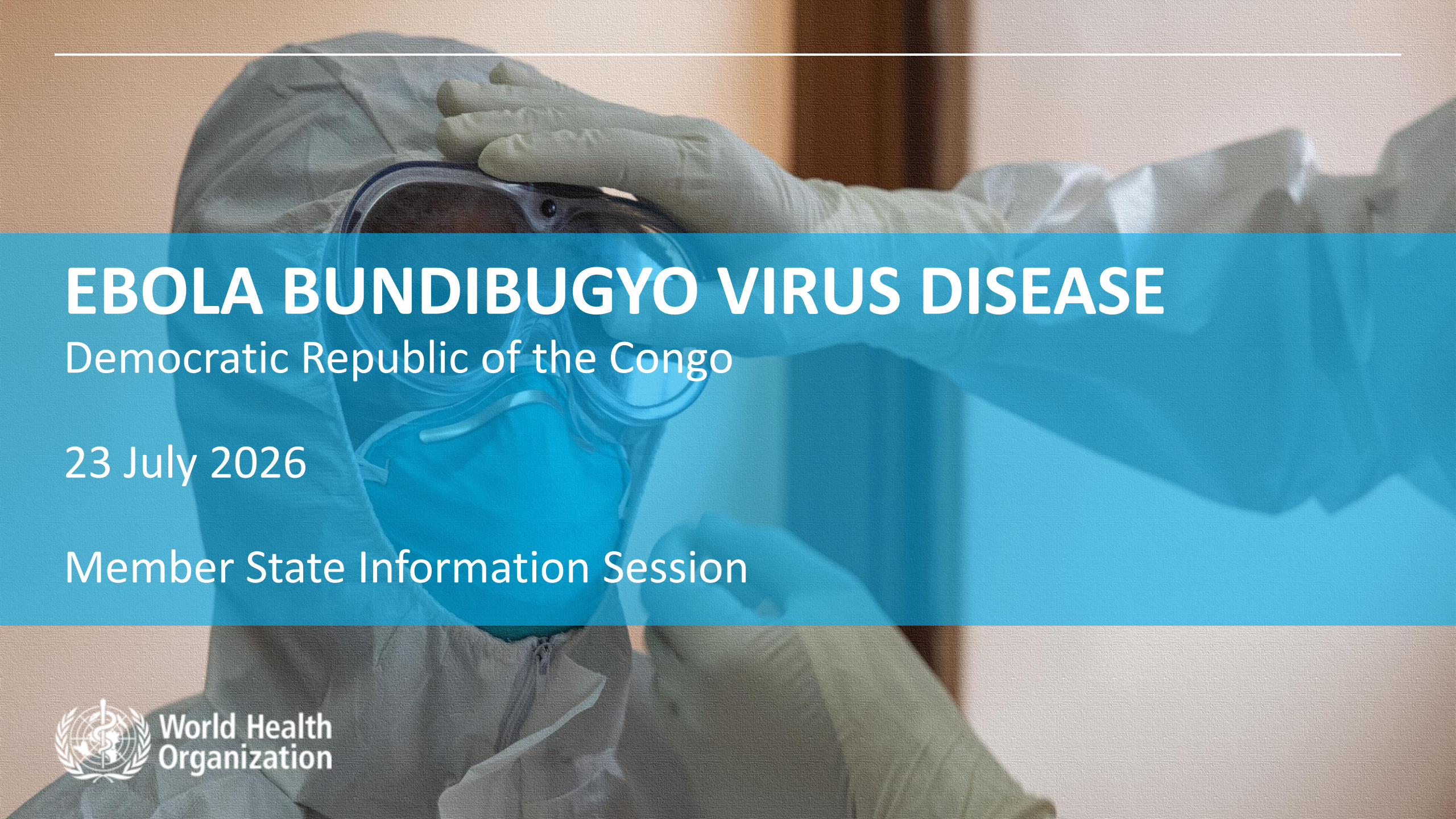




EBOLA BUNDIBUGYO VIRUS DISEASE

Democratic Republic of the Congo

23 July 2026

Member State Information Session



World Health
Organization

Epidemiological overview - cumulative, last 7d, last24h

Democratic Republic of the Congo: Key figures as of 2026-07-21

Time period	Confirmed cases	Confirmed deaths	Recoveries	Health Zones affected	Health worker infections
Total to date	2,536	1,033	506	47	121
New - last 24h	63	34	24	0	0
New - last 7d	463	237	129	2	2
New - last 21d	1,130	595	298	11	43

