"We need to inform and raise awareness among children so they can share information within their communities. Children are the best communicators, as they help spread prevention messages widely"

unicef
for every child

FLASH UPDATE Report No. 1

Reporting Period
July 2026

Ebola Virus Disease Outbreak - Preparedness and Readiness in Western, Eastern and Southern Africa Region

HIGHLIGHTS

- The Bundibugyo virus disease (BVD) outbreak remains confined to DRC and Uganda, with no confirmed cases reported in neighbouring countries to date. However, extensive cross-border movement, porous borders and humanitarian vulnerabilities continue to create a high risk of regional spread, underscoring the need to sustain readiness before the virus crosses borders.
- UNICEF is supporting governments in IPC/WASH, RCCE, emergency coordination and preparedness at priority points of entry. Countries are reinforcing frontline capacities through simulation exercises, pre-positioning of essential supplies, health worker training and community engagement to ensure any imported case can be detected timely, contained and responded to.
- UNICEF requires US$70.7 million to support the Regional Ebola efforts including US$ 29.1 million to support preparedness and readiness in the 10 high-risk countries. Significant funding gaps continue to constrain readiness and preparedness in those countries.

SITUATION IN NUMBERS

1,274
Ebola confirmed cases in DRC

20
Ebola confirmed cases in Uganda

3
Countries at high risk of BVD importation

7
Countries at risk of BVD importation

HUMANITARIAN CONTEXT

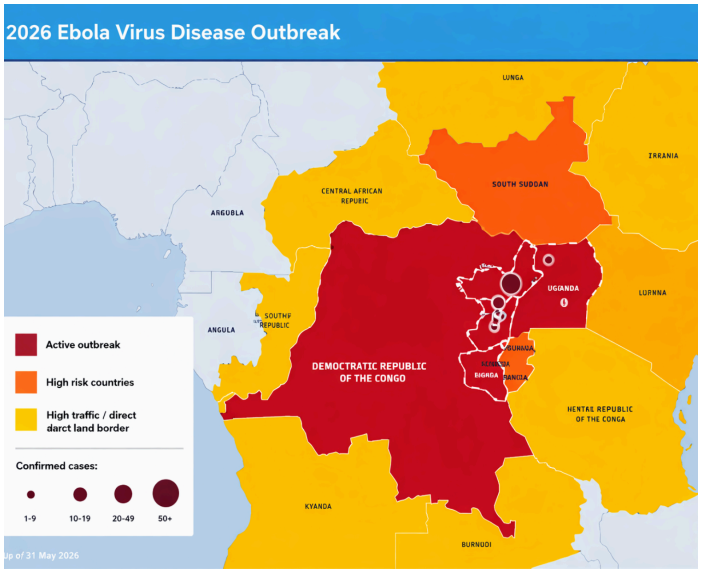
SITUATION OVERVIEW

The Bundibugyo virus disease (BVD) outbreak in the Democratic Republic of the Congo (DRC), and Uganda, continues to pose a significant threat to the wider region. First confirmed in Ituri Province on 15 May 2026, the outbreak is unfolding in a highly complex humanitarian context characterized by insecurity, population displacement, fragile health services and intense cross-border mobility.

Recognizing the potential for rapid cross-border spread, the World Health Organization (WHO) declared the outbreak a Public Health Emergency of International Concern (PHEIC), while the Africa CDC designated it a Public Health Emergency of Continental Security (PHECS). In response, UNICEF activated its highest level of emergency response (Level 3 Corporate Emergency Procedures), enabling a rapid scale-up of outbreak response in affected countries.

As of 29 June 2026, DRC has reported 1274 confirmed cases, including 360 confirmed deaths, while Uganda has confirmed 20 cases, including 2 death. Importantly, no confirmed Ebola cases have been reported outside DRC and Uganda to date. However, the risk of regional spread remains high due to porous borders, frequent population movements, trade corridors and refugee flows linking the affected countries with neighbouring States. Preserving this status requires sustained vigilance and continued investment in preparedness.

