



EBOLA VIRUS DISEASE OUTBREAK

Democratic Republic of the Congo &
Uganda

Flash Update No. 3

unicef 
for every child

© UNICEF/UNI1001002/James. A team of hygienists supported by UNICEF disinfects a tent at the Centre Médical Évangélique hospital in Bunia, Ituri Province, DR Congo, on 5 June 2026.

Reporting Date: 12 June 2026

Highlights

- **As of 11 June 2026, 676 confirmed cases and 136 confirmed deaths** were reported in the **DRC**, and **19 confirmed cases and 2 confirmed deaths¹** in **Uganda**. The outbreak is caused by the Bundibugyo Ebola virus, for which there is no approved vaccine or treatment.
- On 7 June, the Inter-Agency Standing Committee (IASC) activated an **IASC System-Wide Scale-Up for the Control of Infectious Disease Events** in the **DRC**, for an initial period of three months. The activation focuses on strengthening coordinated political engagement, reinforcing unified humanitarian coordination, and ensuring balanced funding and advocacy across the broader humanitarian response.
- UNICEF, with WHO, Africa CDC, and other partners, is supporting the National Institute of Public Health (INSP) to **strengthen the government-led Ebola response in eastern DRC**, including through **strategic field missions to Mongwalu, Beni, and Butembo**, reinforcing diagnostic capacity, safe patient care, rapid case detection, risk communication and community engagement, while supporting a coordinated effort to interrupt Ebola transmission.
- UNICEF has continued to expand its operational presence in **eastern DRC**, with a team deployed to **Butembo** and presence being established in **Beni**, extending the response into North Kivu.
- Within affected districts in the **DRC**, **1,000 community health workers and mobilisers** have been trained, already reaching over **160,000 households** with Ebola prevention messages. In **Bunia** and **Rwampara**, **75 decontaminations and 57 safe and dignified burials** have been carried out by teams directly supported by UNICEF and partners.
- In **Uganda**, where the outbreak remains confined to imported cases and primary contacts (drivers and health workers), UNICEF has reached **122,979 people** with Ebola prevention messages and is supporting **19 children** currently under the 21-day quarantine monitoring period.
- To date, UNICEF has procured more than **US\$3.3 million in supplies** for the response in DRC, Uganda, and readiness at neighboring at-risk countries.
- UNICEF is appealing for **US\$70.7 million** over six months; **US\$50.3² million** mobilized to date, leaving a gap of **US\$20.4 million**.

¹ [Alert and Response](#) accessed on 12 June 2026 at 12:00 p.m. CEST. Figures are subject to change as the situation evolves and additional verification becomes available.

² This figure is lower than the US\$53.3 million reported in the previous Flash Update due to adjustment and reconciliations made in the classification and processing of funds. Additional funding already committed is expected to be reflected in the next update, subject to final confirmation.

Situation Overview

UNICEF remains deeply concerned about the Ebola outbreak affecting the Democratic Republic of the Congo (DRC) and Uganda. The outbreak, caused by the Bundibugyo strain of Ebola virus disease - for which there is currently no approved vaccine or specific treatment - was officially declared in Ituri Province, eastern DRC, on 15 May 2026, although evidence suggests transmission may have begun several weeks earlier. The World Health Organization (WHO) declared a Public Health Emergency of International Concern on 17 May, and UNICEF activated its highest emergency classification (Level 3 Corporate Emergency) within 48 hours to enable a rapid, organization-wide response. To date, UNICEF has procured more than **US\$3.3 million in supplies** for the response in DRC and Uganda as well as to support readiness efforts at neighboring at-risk countries.

As of 11 June 2026, 676 confirmed cases and 136 confirmed deaths were reported in the **DRC**, and **19 confirmed cases and 2 confirmed deaths**³ in **Uganda**.

The **two countries present distinct epidemiological and operational contexts**. In the **DRC**, the outbreak is centered in Ituri Province, with transmission also reported in North Kivu and South Kivu. Response efforts are being carried out in a challenging operational environment characterized by insecurity, population movements, and humanitarian access constraints, which continue to complicate surveillance, contact tracing, and case management. Community-based transmission continues to accelerate, and the outbreak is expanding geographically, with **new health zones affected**, including internally displaced persons (IDP) sites in and around Bunia.

In **Uganda**, the outbreak remains confined to imported cases who were seeking treatment as patients in Kampala, as well as their primary contacts (driver and health workers).

On 7 June, in recognition of the scale and complexity of the outbreak, the Inter-Agency Standing Committee (IASC) activated a System-Wide Scale-Up for the Control of Infectious Disease Events in the Democratic Republic of the Congo for an initial period of three months. The activation aims to reinforce leadership and coordination under the Resident and Humanitarian Coordinator, strengthen advocacy to facilitate humanitarian access, mobilize additional operational capacity, and support resource mobilization for both the Ebola response and wider humanitarian needs.