Uganda: Key figures as of 2026-07-21

Time period	Confirmed cases	Confirmed deaths	Recoveries	Districts affected	Health worker infections
Total to date	20	2	18	1	4
New - last 24h	0	0	0	0	0
New - last 7d	0	0	1	0	0
New - last 21d	0	0	3	0	0

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

France: Key figures as of 2026-07-16

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

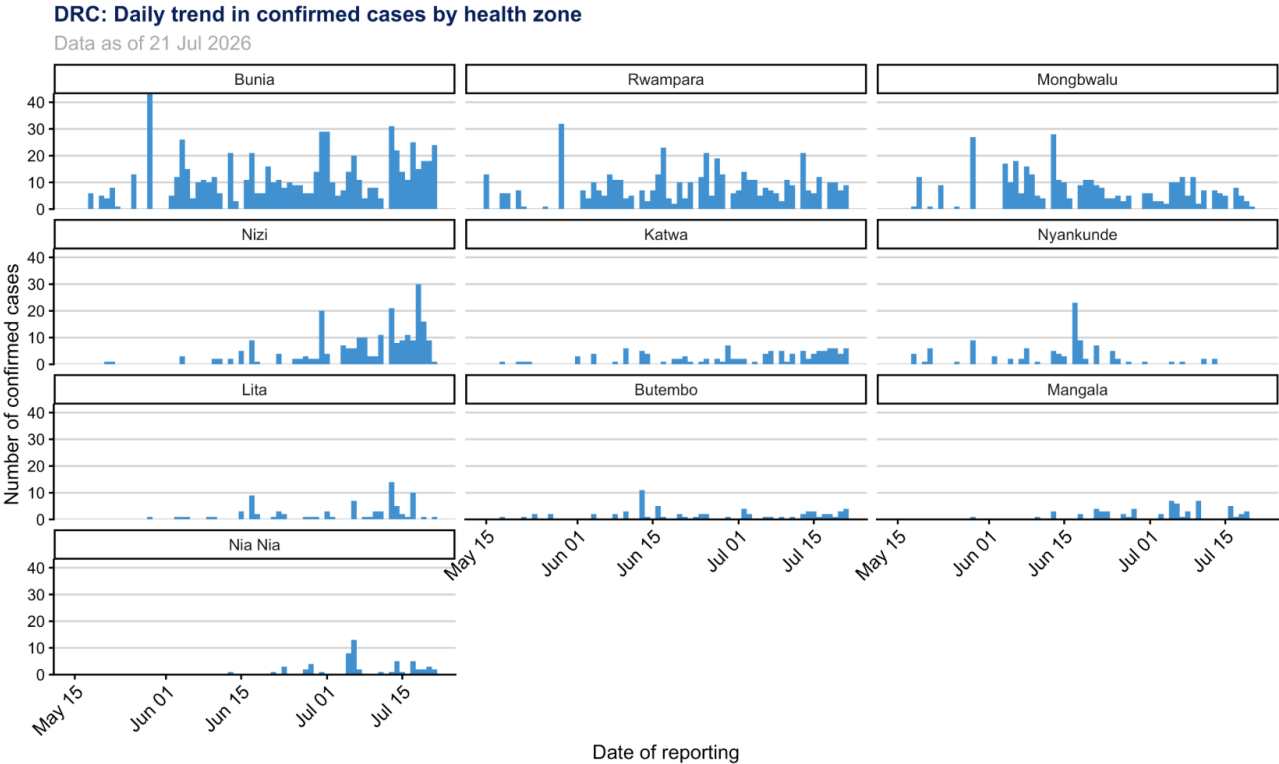
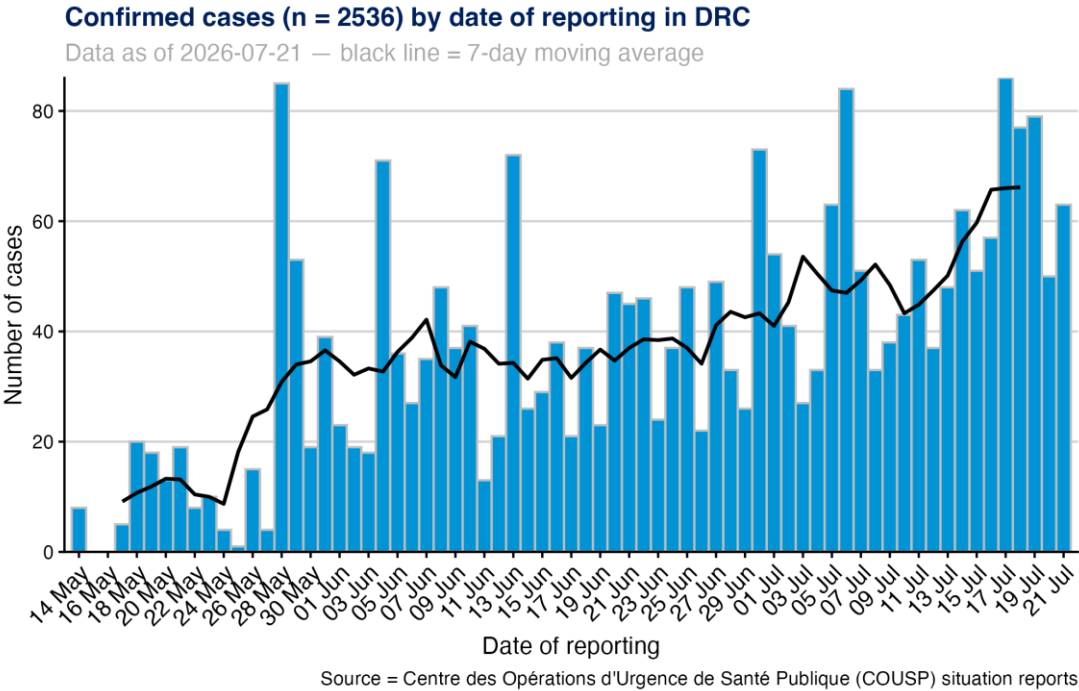