While response operations continue in DRC and Uganda, governments across neighbouring countries are transitioning to preparedness planning and operational readiness; strengthening the capacities required to rapidly detect, contain and respond to any imported case should the virus cross borders. With UNICEF's support, countries are reinforcing community surveillance, infection prevention and control (IPC), WASH, risk communication and community engagement (RCCE), laboratory capacity, coordination as well as preparedness at priority points of entry.



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Map of the Ebola Virus Disease Outbreak

UNICEF RESPONSE - PRIORITY 1 COUNTRIES

STRENGTHENING READINESS IN HIGH-RISK COUNTRIES

South Sudan

South Sudan remains at high risk of BVD importation due to cross-border movement with Uganda and the DRC, fragile health systems, and ongoing humanitarian challenges. UNICEF continues to support Government-led preparedness across all response pillars. In addition to the Ebola risk, an estimated 9 million people, including 4.9 million children, require humanitarian assistance due to the combined effects of conflict, intercommunal violence, displacement, flooding, disease outbreaks, and economic deterioration

IPC/WASH assessments were conducted in seven priority health facilities, alongside technical assessments at Juba International Airport and the Juba Isolation and Treatment Unit to identify operational gaps and strengthen infection prevention and response capacity. Health facility IPC assessments are ongoing to monitor readiness and guide targeted interventions.

UNICEF also provided technical support to finalize SOPs for case management, IPC/WASH, RCCE, and supply and logistics. Mapping of health, WASH, and RCCE partners was completed to strengthen coordination, clarify operational roles, and improve geographic coverage.

On 18 June, UNICEF facilitated the arrival of 12.6 metric tons of PPE and IPC supplies for prepositioning in 28 priority health facilities across Greater Equatoria. Last-mile distribution plans have been finalized, while planning for healthcare worker training and community-based surveillance is advancing with partners.

Community preparedness has expanded across five high-risk counties, with 604 Boma Health Workers trained and deployed, reaching 7,635 people, 892 schoolchildren, and 236 community leaders. Community dialogues and radio outreach reached 63,500 people, while 67 feedback reports informed RCCE strategies. UNICEF also supported the printing of 10,826 IEC materials and operation of the national call centre, which has facilitated 611 calls/alerts.

Rwanda

The Government continues to strengthen preparedness in high-risk districts bordering eastern DRC and Uganda through a BVD Preparedness and Contingency Plan with seven pillars and 10 priority actions, including UNICEF-supported RCCE, IPC, wastewater, and cross-border/community surveillance. In support to the government, UNICEF leads the IPC/WASH and RCCE pillars and co-leads community surveillance and logistics/operational support.

UNICEF has played a key role in strengthening national preparedness, including through the coordination of a national simulation exercise in Kigali, provision preparedness supplies for Kigali International Airport, and advocating for the integration of PSEA and MHPSS into national preparedness efforts and training. Capacity strengthening included training 19,084 Community Health Workers, 170 Community Environmental Health Officers, and 292 health post staff on BVD surveillance, 416 frontline personnel on IPC/WASH, and 35,000 people through mobile-based Ebola awareness and RCCE training. Communication materials were disseminated across 396 sites, complemented by community radio outreach in high-risk areas.

Overall, UNICEF provided over US$325,000 in critical supplies, including 70 digital tablets for the national command post and Imboni surveillance system, as well as PPE, WASH and IPC supplies. UNICEF is also supporting the design of a social protection response

for 1,800 vulnerable households identified by local authorities to help mitigate the potential socioeconomic impacts of the outbreak.

Burundi

Under the leadership of the Ministry of Health, coordination and preparedness efforts have been further strengthened, including the finalization and dissemination of the costed national preparedness and response plan, the reactivation of the Incident Management System, and the prioritization of critical preparedness actions with partners. UNICEF supported the development of the national RCCE strategy and the strengthening of coordination mechanisms.

