

EU RESPONSE TO EBOLA BUNDIBUGYO OUTBREAK

June 2026

On 17 May 2026, following the detection of an Ebola Bundibugyo virus disease outbreak in the Eastern part of the Democratic Republic of the Congo (DRC) and Uganda, the World Health Organization (WHO) deems it constitutes a **public health emergency of international concern**. **The risk for the EU population remains very low for the moment**. However, the outbreak poses a **serious, cross-border risk for the affected region** that requires coordinated international action to contain the virus and protect public health. One of the challenges is that there are currently no vaccines or treatments for Bundibugyo virus, nor swiftly usable diagnostics at scale, given the challenging health system context.

THE EU IS ACTING ALONG THREE PRIORITY STRANDS:

- supporting the outbreak response in Africa
- ensuring rapid internal coordination and raising EU/EEA preparedness levels to respond to a potential cross-border health threat in our jurisdictions
- increasing research efforts to develop vaccines and treatments

Speed is decisive in outbreak response. The EU and its Member States (“Team Europe”) responded with immediate and comprehensive action to contribute to contain the outbreak and save lives. These efforts use all available channels to ensure the most effective support to the affected countries, including through international organisations, regional bodies, national and local authorities and partners.

The EU is mobilising aid, logistics, expert support and health security tools to help affected countries contain the outbreak and reduce the risk of further transmission.

The goal is to provide support across all the different pillars necessary for response, contributing to the implementation of the Continental Preparedness and Response Plan developed by the World Health Organization and Africa Centres for Disease Prevention and Control. An effective response relies on comprehensive and coordinated actions across many different areas, from surveillance to research and development of diagnostics/treatments, from workforce training to risk communication and community engagement, from clinical care to water and sanitation actions — all underpinned by humanitarian actions in a complex region. These efforts are in line with the EU’s renewed approach to global health challenges within the **Global Health Resilience Initiative**.

SOME EXAMPLES ARE AS FOLLOWS:



The Pandemic Fund (PF) has activated the Emergency Financing Procedures, enabling the mobilisation of up to USD\$ 220.6 million to fill critical gaps in line with the PF's mission and mandate, through reprogramming and fast-tracking projects. This can be used to improve surveillance and contact tracing, enhance laboratory capacity and detection of the virus or to train emergency workforce. The EU and its Member States together are the largest contributor to the Pandemic Fund.



The ECDC's EU Health Taskforce has deployed **experts to the Africa CDC**, to help coordinate the response. The Commission has additional experts in the field, who are coordinating operational efforts on the ground with local governments and EU Delegations



The European Medicines Agency works intensively with WHO and African partners to support the setup of **clinical trials for vaccines and treatments** for post-exposure prophylaxis in affected countries. This is a key bottleneck that must be eliminated. In parallel, the setup of potential treatment avenues for patients in or returning to the EU will be further explored.



Building on the EUR 101.9 million allocated for 2026, the European Commission has allocated an additional EUR 15 million in humanitarian assistance to support the response to the Ebola outbreak, enhancing emergency operations in the affected areas as well as preparedness and prevention efforts, including:

- Under ReliefEU, a Humanitarian Air Bridge (EUHAB) with UNICEF shipped **100 tonnes of EU Stocks** to eastern DRC (Bunia), including medicines, personal protective equipment (PPE), infection-control material, tents and operational equipment for frontline workers. Additional EUHABs are being organised from Europe and Accra to Bunia.
- **Experts** will be deployed under ReliefEU to WHO and UNICEF in Bunia and Butembo.
- **Two EU Humanitarian Aid Flight (EU HAF) aircrafts** in cooperation with UNHAS are active for transport of small amounts of humanitarian cargo to/from Bunia-Beni-Entebbe.
- **EUR 1.5 million in co-financing** to the WHO AFRO Regional Emergency Hub in Dakar for **6.3 tonnes of medical supplies** to the DRC, including sample collection kits, viral haemorrhagic fever kits (specialised PPE), medications, and the deployment of expert teams on the ground.
- Use of response facilities established in Ituri for coordinated action through EU delegations in the DRC, Uganda, Rwanda and South Sudan.
- EU-funded partner teams monitoring border crossing points at the Uganda-DRC border, together with surveillance, contact tracing and community outreach in high-risk areas.

These are just some of the actions that complement the contributions the EU and its Member States provided to the WHO, Africa CDC and affected countries before the outbreak started.

The ECDC currently assesses the likelihood of infection for citizens in Europe to be very low, and even for those who are living in or travelling to the affected areas as low.

- The **Health Security Committee** coordinates the EU's rapid response to serious cross-border threats to health and is meeting regularly to discuss the ongoing outbreak. On 22 May, it issued an [Opinion on the Bundibugyo virus disease outbreak](#) to ensure the EU is prepared in case of potential future confirmed cases on EU territory. The Opinion

includes recommendations for risk communication, travel-associated measures, including the importance of effective exit screening, infection prevention and control protocols, preparedness for healthcare settings, and reviewing laboratory testing protocols.

In addition, the EU is rapidly coordinating with EU countries with direct flights to the affected area on the preparedness of airlines and airports.

Further actions include:

- **Rapid scientific advice** on infection prevention and control in healthcare settings by the ECDC and risk assessment guidelines for infectious diseases transmitted on aircrafts.

- The **EU Reference Laboratory for Public Health on Emerging, Rodent-borne and Zoonotic Viral Pathogens** (EURL-PH-ERZV) support to national reference laboratories on diagnostics and reference materials.

INCREASING RESEARCH EFFORTS TO DEVELOP VACCINES AND TREATMENTS



The key short-term focus is **diagnostics and protective equipment**. Existing projects increased the lab capacity in Africa, allowing the detection of Bundibugyo. Specific options are being explored with WHO and Africa CDC to further strengthen testing, sequencing and detection capacities on the ground, to deliver diagnostic solutions that can be easily deployed.

While no vaccines or therapeutics are currently licensed for Bundibugyo, **the EU is working to accelerate R&D and equitable access to new vaccines and treatments**. Several vaccine candidates are under development, including via the Coalition for Epidemic Preparedness, which the EC supports.

The European & Developing Countries Clinical Trials Partnership (EDCTP) Association and

Global Health EDCTP3 under Horizon Europe funded **€124.9 million since 2015 on Ebola research and outbreak preparedness** across sub-Saharan Africa, supporting vaccine and therapeutic development, diagnostics, surveillance, clinical research networks, and rapid-response capacities for Ebola and other emerging infectious diseases; of this, **€28.7 million has been invested in Ebola-specific projects**.

Gavi, the Vaccine Alliance's First Response Fund has been activated, allocating up to **USD 50 million** (USD 40 million for accelerated vaccine access and USD 10 million for outbreak response needs, to mitigate impact on routine immunisation and health system challenges). The European Commission is the fifth largest donor to GAVI and Team Europe is collectively the largest donor.