Data Source [MOH DRC](#) and MOH Uganda – [link 1](#), [link 2](#)

* 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.

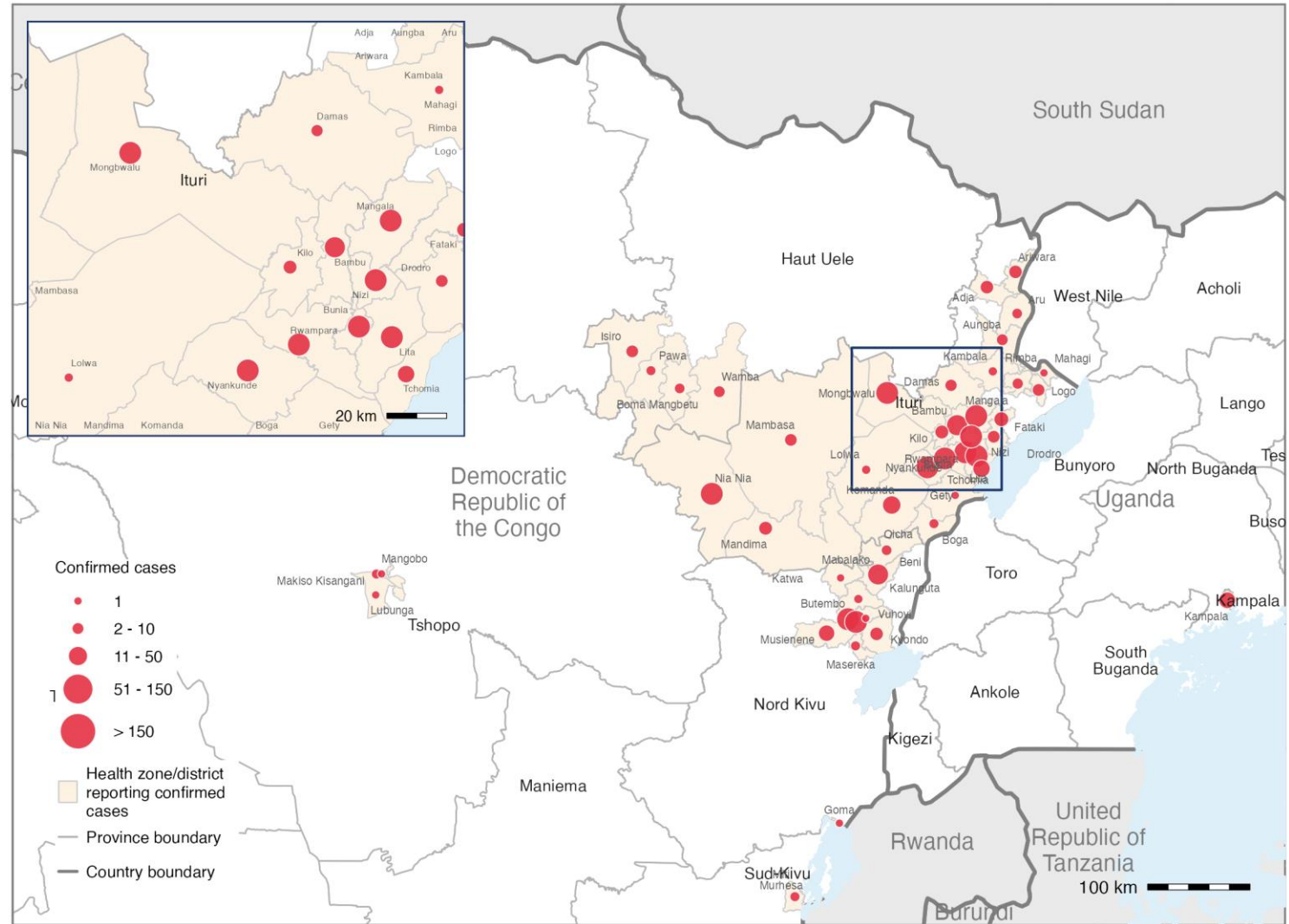
**One previously reported healthcare worker in Uganda has been reclassified as a non-healthcare worker after additional investigation.

