



Ebola Outbreak in Democratic Republic of the Congo

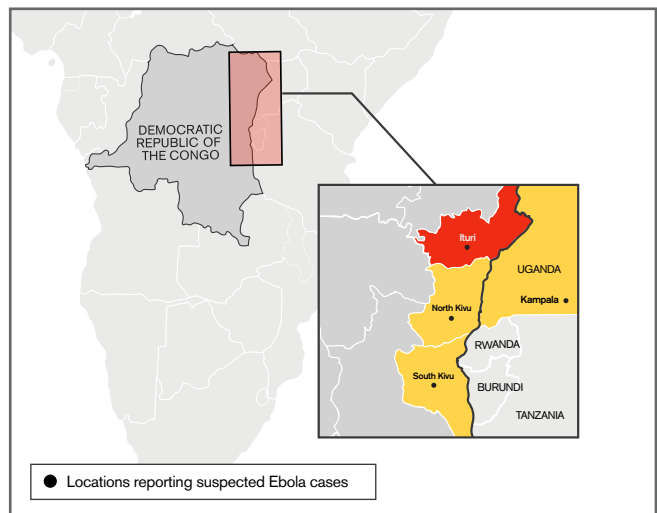
Watchlist Flash Alert | May 2026

Eastern Democratic Republic of the Congo (DRC) is now the epicenter of the deadliest Ebola outbreak seen globally since a 2018-2020 outbreak in roughly the same area, which killed over 2,000 people. This latest outbreak was only confirmed on May 15, but it increasingly appears to be the most concerning outbreak since the 2013-2016 West Africa epidemic that killed more than 11,000 people. **Over 900 suspected cases and at least 220 deaths had already been recorded as of May 25—mostly in the DRC, but with seven confirmed cases in Uganda.** International Rescue Committee (IRC) teams on the ground across the region fear the true situation is likely even worse than the data suggests and are preparing should the disease spread to South Sudan, Burundi or elsewhere.

The DRC ranked seventh on the IRC's **2026 Emergency Watchlist**, making it one of the top ten countries most at risk of worsened humanitarian crisis in 2026. Violence has been growing in the east of the country, where this outbreak is focused, driving one of the world's largest displacement crises; nearly **half a million** people were displaced from their homes in eastern DRC in the first months of 2026 alone. A quarter of all people in the DRC are facing **acute food insecurity**, but this rises to nearly two in five in Ituri and North Kivu provinces, the main areas affected by this outbreak. The IRC's experience responding to previous Ebola outbreaks underlines that this outbreak will compound these pre-existing challenges.

“ The lesson from every previous outbreak is clear: delays cost lives. The risks are growing and the resources are shrinking; that is the brutal arithmetic facing global aid today.”

—Bob Kitchen, IRC Vice President of Emergencies



ABOVE: Healthcare workers at Beni Hospital in Beni, Democratic Republic of the Congo screen patients for Ebola symptoms in August 2018. Photo: Kellie Ryan for the IRC

With two countries already reporting Ebola cases and a real threat of the disease spreading further, no single health ministry, U.N. agency or humanitarian organization will be able to bring this epidemic under control. Moreover, those responding to this latest outbreak do not have access to all the tools they have used previously. Standard Ebola tests struggle to detect the Bundibugyo strain causing this outbreak, which allowed it to spread undetected for several weeks or even **months**, and there are no approved treatments or vaccines for it. By contrast, there is now a highly effective vaccine for the Zaire strain of Ebola that caused both the DRC's 2018-2020 outbreak and the 2013-2016 West Africa outbreak that killed more than 11,000 people.

Trial drugs and vaccines may now be accelerated into use, but these will not be ready for patients for several months at least. For now, efforts to contain this outbreak will be a real test of collective solidarity. If government health ministries, the World Health Organization (WHO), the Africa Centres for Disease Control and Prevention (Africa CDC) and NGOs work together to invest collectively in the measures we know work, then this outbreak can be brought under control. If they fail to learn the lessons of previous Ebola outbreaks, or politics and conflict get in the way of effective collaboration, then this epidemic could prove deadlier than the 2018-2020 DRC outbreak—or even the 2013-2016 one in West Africa.