UNICEF Response

Democratic Republic of the Congo

Health, WASH and Infection Prevention and Control (IPC): In **Ituri**, UNICEF and its partner Programme de Promotion des Soins de Santé Primaires (PPSSP) have begun supplying priority health facilities in the heavily affected **Mongbwalu health zone** with **IPC and WASH materials**, with deliveries ongoing to all **17 identified health centres**. UNICEF is supporting Provincial Health Division-led decontamination and safe and dignified burial operations through the provision of vehicles and the coverage of personnel costs. To date, **75 decontaminations and 57 safe and dignified burials have been carried out in Bunia and Rwampara health zones with UNICEF support**. UNICEF is also supporting **three Ebola Treatment Centres** operated by WHO, International Medical Corps (IMC), and the Alliance for International Medical Action (ALIMA) including through the provision of water supply infrastructure, sanitation facilities, chlorine and trucked water to the WHO-run Centre Médical Évangélique treatment centre in Bunia. The second phase of **national polio vaccination days**, scheduled for mid-June, will proceed in 19 provinces but **has been suspended in Ituri and North Kivu** due to the Ebola outbreak, highlighting the broader **impact of the emergency on health services**. In **North Kivu**, UNICEF is expanding support to Ebola-affected areas, including through the deployment of a **WASH Officer to Beni**, while also helping **sustain essential health services**. **IPC materials, medicines, and equipment** have been provided to Mweso and Birambizo health zones to support the management of measles, cholera and mpox cases. To strengthen the national response pipeline, further **40 metric tons** of personal protective equipment and IPC supplies are expected to arrive in DRC for distribution over the next days.

Risk Communication and Community Engagement: Community engagement remains at the forefront of the response, supporting community-based surveillance, early detection and referrals, and the adoption of behaviours that reduce transmission risks. UNICEF and partners have trained and deployed more than **1,000 community health**

³ [Alert and Response](#) accessed on 12 June 2026 at 12:00 p.m. CEST. Figures are subject to change as the situation evolves and additional verification becomes available.

workers and community mobilizers, reaching more than **160,000 households in affected areas**. In **Ituri**, community mobilizers have been deployed across **all 36 health zones** to conduct household visits, facilitate community dialogue, support contact tracing, and raise alerts, resulting in more than **650 community alerts of suspected cases**. Radio messaging on Ebola prevention and available services is being broadcast in French, Swahili, and Alur across local radio stations throughout the province. In **North Kivu**, prevention and awareness activities have reached more than **25,000 people**, while nearly **13,000 households** have been visited by community mobilizers and Red Cross volunteers. More than **2,000** community members, local leaders, journalists, and other influential actors have participated in risk communication and community engagement activities aimed at strengthening community awareness, trust, and early reporting of suspected cases. Fifty thousand (50,000) respondents participated in the U-report poll in DRC. The findings suggest that 64% still do not understand how Ebola is transmitted and 63% do not know how to protect themselves from Ebola, 20% do not believe the disease even exists. However, Radio continues to be the most trusted channel of information. and 57% of the respondents would go to a health center showing any signs and symptoms. RCCE strategy focuses on trust building and community co-creation approach.

Child Protection and Mental Health and Psychosocial Support (MHPSS): Under the leadership of the Provincial Social Affairs (DIVAS), UNICEF, and partners, continue to provide psychosocial support and protection services to children, families and communities affected by the outbreak. In **Ituri**, **2,584 people (60% women and girls)** have received individual psychosocial support, while **3,858 people**, including students, teachers, health personnel and affected families, have participated in psychoeducation activities aimed at strengthening psychosocial wellbeing and coping capacities. A total of **135 children** orphaned by the outbreak are receiving case management, including psychosocial support, alternative care arrangements, and access to multisectoral services. To strengthen the response, **49 social workers** and **15 psychologists** have been trained and deployed. In **North Kivu**, psychosocial support and follow-up services are being provided to affected families and vulnerable children across the Beni, Katwa, Oicha, Butembo and Kyondo health zones. In Katwa, **363 people** participated in psychoeducation sessions focused on Ebola prevention measures, adherence to public health measures and stigma reduction, while individuals discharged after being ruled out as Ebola cases received psychosocial support to facilitate their reintegration and reduce the risk of stigma.

Education: To support the continuation of learning and reduce transmission risks, UNICEF has deployed handwashing and hygiene kits to **154 examination centres** across Ituri. The support is helping protect students and education personnel participating in the national selection and orientation examination (TENASOSP) on 11–12 June and the state secondary-school examination (EXETAT) scheduled for 22–25 June. To date, **10,922 children** and **271 teachers** have benefited from handwashing and hygiene supplies in priority schools in Bunia.

Uganda

Health, WASH and Infection Prevention and Control (IPC): Since the last update, WASH and IPC supplies have been extended to **46 health facilities** and **5 quarantine centres**, with ongoing procurement of IPC supplies for an additional **150 facilities**. UNICEF is supporting the Ministry of Health (MoH) to carry out WASH/IPC assessments in more than **500 health care facilities** in the **37 high-risk districts**.

