

2026 Ebola Virus Disease (EVD) Outbreak Containing Ebola, Protecting Children: UNICEF Emergency Response and Preparedness

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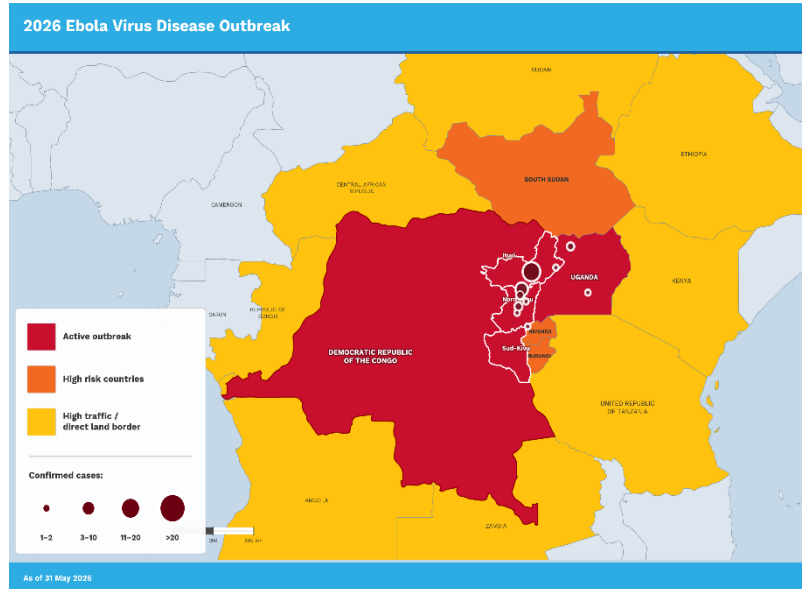
SITUATION OVERVIEW

On 17 May 2026, the World Health Organization (WHO) declared the Ebola outbreak in the Democratic Republic of the Congo (DRC) and Uganda a Public Health Emergency of International Concern (PHEIC)¹. Caused by the Bundibugyo Ebola virus, for which no licensed vaccine or specific treatment exists, the outbreak had been spreading for weeks before formal detection. As of 2 June 2026, 378 confirmed cases, including 15 in Uganda, with 63 deaths, have been reported across both countries², with growing evidence of sustained community, healthcare, and urban transmission.

The outbreak is unfolding against a backdrop of significant pre-existing humanitarian needs and chronic underfunding, requiring

simultaneous investments in emergency response, preparedness, and the continuity of essential services, including health, nutrition, education, WASH, and child protection. Containment is further complicated by the geographical and operational realities of eastern DRC, situated along major cross-border mobility corridors connecting Uganda, South Sudan, and Rwanda. Insecurity, displacement, limited humanitarian access, and weak surveillance and health systems heighten the risk of accelerated transmission while constraining case detection, contact tracing, and rapid response operations. In North Kivu, restricted air access poses an additional challenge to the timely movement of personnel and supplies.

Children are disproportionately affected by Ebola outbreaks both through direct health risks and the disruption of essential services critical to their survival and development. Children under-5 are particularly vulnerable to severe illness and death due to developing immune systems, malnutrition, and dependence on caregivers. Lessons from previous outbreaks show that school closures, interrupted health and nutrition services, loss of caregivers, psychosocial distress, and stigma can have lasting consequences for children's well-being and future prospects. In fragile settings already affected by conflict, displacement, poor sanitation, and limited access to health care, outbreaks also heighten risks of violence, exploitation, neglect, and long-term developmental harm.



UNICEF'S RESPONSE AND PREPAREDNESS

Within 48 hours of outbreak confirmation, UNICEF activated its **Level 3 Corporate Emergency Procedures**, immediately releasing **US\$5.75 million in internal emergency funding** to enable a rapid, system-wide response and strengthen preparedness in neighbouring at-risk countries, while deploying surge capacities and establishing internal coordination mechanisms to drive the response. Over US\$2 million worth of key supplies have now been procured locally and off-shore for the response.