Additional preparedness activities included assessments of points of entry and treatment centres, deployment of equipment to Ebola treatment facilities and a cross-border simulation exercise at the Kobero-Kabanga border crossing with Tanzania. To strengthen laboratory readiness, UNICEF supported refresher training for 48 laboratory technicians on sample collection and transportation including 10 technicians on Ebola diagnostics, alongside procurement of diagnostic supplies. Community engagement efforts have also expanded through local-language awareness campaigns, community feedback mechanisms and hotline services.

UNICEF is actively supporting the integration of Gender-based Violence (GBV) risk mitigation into Ebola preparedness through an upcoming webinar aimed at strengthening partners' capacity to deliver safe and gender-responsive interventions. As part of ongoing preparedness efforts, two simulation exercises (SIMEX) are also planned in the coming weeks to further reinforce readiness, with a focus on case management and laboratory operations.

UNICEF RESPONSE - PRIORITY 2 COUNTRIES

SCALING-UP PREPAREDNESS

Kenya

The government of Kenya has intensified Ebola preparedness in counties at highest risk of importation. More than 145,000 travelers have been screened at points of entry, and 113 alerts investigated, all negative. With partners, the Government has advanced risk mapping, facility readiness assessments, simulation exercises in five high-risk counties, training of 108 trainers of trainers, and sensitization of over 1,000 healthcare workers. Four national laboratories have been designated for Ebola testing.

UNICEF provides technical and modest financial support for preparedness planning, coordination, surveillance, water, sanitation and hygiene/infection prevention and control (WASH/IPC), and risk communication and community engagement (RCCE), while mobilizing resources to address gaps. Limited WASH/IPC supplies, including calcium hypochlorite for water disinfection, hand sanitizers, heavy-duty gloves and gumboots, are being pre-positioned for rapid deployment.

With UNICEF support, the National Public Health Institute developed an Ebola virus disease RCCE plan and pre-positioned key messages across channels, including the 719 Ministry of Health information center. UNICEF also shares social listening summaries to help track misinformation, rumors and public concerns, informing weekly reports and preparedness actions.

Tanzania

In collaboration with Ministry of Health and World Health Organization, UNICEF co-leads the Risk Communication and Community Engagement, Water, Sanitation and Hygiene/Infection Prevention and Control, Mental Health and Psychosocial Support, and Continuation of Essential Services pillars. The health authorities have investigated 68 viral hemorrhagic fever alerts, including 15 suspected cases, all of which tested negative. 50 media houses were oriented on EVD, distributed 43,000 risk communication materials, and reached over 500,000 people through media and community outreach. More than 8,300 students participated in school-based disease prevention programmes, and social listening systems were activated. Infection prevention and control measures were strengthened through assessments, enforcement of public health measures, and training of 32 Environmental Health Officers on safe burial and decontamination procedures. Infection prevention and control supplies are being procured, water and sanitation services installed at Ebola Treatment Centres, and the Ministry of Water supported strengthen assessments at health facilities and points of entry.

Zambia

Given its land border with the DRC, Zambia remains in the at-risk preparedness category, with six bordering provinces prioritised for preparedness. An estimated 120,000 children are among the populations at heightened risk of BVD not including their vulnerability to disrupted health, nutrition and education services during an outbreak and their dependence on caregivers who may fall ill.

Under the leadership of the Ministry of Health and the Zambia National Public Health Institute (ZNPHI), UNICEF is supporting national and provincial preparedness across the six target provinces. UNICEF is procuring 500 PPE kits and WASH supplies (including soap, hand sanitiser and knapsack sprayers) for health facilities. UNICEF also financed the development and printing of 23,000 risk communication materials, comprising 20,000 brochures and 3,000 posters, alongside radio jingles produced in English and seven local languages, with translation into sign language and braille. Distribution across at-risk provinces and districts is currently underway, and an estimated 23,000 people have been reached through community engagement. Digital versions have been disseminated through UNICEF, ZNPHI and Ministry of Health platforms, reaching over 1.3 million people online across Facebook, X and LinkedIn.