Epidemiological overview - daily confirmed cases by date of reporting



Confirmed cases

- **47 health zones in 5 provinces** reporting **confirmed cases** in DRC
 - Haut Uele – 4 HZ
 - Ituri - 28 HZ
 - Nord Kivu – 11 HZ
 - South Kivu – 1 HZ
 - Tshopo – 3 HZ
- **1 district** reported **confirmed cases** in Uganda

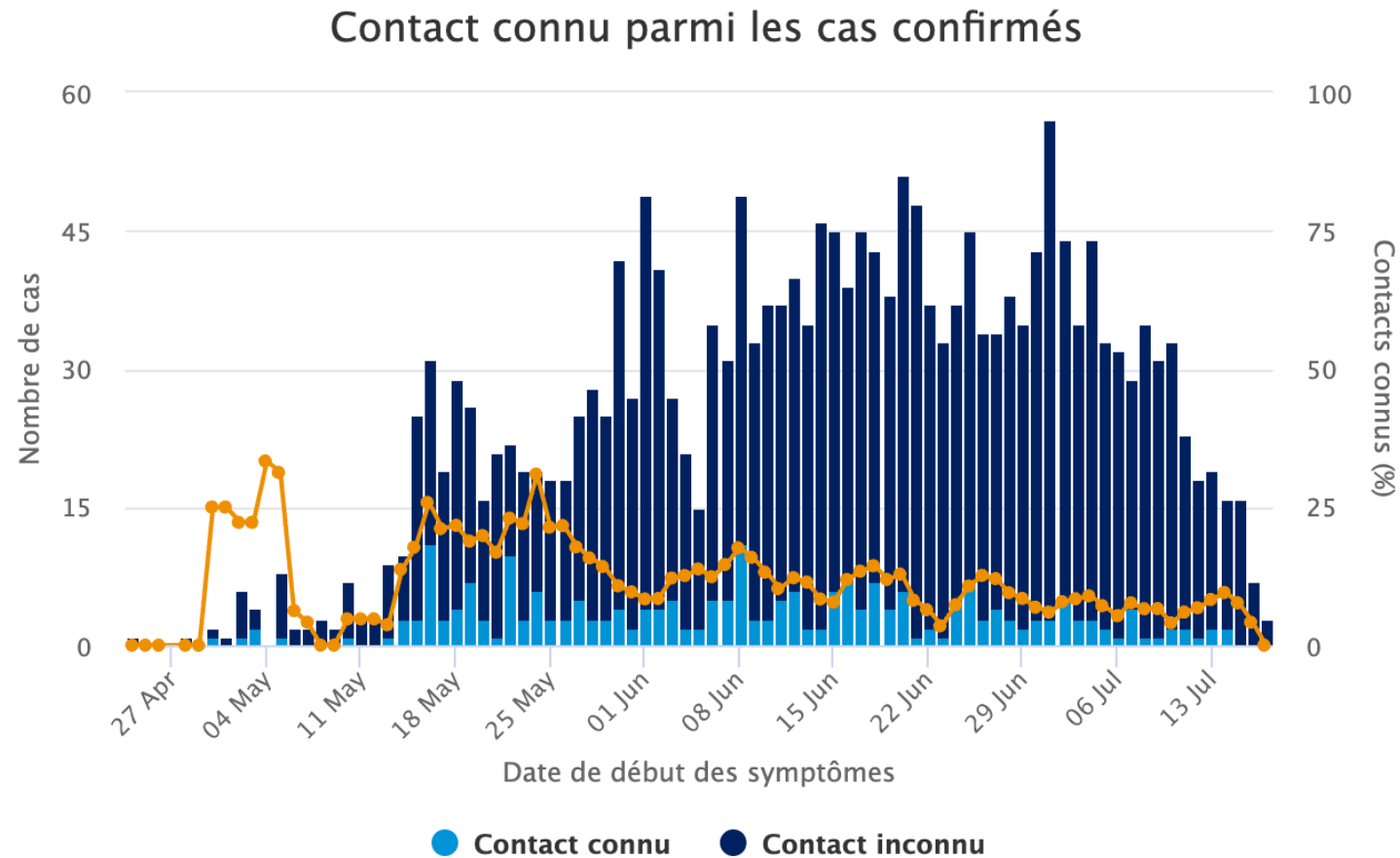


