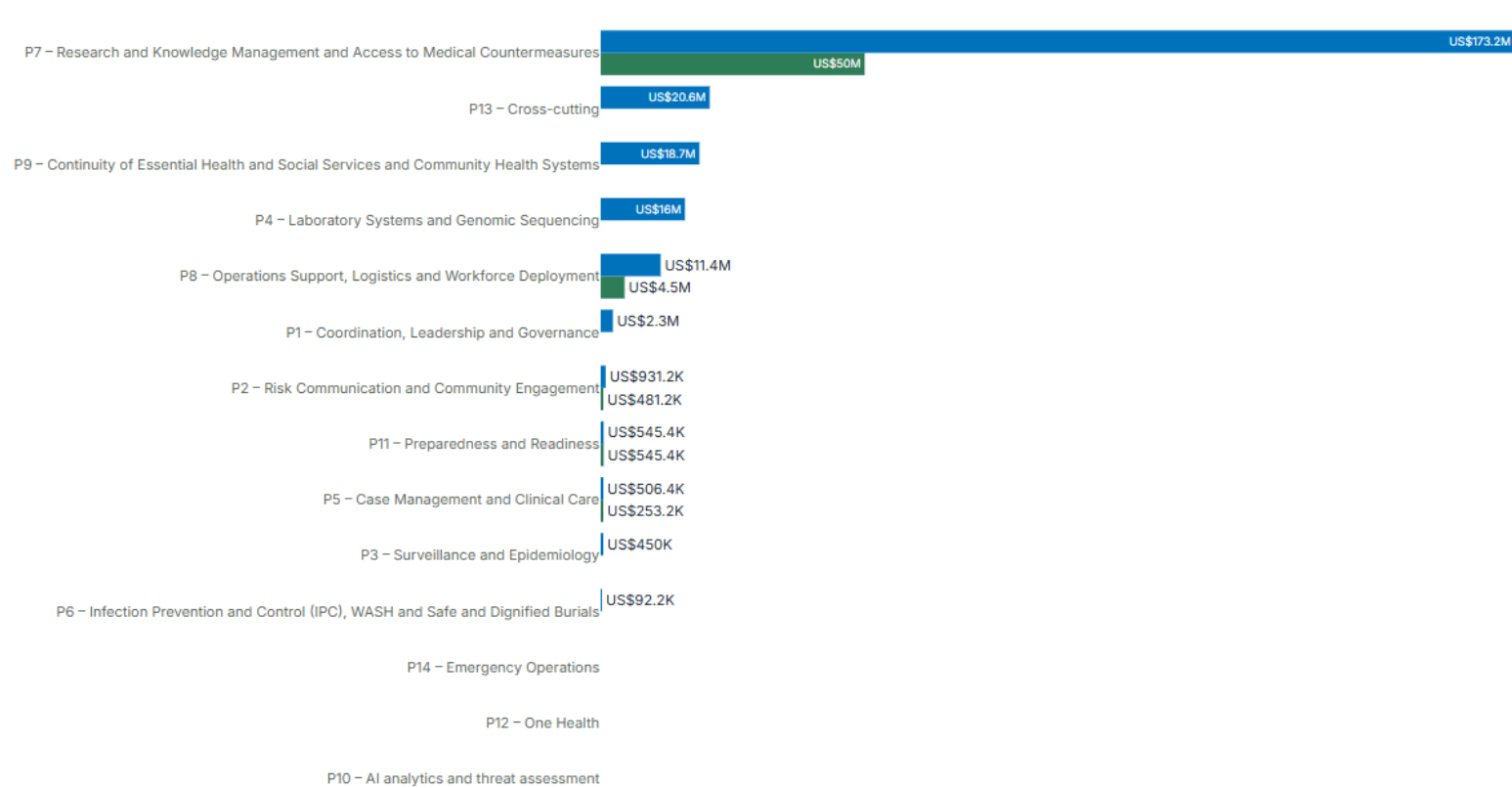


Most reported funding has not yet been disaggregated by pillar. R&D/MCM is the only where it has met its target for pledges, though not disbursements