In DRC, UNICEF has rapidly delivered 50 metric tons of WASH and infection prevention and control (IPC) supplies to Bunia, followed by another 100 metric tons with support from the European Union Humanitarian Air Bridge - enough

¹ The Africa Centres for Disease Control and Prevention (Africa CDC) has reported rising case numbers and elevated regional risk, with further measures under consideration.

² WHO [Alert and Response](#)

to meet the needs of a 100,000 people for six months. Two new field offices are being established in Beni and Butembo, with 36 staff already deployed to support the response. Some 1,300 community health workers and 24 Decontamination Teams have been trained and deployed across six high-priority health zones, alongside 659 community mobilizers with further scale-up underway. In Uganda, UNICEF is supporting the national Ebola response across 37 high-risk districts and greater Kampala. So far, 46 health facilities have received IPC and WASH supplies and support for children in quarantine has begun.

UNICEF is a key partner in the WHO-Africa CDC Incident Management Support Team under the WHO–Africa CDC continental response framework. UNICEF leads or co-leads workstreams on IPC/WASH, risk communication and community engagement (RCCE), supply, and continuity of health services, and supports governments in DRC, Uganda, and other at-risk countries on preparedness and response planning.



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Infection Prevention and Control arriving in Ituri via European Union Humanitarian Air Bridge — complemented by continued IPC and WASH support to frontline health services and communities across

Building on successful mpox intensification campaigns — which strengthened community health worker networks, community-based surveillance, timely alert generation, and community trust — as well as lessons from repeated Ebola responses in eastern DRC since 2008, **UNICEF is working with national authorities and partners to develop response and readiness plans across 12 countries**, with a clear emphasis on the continuity of essential services and protection from sexual exploitation and abuse (PSEA).

Priority areas for UNICEF interventions include:

1. → **Building trust to stop transmission:** Risk communication and community engagement to inform and protect affected and at-risk populations.
2. → **Breaking chains of infection:** Infection prevention and control and access to safe water and sanitation in communities, health facilities and schools.
3. → **Detecting community cases early, responding faster:** Community health systems support and community-based surveillance for early detection and rapid response.
4. → **Protecting children beyond Ebola:** Continuity of essential services and humanitarian assistance for children and families already facing acute humanitarian needs.
5. → **Coordinating across borders and sectors:** Leadership and coordination in preparedness and response efforts with partners, including cross-border coordination, supporting national governments.

COUNTRY SPECIFIC RESPONSES

Track 1: Active Outbreak Response

Democratic Republic of the Congo (DRC): Building on extensive experience from Ebola responses in eastern DRC, UNICEF's **six-month Ebola response plan** is aligned with the National Ebola Response Strategy led by the Ministry of Health. The plan targets **3.7 million people** across affected and high-risk areas and requires an **initial US\$40.5 million** to support rapid outbreak containment, strengthen prevention measures in neighbouring and cross-border areas, and promote community ownership of the response. Guided by Integrated Outbreak Analytics³ and designed to adapt to operational realities, the response will focus on the following key interventions:

- **IPC:** Reinforcing infection prevention in health facilities, schools, and communities. Key actions include establishing pre-triage and isolation areas, providing IPC kits, and mobilizing local "IPC brigades" to disinfect households and high-risk public spaces within 24 hours of an alert.

³ [Integrated Analytics Cell \(CAI\) | UNICEF](#)

- **Community health and surveillance:** Mobilizing 18,000 community actors for active case finding and contact tracing. Specialized pediatric clinical care is a priority in Ebola Treatment Centres. Innovations on Violence Against Women and Girls surveillance systems to be implemented.
- **RCCE:** Engaging communities, local influencers and religious leaders to counter misinformation, improve institutional trust, and promote early care-seeking and safe burials.
- **Child protection and mental health support:** Providing dedicated psychosocial support is provided to affected families, survivors, and frontline workers, and establishing temporary care arrangements for children separated from caregivers admitted to Ebola Treatment Centres.
- **Nutrition:** Ensuring individualized nutritional care for patients and promoting infant and young child feeding practices, including safe feeding plans for orphaned or separated infants.