The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.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

Data Source: World Health Organization
Map Production: WHO Health Emergencies Programme
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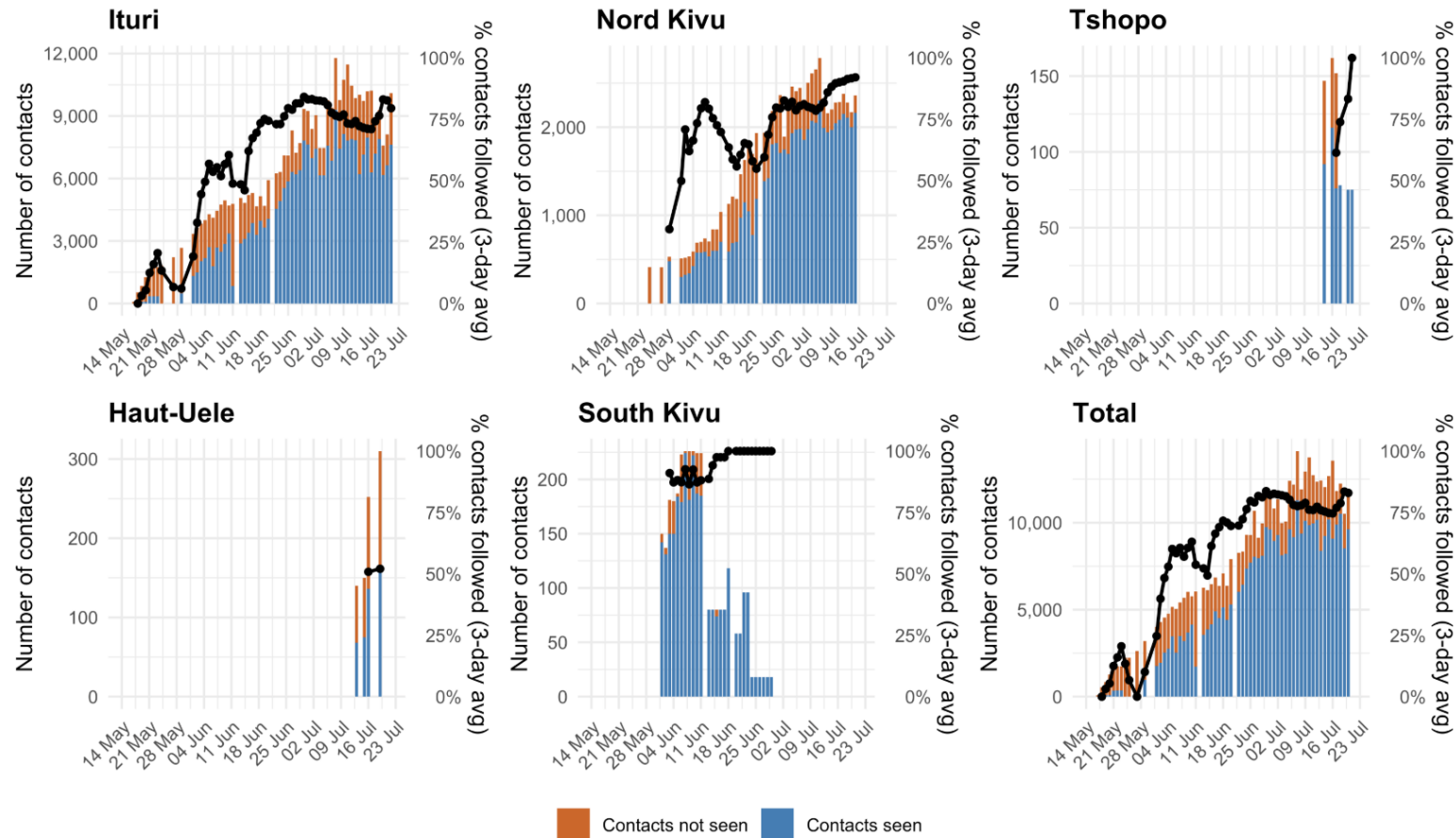
New cases among known contacts