Multiple and single-pillar contributions

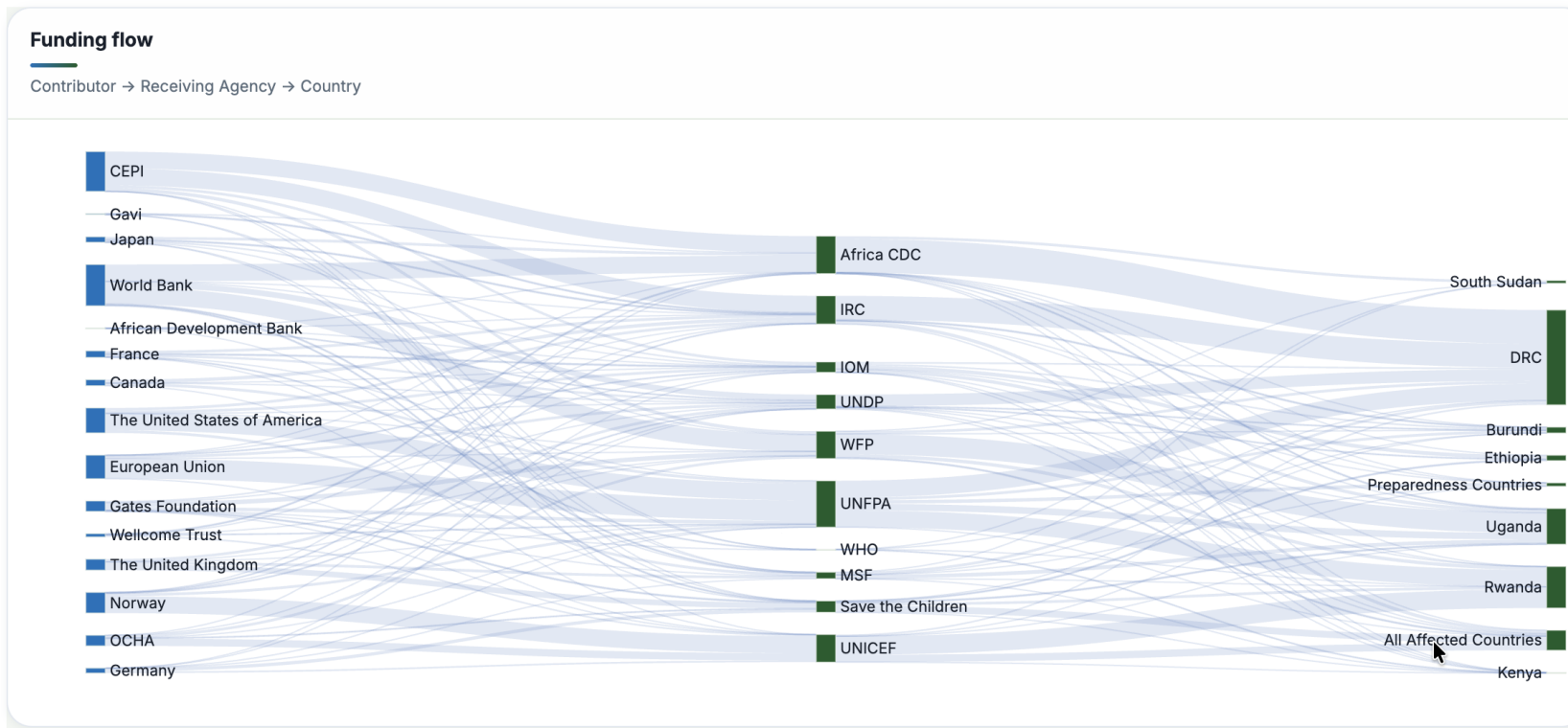


Single-pillar contributions



The BVD FTM Secretariat is continuing to engage with partners to improve the quality and detail of reporting and provide additional financing resources

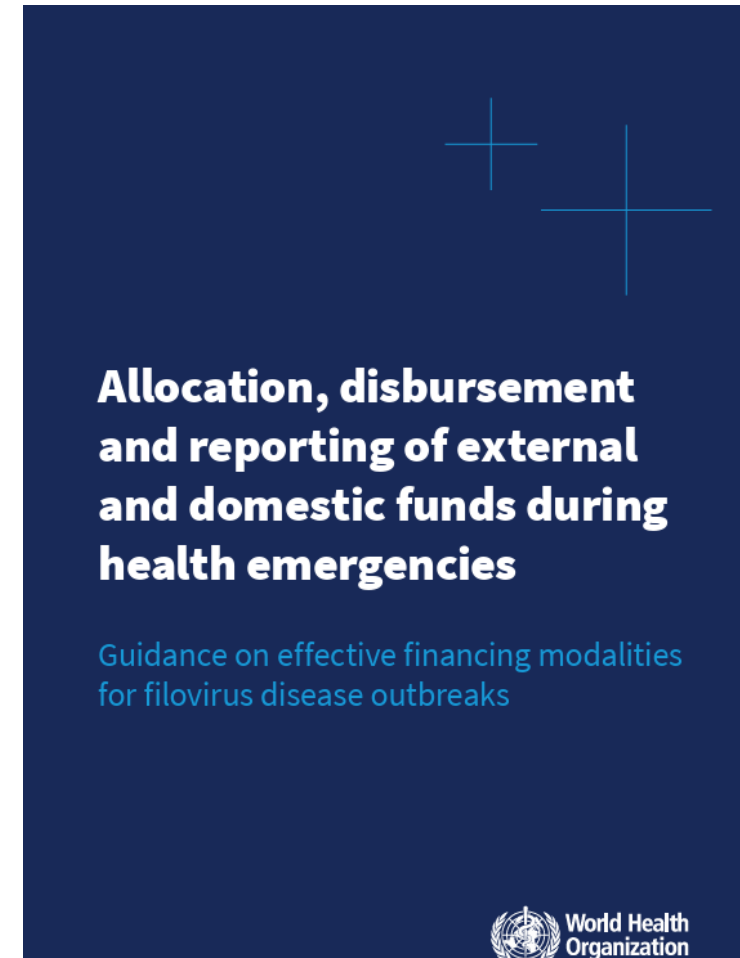
Illustrative



- Improve the **completeness and quality** of reporting, particularly by pillar
- Establish clear guidance for reporting **existing versus newly allocated resources** for domestic and international financing
- Update the platform with **additional disaggregated information** as it is received and validated including funding sources and recipients

The FTM platform will be updated regularly with new validated inputs

- The FTM platform can be accessed at:
<https://apps.who.int/bvd-ftm>
- To join the listserv, email:
BVDFinancialTracking@who.int with cc: to Nana Mensah Abrampah abrampahmn@who.int and Rutendo Kandawasvika roseliner@africacdc.org
- Technical resource on response & preparedness financing:
 - [*Allocation, disbursement and reporting of external and domestic funds during health emergencies*](#)



Thank you