A points-of-entry and treatment simulation exercise was conducted at Kenneth Kaunda International Airport (KKIA) and the University Teaching Hospital (UTH) on 18 June 2026 confirmed sound staff knowledge but exposed systemic gaps in zoning, PPE use and waste handling.

Central African Republic

The Central African Republic has intensified preparedness efforts given its proximity to affected areas and extensive movement along river corridors connecting with the Democratic Republic of the Congo. The Ebola risk is compounded by a complex humanitarian and public health context, including population displacement, limited access to basic services, and the recent cholera outbreak declared in June 2026, placing additional pressure on already fragile health and WASH systems.

UNICEF supported activation of the Public Health Emergency Operations Centre, validation of the national preparedness and response plan and strengthening of surveillance systems at airports and river points of entry, where more than 860 travellers have already been screened. In collaboration with Ministry of Health and World Health Organization, UNICEF co-leads the Risk Communication and Community Engagement, Water, Sanitation and Hygiene/Infection Prevention and Control, Mental Health and Psychosocial Support. The health authorities have investigated alerts, all of which tested negative. In the 13 high-risk health districts, thirty-nine facilities, including 11 points of entry along the border with the DRC, one airport and 27 health facilities, were equipped with

WASH/IPC kits for infection prevention and control. In addition, 35 health centres were equipped with PPE. In the area of risk communication, 1,440 radio programs were broadcast in various local languages on health-related topics, including 240 exclusively on Ebola, through 20 community radio stations, reaching approximately 2.4 million people. In addition, 30 U-Reporters were trained to raise awareness among 16,800 households at points of entry in three health districts covering Bimbo and the 7th, 2nd, 3rd and 9th districts.

Republic of Congo

The cross-border risk remains significant given the ongoing outbreaks in DRC and Uganda, warranting sustained high-level preparedness. UNICEF is supporting the Government to strengthen Ebola preparedness while also helping contain the cholera outbreak, for which the Republic of Congo is recording a decline in cases, although transmission persists in three districts and the cumulative case fatality rate remains high at 8.3%. As Vice-Chair of the National Political Coordination Committee, UNICEF continues to support the Government in resource mobilization and advocates for an integrated coordination of the responses to the multiple emergencies facing the country. UNICEF supports an integrated approach to cholera response and Ebola BVD preparedness, with a focus on WASH/CATI interventions, risk communication and community engagement, and the supply of essential commodities. Ongoing actions include hygiene promotion, water chlorination, pre-positioning of infection prevention and control supplies, support for social mobilization in high-risk areas, and community-based surveillance, particularly in Brazzaville, Pointe-Noire, Likouala, Congo-Oubangui, Cuvette-Ouest and Plateaux, as well as at priority points of entry and international airports.

Ethiopia

Ethiopia remains is at risk of Ebola importation due to its role as an air transport hub, with direct flight connections to the Democratic Republic of the Congo (DRC)and Uganda. The risk is compounded by a complex humanitarian situation, with an estimated 21.4 million people, including 12 million children, requiring humanitarian assistance due to conflict, displacement, climate-related shocks, disease outbreaks, and food insecurity.

Under the leadership of the Ministry of Health (MOH) and the Ethiopian Public Health Institute (EPHI), national preparedness efforts continue with support from partners including UNICEF. A multi-pillar readiness assessment has been completed, identifying key gaps particularly in relation to PPE, IPC/WASH and subnational response capacity. Simulation exercises, including at Addis Ababa Bole International Airport and EPHI were conducted, while screening at high-risk points of entry continues. UNICEF has supported preparedness planning, risk communication and capacity-building efforts in high-risk regions.UNICEF has finalized its Country Office preparedness plan, including surge arrangements and support across coordination, RCCE, surveillance, IPC, logistics, and continuity of essential services.