Linelist data – includes reporting delays for recent days



N = 2,387 cas confirmés. N = 297 (12%) avec date de début des symptômes manquant. Source : Liste linéaire DHIS2.

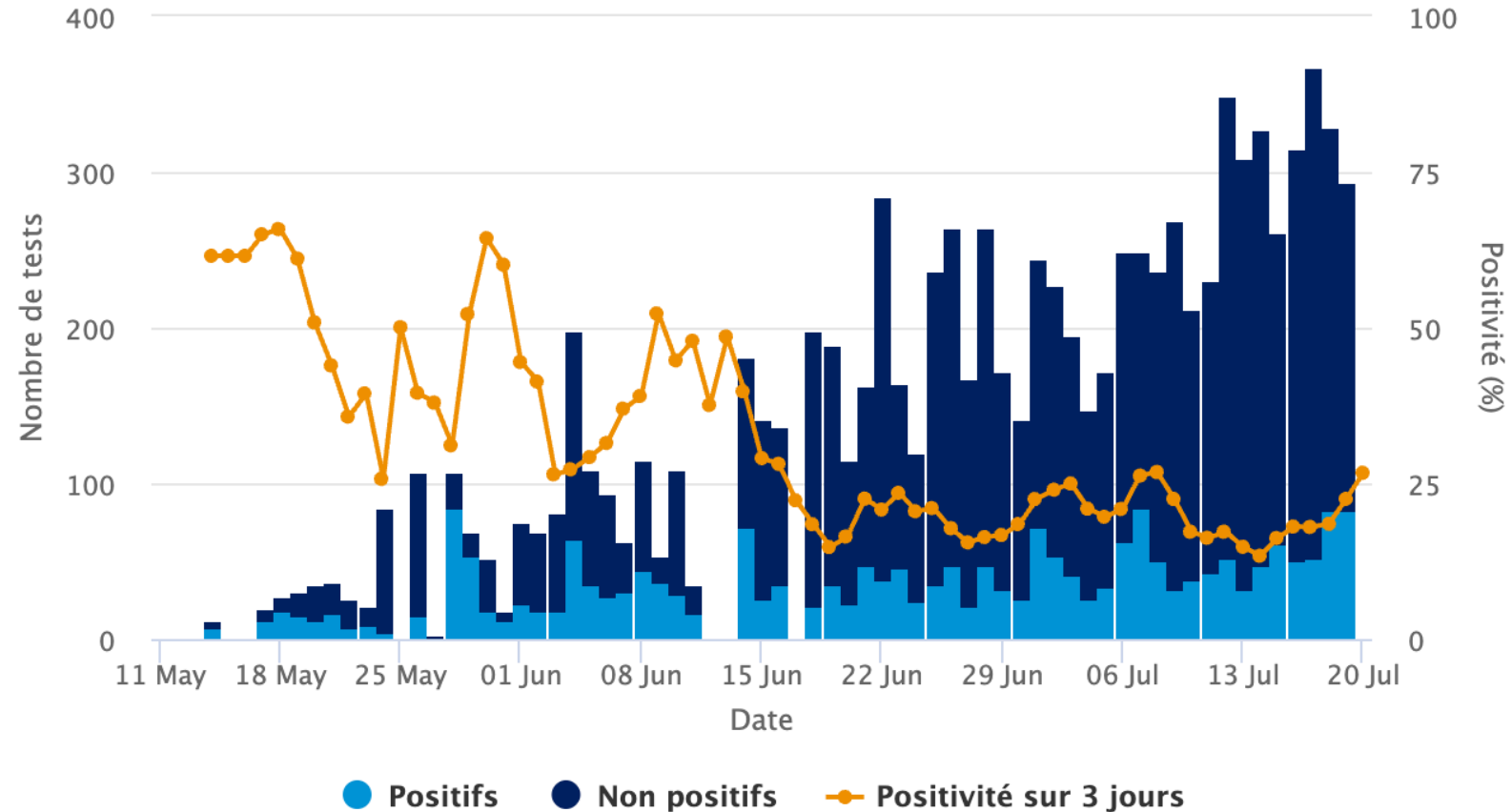
Contact tracing activities in DRC (data as of 21 July 2026)