“ Every delay has a human cost. Eastern DRC’s years of conflict and displacement have left health systems on their knees, and that makes containing this outbreak all the harder.”

—Heather Kerr, IRC Democratic Republic of the Congo Country Director



A woman passes through a checkpoint for handwashing and health screening before entering Kyeshero Hospital in Goma, DRC on May 18, 2026. Photo: Jospin Mwishu / AFP via Getty Images



A girl washes her hands and has her temperature checked at an infection prevention and control checkpoint before entering the Kyeshero Hospital in Goma, DRC on May 18, 2026. Photo: Jospin Mwisha / AFP via Getty Images

The three danger signs—warnings that this epidemic could be even deadlier than previous ones

1. **The outbreak is moving faster than the response.**

The initial failure to detect this outbreak has allowed it to spread to several areas of Ituri province in northeast DRC, where the first cases were identified, as well as to North Kivu (just to the south of Ituri) and South Kivu provinces, and now Uganda.

Most concerning, cases have been reported in key population centers, including Ituri's capital Bunia, North Kivu's capital Goma, and Kampala, Uganda. Ebola's presence in these densely populated transport hubs significantly increases the risk of onward spread. Ituri also neighbors South Sudan, where the health system is far from prepared for a major outbreak. Moreover, health workers do not have access to the Personal Protective Equipment (PPE) they need to stay safe, and several have consequently fallen ill.

2. **Conflict fuels the crisis and increases the risk of regional spillover.**

Widespread insecurity—much of it tied to efforts to control resources associated with the Ebola response—was one of the key reasons the 2018-2020 outbreak got so out of control. Conditions are even worse now. Multiple state and nonstate armed groups (including one with links to Islamic State) operate in Ituri, North Kivu and South Kivu. They are often fighting for control of resources and engaging in violence along ethnic lines. South Sudanese armed groups also periodically launch raids into Ituri. Moreover, a nonstate armed group known as M23 now controls much of North Kivu, including its capital Goma, from where the 2018-2020 response was coordinated.

3. **Aid cuts mean eastern DRC has a weaker health system now than it did before the 2018-2020 outbreak.**

Global health financing is now at a 15-year low, due to cuts by the U.S., UK, German and other governments. Before 2025, the U.S. government funded a range of IRC frontline health and outbreak preparedness activities across eastern DRC, including treatment for communicable and non-communicable diseases, disease surveillance, and the construction and rehabilitation of water, sanitation, and infection prevention and control infrastructure. However, much of this funding ended for NGOs in March 2025.

Since then, the IRC has been forced to nearly halve the number of health facilities it supports in Ituri province, where this outbreak began, from seven to four. Moreover, cuts have also reduced access to specialized support for survivors of sexual violence. The **U.S.**, **EU** and **UK** have all announced some funding for the Ebola response, which is welcome, but in far smaller sums than during the 2018-2020 outbreak.



The IRC's response

Working alongside Congolese government health authorities, who are leading the overall response, the IRC team in the DRC is already getting PPE to health workers, many of whom currently have little to none due to funding cuts. The IRC will also shortly launch efforts to support Infection Prevention and Control (IPC), protect the dignity and rights of affected communities, communicate risks and engage communities effectively, and prevent sexual exploitation and abuse, which was a major issue during the 2018-2020 outbreak. The IRC is also working with the Ugandan Ministry of Health to support infection, prevention and control activities at the DRC border and to coordinate the response.