Angola

Under the leadership of the Ministry of Health, and with support from WHO and UNICEF, the country continues to strengthen preparedness through an updated national contingency plan, enhanced surveillance and reinforced coordination mechanisms. High-risk points of entry have been mapped across priority land, maritime and air crossings, while a simulation exercise at Luanda International Airport helped test coordination and response readiness.

Operational preparedness has been strengthened through the pre-positioning of PPE, improved laboratory collaboration with the National Institute for Communicable Diseases (NICD) in South Africa, and nationwide capacity-building on risk communication and emergency coordination. The Ministry of Health held a high-level multisectoral preparedness workshop, bringing together national and provincial authorities, UN agencies and partners, to support the development of Information, Education and Communication (IEC) materials and frontline preparedness.

To continue addressing gaps, UNICEF supported the Ministry of Health's request to re-programme Pandemic Fund resources to strengthen the Emergency Operations Centre, procure additional PPE and laboratory equipment, and expand training activities. UNICEF is also engaging faith-based organizations through the Religious Leaders Alliance for Health to strengthen community awareness, preparedness and early detection across the country.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

Across the different countries, UNICEF continues to work closely with governments, WHO, Africa CDC, IOM, UN agencies, NGOs and development partners through national and sub-national preparedness structures. Across priority countries, UNICEF is leading or co-leading preparedness pillars, particularly Risk Communication and Community Engagement (RCCE) and Infection Prevention and Control (IPC/WASH), while supporting emergency coordination, surveillance, supply preparedness, child protection, mental health and psychosocial support, and community-based preparedness efforts.

FUNDING STATUS

FUNDING REQUIREMENTS

In line with the WHO/Africa CDC-led continental response framework, UNICEF’s overall appeal for the Ebola response amounts to US$70.7 million over six months. Of this total, a dedicated portion of US$27 million (69 per cent gap) is required to support preparedness and readiness efforts in at-risk countries (Priority 1 B and 2) across Eastern, Southern and Western Africa[1] (See funding table below).

To date, funding for preparedness remains critically limited and uneven across countries, with several high-risk contexts receiving little or no dedicated support despite elevated risk levels. As outlined below, significant gaps persist across infection prevention and control (IPC/WASH), risk communication and community engagement (RCCE), surveillance, and rapid response capacity, constraining countries’ ability to operationalize readiness plans.

Immediate, flexible funding is urgently required to: sustain frontline readiness capacity before cases occur; pre-position critical supplies and reinforce essential services; and enable rapid scale-up if transmission is detected. Early investment in preparedness is critical to containing the outbreak at source and remains significantly more cost-effective than mobilizing a full-scale emergency response once cross-border transmission occurs.

UNICEF extends its sincere appreciation to partners supporting the Ebola response to date including CERF, Cyprus, the EU, Iceland, Japan, the United States, as well as the Master Card Foundation. Given the fluidity between preparedness and response phases and the cross-border nature of the risk, flexible funding—particularly through Global Humanitarian Thematic Funding (GHTF)—is essential to ensure resources can be rapidly reallocated in line with evolving epidemiological trends and operational priorities.

WHO/Africa CDC priority category	Country	UNICEF funding requirements
Priority 1B	South Sudan	US$ 3,750,000
Priority 1B	Rwanda	US$ 3,200,000
Priority 1B	Burundi	US$ 3,600,000
Priority 2	Tanzania	US$ 1,480,000
Priority 2	Angola	US$ 2,500,000
Priority 2	Congo	US$ 3,000,000
Priority 2	CAR	US$ 5,249,000
Priority 2	Zambia	US$ 2,330,000
Priority 2	Kenya	US$ 2,359,987
Priority 2	Ethiopia	US$ 1,645,000

Funding Requirements by Country as of 30 June 2026

HAC APPEALS AND SITREPS

- Eastern and Southern Africa Region Appeals
  https://www.unicef.org/appeals/esa
- All Humanitarian Action for Children Appeals
  https://www.unicef.org/appeals
- All Situation Reports
  https://www.unicef.org/appeals/situation-reports

NEXT SITREP: AUGUST 2026

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