Testing and positivity over time – DRC

as of 19 July 2026

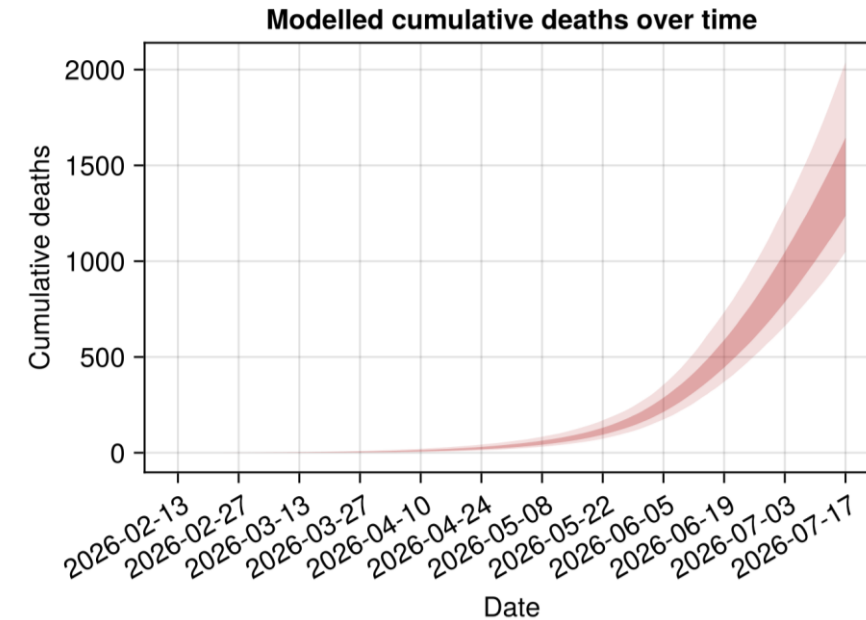
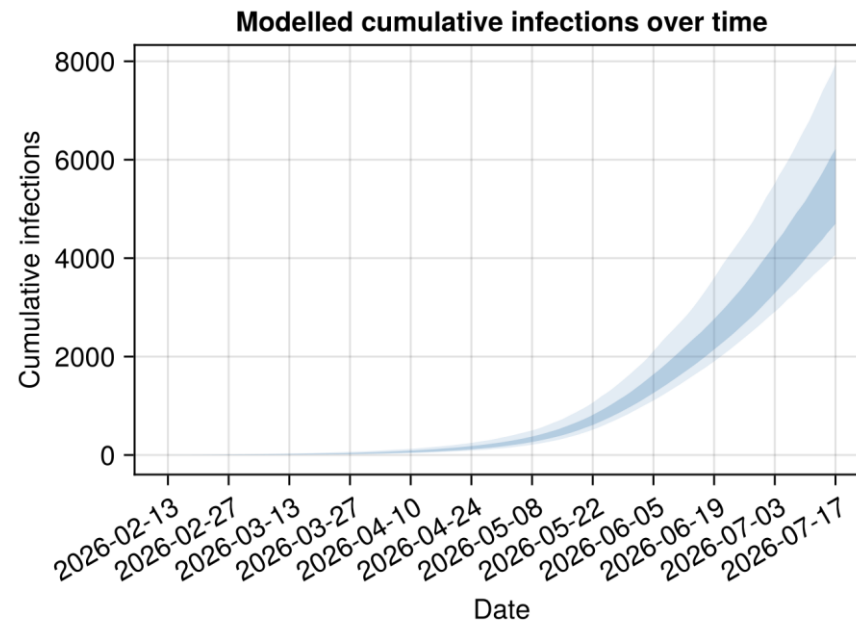
Tests et positivité



N = 9,597 tests. Source : rapport de situation COUSP.