Uganda: Building on infrastructure, systems and capacities established during the 2025 Sudan Virus Disease response, UNICEF's **six-month Bundibugyo Virus Disease response strategy** is aligned with the Ministry of Health's National Bundibugyo Virus Disease Response Plan and implemented through the national Incident Management System. The strategy targets 37 high-risk districts bordering the DRC, as well as the Kampala Metropolitan Area and refugee-hosting communities, requiring an **initial US\$3.2 million** to strengthen preparedness and early response capacities, prevent cross-border transmission, and sustain essential services in high-risk areas. As co-lead of the RCCE, WASH, and Continuity of Essential Health Services pillars, UNICEF will support a coordinated, community-centred response focused on the following key interventions:

- **IPC/WASH:** Reinforcing infection prevention in health facilities, schools, and priority points of entry through essential supplies, handwashing facilities, and health worker training.
- **RCCE:** Using multimedia campaigns and social listening to reach communities at risk and key influencers with messaging to counter misinformation and promote early care-seeking.
- **Case management and mental health and psychosocial support (MHPSS):** Providing isolation tents, personal protective equipment, and IPC kits while integrating pediatric clinical care and MHPSS for affected families, survivors, and children in isolation.
- **Social protection:** Delivering child-sensitive humanitarian cash transfers for up to three months to support households affected by medical care, isolation, or quarantine and reduce negative coping mechanisms.
- **Continuity of services:** Maintaining critical health and nutrition services, including routine immunization and treatment of severe acute malnutrition.
- **Safeguarding:** Mainstreaming protection from sexual exploitation and abuse (PSEA) and gender-based violence risk mitigation across all pillars through community-based reporting and survivor-centred referral mechanisms.

Track 2: Readiness in high-risk countries

UNICEF is seeking **US\$3.7 million for South Sudan, US\$3 million for Burundi, and US\$3.2 million for Rwanda** to support preparedness and cross-border readiness measures in countries assessed as being at very high risk of Ebola spread. Risk levels are driven by porous borders with the DRC and Uganda, intense cross-border mobility, and, in the case of South Sudan, a fragile health system and severe humanitarian conditions. UNICEF's support focuses particularly on movement corridors linked to Ituri and North Kivu and includes strengthening readiness in health facilities and priority points of entry, training healthcare workers and community actors, operationalizing rapid response teams, and scaling up risk communication, community engagement, and public awareness activities.

Track 3: Preparedness and contingency planning in neighbouring countries

UNICEF is also seeking **US\$17.1 million** to support preparedness and contingency efforts in neighbouring at-risk countries, including **Angola, the Central African Republic, the Republic of the Congo, Ethiopia, Kenya, Tanzania, and Zambia**. These countries either share direct borders with the DRC or Uganda or maintain significant travel and population movements linked to affected areas. In collaboration with governments and partners, UNICEF is supporting risk monitoring, preparedness planning, cross-border coordination, and strengthening national readiness capacities to reduce the risk of regional spread.

FUNDING REQUIREMENTS

In line with the WHO/Africa CDC-led Ebola Bundibugyo Virus Disease Continental Preparedness and Response Plan and governments' response plans, UNICEF is seeking an initial **US\$70.7 million to support immediate life-saving response activities and continuity of essential services in the DRC and Uganda, alongside preparedness and cross-border readiness measures in 10 neighbouring at-risk countries** (See funding table further below). This figure is indicative and will be adjusted subject to evolving operational priorities.