Risk Communication and Community Engagement (RCCE): UNICEF continues to support the Ministry of Health as co-lead of the RCCE pillar. RCCE interventions led by UNICEF-supported MoH field teams have cumulatively reached **122,779 people** (54,964 male; 68,815 female) in **12 high-risk districts**. A total of 8,109 Ebola job aides were printed to support the training of Village Health Teams (VHTs). In addition, **6,277 students** (2,728 male; 3,549 female) and **97 teachers** (50 male; 47 female) in **28 schools** have been sensitized on Ebola in 5 districts, while outreach activities have also reached **44 churches** in 3 districts. Daily social listening and weekly Ebola community pulse checks are ongoing, with a focus on tackling misinformation, particularly on social media, and amplifying positive and evidence-based messages on Uganda's containment success, recoveries, and response effectiveness. Findings from an Ebola U-Report poll indicate **high awareness of Ebola among Ugandan youth (88 per cent)** and strong willingness to engage in prevention efforts, with most respondents recognizing direct contact as the main route of transmission.

Child Protection, Mental Health, and Psychosocial Support (MHPSS): In coordination with the Government and child protection partners, UNICEF is scaling up MHPSS capacity among actors involved in the response. UNICEF is supporting **19 children** currently under the 21-day quarantine monitoring period and is engaging the recently established Uganda Mental Health and Psychosocial Support Network as a key coordination partner. UNICEF is also supporting

the finalization of the national operational guidelines for MHPSS in public health emergencies and infectious disease outbreaks. In collaboration with key partners, including the Ministry of Gender, Labour and Social Development (MGLSD), preparations are underway for the deployment of social workers and MHPSS specialists to affected communities and targeted facilities.

Nutrition:

One of the 19 children in quarantine is an infant aged less than one month. In line with the Nutrition in Ebola Response Standard Operating Procedures and Infant and Young Child Feeding in Emergencies guidance, UNICEF has prepositioned appropriate Breast Milk Substitutes to support the infant's nutritional needs, as well as those of similar cases identified where breastfeeding is not feasible or is temporarily interrupted due to Ebola-related circumstances.

Protection from Sexual Exploitation and Abuse (PSEA): UNICEF continues to integrate PSEA and safeguarding principles into the capacity building of frontline workers and supports the national Child Hotline "SAUTI 166", which provides an accessible and confidential channel for reporting cases of mistreatment and misconduct, including sexual exploitation and abuse.

Across the different areas of the response, UNICEF is also finalizing partnership agreements with **5 implementing partners** to deliver interventions on WASH/IPC, community engagement, community-based surveillance, and child protection, and to scale up protection from sexual exploitation and abuse (PSEA) activities across the high-risk districts.

Neighbouring Countries - Readiness and Preparedness

UNICEF continues to scale up Ebola preparedness and readiness across at-risk countries, supporting national authorities, communities, and partners to strengthen prevention, detection, and response capacities in line with the Africa CDC/WHO-led inter-agency planning framework. In the neighbouring countries assessed by WHO as being at highest risk of cross-border transmission - **South Sudan, Burundi, and Rwanda** - UNICEF is reinforcing readiness along key movement corridors linked to affected areas in eastern DRC, with a focus on strengthening readiness at health facilities and priority points of entry, reinforcing rapid response capacities, and enhancing community awareness and engagement.

In the further at-risk countries - Angola, the Central African Republic, the Republic of Congo, Ethiopia, Kenya, Tanzania, and Zambia - UNICEF is supporting preparedness and contingency planning, risk monitoring, and the strengthening of national capacities.

Coordination and Partnership

UNICEF's response is fully integrated into government-led structures, working alongside Ministries of Health, WHO, OCHA, and Africa CDC. As a key partner in the WHO–Africa CDC Incident Management Support Team, UNICEF co-leads or contributes to key response pillars - including community engagement, infection prevention and control, supply, and continuity of essential services - and supports governments across the region on preparedness and cross-border planning.

Communities are at the centre of the response. Lessons from previous Ebola outbreaks - and from recent mpox intensification campaigns in eastern DRC - show that success depends on earned trust, meaningful community participation, and a response that addresses both the public health emergency and the continuity of essential services to support the underlying humanitarian needs of affected populations.

Funding

In line with the WHO/Africa CDC-led continental response framework and governments' response plans, UNICEF is seeking an initial **US\$70.7 million** over six months. Of this, **US\$50.3 million** has been mobilized⁴, leaving a gap of approximately **US\$20.4 million**. Underfunded pillars include mental health and psychosocial support, holistic case management, and continuity of essential services, including nutrition and rapid response. Immediate, flexible funding is urgently needed to sustain frontline operations and accelerate preparedness in high-risk countries.

⁴ This figure is lower than the US\$53.3 million reported in the previous Flash Update due to adjustment and reconciliations made in the classification and processing of funds. Additional funding already committed is expected to be reflected in the next update, subject to final confirmation.

UNICEF extends its sincere appreciation to its core and flexible funding partners. UNICEF is grateful for the support received to date from the Mastercard Foundation, the United States Government, and other donors, as well as for the critical contribution of the European Union Humanitarian Air Bridge in enabling the timely delivery of emergency supplies. Given the cross-regional scale of this emergency, UNICEF's Global Humanitarian Thematic Funding (GHTF) remains one of the most flexible mechanisms to ensure the response can keep pace with a rapidly evolving situation.

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