Estimated true outbreak size as of 17 July

Current estimates suggest the outbreak is ~2-4 times bigger than what is being observed



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

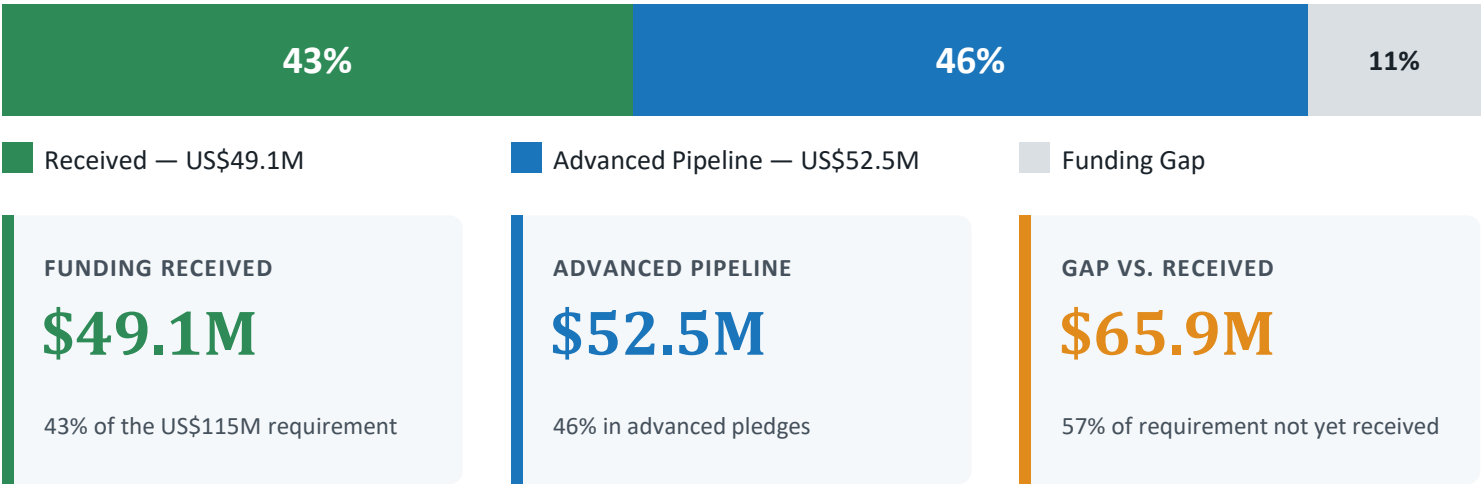
Link [to WHO Rapid Risk Assessment-Ebola disease caused by Bundibugyo virus, Democratic Republic of the Congo, Uganda and countries with land borders adjoining countries with documented BDBV detection v3](#)

Field perspectives: An overview of progress and priorities

Mr. Julien Harneis, Senior Ebola Coordinator

WHO Resource Mobilization Update

WHO's Funding Requirement against the CPRP: US\$115 MILLION



KEY TAKEAWAYS

- A strong pipeline reflects partner commitment**
US\$52.5M in the advanced pipeline, with several agreements expected to convert to disbursed funding in the coming days.
- Operational funding remains constrained**
US\$65.9M (57%) funding gap— this is the binding constraint on scaling & sustaining the response.
- Only 25% of funding received is fully flexible**
US\$12.5M is fully flexible — the rest remains earmarked to specific activities or pillars.

THE VALUE OF EARLY FINANCING

- Early and predictable financing enables WHO and partners to intervene before transmission expands further, limiting both the humanitarian impact of the outbreak and overall cost of the response.*



Scaling and sustaining the response requires speed, flexibility and predictable investment

Accelerate disbursement

01

Speed matters as much as volume: timely funding sustains surge operations and helps interrupt transmission.

Flexible funding

02

Flexible contributions let WHO and partners direct resources where needs are greatest and respond quickly to emerging hotspots.

The CFE in action

03

US\$3.9M released within 48 hours of the PHEIC declaration. CFE balance now US\$20.6M — continued replenishment is essential.

Finance the Continental Plan in full

04

Fully financing the Continental Preparedness and Response Plan ensures resources reach both outbreak control and readiness in at-risk countries.

Prioritize new allocations

05

New allocations — not reprogrammed funds — avoid creating gaps elsewhere and protect broader health security and development needs.

Sustain investment beyond six months

06

Continued investment will consolidate gains, prevent further spread & resurgence and accelerate the development of countermeasures for BVD.

Continued partnership between Member States, WHO and operational partners is essential to keep financing, operational capacity and country ownership aligned as the response evolves.

WHO thanks partners supporting the Bundibugyo virus disease response

FUNDING DISBURSED

US\$49.1M disbursed to date • 11 contributors



WHO gratefully acknowledges Member States that have contributed to the CFE, whose flexible contributions enabled the immediate scale-up of the BVD response.

PLEGGED

US\$52.5M in the advanced pipeline • 10 contributors



Thank you



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