Immediate, flexible funding is urgently required to enable rapid scale-up, including risk communication and community engagement, surveillance, infection prevention and control, WASH, nutrition, child protection, continuity of essential health and social services, and support to frontline response operations. Early investments in preparedness and readiness remain essential to contain transmission, protect vulnerable populations, and avert the significantly higher human, social, and financial costs associated with wider regional spread.

Beyond immediate outbreak response requirements currently identified through country-level plans, additional resources are needed to sustain essential services and strengthen systems operating under severe strain⁴. In affected and high-risk settings, long term investments in community health capacity, infection prevention and control, surveillance, WASH systems, social service continuity, and community engagement will be critical not only for outbreak containment, but also for building resilience and preparedness against continued transmission and future public health shocks.

UNICEF extends its **sincere appreciation** to its core and flexible funding partners, and for the timely support received to date, including contributions from the Mastercard Foundation and the United States Government, which are helping advance critical response and preparedness activities. UNICEF further acknowledges the support provided through the European Union Humanitarian Air Bridge, which is facilitating the movement of emergency personnel and supplies in an increasingly constrained operational environment. Additional and flexible donor support will be essential to sustain momentum and expand operational reach. Given the dynamic, cross-border, and multi-country nature of the emergency, UNICEF's **Global Humanitarian Thematic Funding (GHTF)** remains one of the most agile and flexible funding mechanisms to ensure a timely, adaptive, and coordinated response across affected and at-risk contexts.



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Omega, 11, demonstrates proper handwashing at Biringi Primary School in Ituri Province, DRC. Following the declaration of a new Ebola outbreak in parts of Ituri, UNICEF is supporting infection prevention, WASH, and community engagement efforts to help protect children, families, and frontline workers.

COUNTRY	FUNDING REQUIREMENTS (USD) ⁵
Priority 1A: Active Outbreak Response⁶	
DRC	40,500,000
Uganda	3,208,000
Priority 1B: Readiness in Very High-Risk Countries	
South Sudan	3,750,000
Burundi	3,000,000
Rwanda	3,200,000
Priority 2: Preparedness in High Traffic and Direct Land Border Countries	
Angola; CAR; Congo; Ethiopia; Kenya; Tanzania; Zambia	17,127,000
Total:	70,785,000

⁴ Funding can be channeled through UNICEF's existing Humanitarian Action for Children (HAC) architecture, including the DRC, South Sudan and Great Lakes HAC appeals.

⁵ Funding requirements are based on a 6-month planning horizon, except for Uganda, Rwanda, and South Sudan where requirements reflect a 3-month plan.

⁶ Country categorization in line with AfricaCDC/WHO led inter-agency planning.

OPERATIONAL ENABLERS

Established presence and operational footprint: UNICEF is operational in all affected and at-risk countries. This operational footprint allows UNICEF to engage immediately, sustain critical programmes, and scale up support rapidly as needs evolve. UNICEF is also supported by a strong regional emergency team spanning both programme and operations functions, based across its regional offices in Dakar and Nairobi, which support country-level scale-up and cross-regional preparedness and response.

Global logistics and supply chain capacity: UNICEF operates one of the world's largest humanitarian supply chains, with global hubs in Copenhagen and Dubai and more than 200 warehouses worldwide. UNICEF has pre-positioned emergency supplies and is well equipped to scale up the response.

Trusted partnerships and government relationships: UNICEF maintains strong operational partnerships with national governments and authorities, United Nations sister agencies, and international and local NGOs.

Community-based response capacity: UNICEF works through extensive networks of community health workers, social workers, teachers, local organizations, and trusted community leaders. These networks are essential for surveillance, early warning, risk communication, behaviour change, and maintaining access to services.

Integrated, child-centred programming: UNICEF's multi-sector mandate — spanning health, nutrition, WASH, education, child protection, and social protection — allows it to deliver integrated assistance through a single, child-centred framework.

It is critical to contain the Ebola outbreak before it expands further across a highly mobile and fragile region. Early investment in community-based response and preparedness saves lives.