ABOVE: On May 20, 2026 at the Regional Association for the Supply of Essential Medicines (ASRAMES) warehouse in Goma, DRC, IRC teams packed Ebola Infection Prevention and Control kits for delivery to Bunia to support health facilities. Photo: Esther Kashemwa for the IRC

Urgent priorities for action

This outbreak must be halted before it spreads too far and cannot be contained. Responding to Ebola without access to vaccines is hard but not impossible; it requires a commitment to collective action and solidarity from all parts of the international community. Local governments, Africa CDC, international and local NGOs and U.N. agencies have the skills and experience to prevent a repeat of the devastating 2018-2020 outbreak, or something even worse. However, they can only do so if donors step up and parties to the conflict in eastern DRC prioritize halting this epidemic over their narrow political, military and economic interests. Five steps are critical:

1 Establish a U.N. coordinator, through the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and the WHO, to partner with the Africa CDC to lead the regional response. This complicated and international response requires a senior expert, embedded within existing U.N. structures, to partner with the Africa CDC to lead the coordinated international response in support of the host governments of the affected countries and to bring together local health ministries, WHO and NGOs. This U.N. coordinator should be charged with ensuring preparedness and response resources are coordinated across the region in an agile fashion and allocated wherever they are most needed as the epidemic spreads.

2 Remove all barriers to resourcing an effective response. Restrictions on importing PPE must be relaxed instantly; Ebola cannot be brought under control if the local medical personnel leading the response cannot keep themselves safe. While the Congolese authorities have significant experience handling Ebola outbreaks, reinforcements are clearly required on this occasion. Kinshasa must expedite accreditation for specialist NGOs with the skills needed to support the response and demonstrated experience of responding to previous Ebola outbreaks. Additionally, all parties to the conflict in eastern DRC must allow the rapid and safe passage of supplies and medical/humanitarian personnel to affected communities, regardless of which group controls the area. Diplomatic engagement and pressure may be required to make that happen.

3 Surge funds to get an effective response under way immediately. Some of the damage done by donor governments' cuts to health programming in the DRC can be mitigated, at least somewhat, if the international donor community immediately surges funding to ensure the Congolese authorities (and those in neighboring countries, where there is a risk of cross-border spread), WHO and NGOs can take the steps needed to prevent the outbreak from spinning further out of control, including:

- Support community health workers, who will be the backbone of this response, by ensuring they have the necessary resources (especially PPE and toolkits), training, and financial support to play their role safely and effectively.
- Work with medical facilities, traditional healers and community leaders to put measures like handwashing and temperature checks in place to prevent spread.
- Establish surveillance and data systems to track the spread of the disease and trace all contacts of people suspected to have Ebola.
- Establish isolation and treatment centers so that people can be treated safely without Ebola spreading in medical facilities, and ensure safe and dignified burials for people who die from the disease.
- Engage in effective Risk Communication and Community Engagement (RCCE). The only way to drive the behavior change needed to bring Ebola under control, for example adoption of safe burial and hygiene practices and bringing family members to isolation and treatment centers, is by building trust. That can only happen by listening to community members about any concerns they may have—not by simply broadcasting technical information at communities. Without effective RCCE, damaging rumors and “fake news” will set the narrative, as they did at points during the 2018-2020 outbreak, undermining engagement with the Ebola response.

4 An effective Ebola response is one designed to address the specific, additional risks facing women and girls, which involves partnering with women-led organizations where possible. Traditionally, women are often called on to serve as caregivers, exposing them to greater disease risks. Currently, women represent two thirds of suspected cases in this outbreak. In eastern DRC, sexual violence was already surging among the population. During disease outbreaks, there is often an increase in violence within the home and women and girls often experience heightened risks of sexual exploitation and abuse while accessing services. **IRC research** found that pregnant women were more likely to die during the 2018-2020 outbreak, whether or not they had Ebola, underlining the importance of embedding sexual and reproductive health needs and services into Ebola responses from the outset.

5 Invest in the DRC's healthcare system long term. Years of underfunding and the withdrawal of donor support have left eastern DRC without the tools needed to catch a disease like Ebola before it takes hold. The best way to guard against further Ebola outbreaks—and the risk these could spread far beyond the DRC—is by investing in the country's health system. This includes reinforcing frontline healthcare, particularly primary healthcare systems, and building the systems that ensure the DRC is ready for future outbreaks.



The IRC's Dr. Sylvie Musema Ngimba provides infection prevention and control items to a local health facility in Beni, North Kivu, DRC to protect residents from Ebola in August 2018. Photo: Kellie Ryan for the IRC