

# UNHCR Preparedness and Response

## Ebola (Bundibugyo Virus Disease)

July 2026 - November 2026



## KEY FIGURES



**5** countries requiring preparedness and response measures



**2 million** refugees and internally displaced people living in the most affected areas in the DRC



**\$14.08 million** required for July 2026 - November 2026

UNHCR, the UN Refugee Agency is appealing for funds in response to the outbreak of Ebola (Bundibugyo Virus Disease) in the Democratic Republic of the Congo (DRC), including cross border transmission into Uganda. UNHCR seeks \$14.08 million from June to November 2026 to protect refugees, asylum seekers, internally displaced people (IDPs) and their host communities from Ebola transmission, while ensuring the continuity of essential services and access to national response systems in the DRC and Uganda. The appeal also seeks support for preparedness activities in Burundi, Rwanda and South Sudan. This appeal elaborates on needs outlined in Africa CDC and WHO’s Joint [Bundibugyo Ebola Virus Continental Preparedness and Response Plan](#), under the “one plan, one team, one budget” approach.

## Overview

The spread of the Ebola disease outbreak caused by the Bundibugyo virus is accelerating in eastern Democratic Republic of the Congo (DRC), with some cases also detected in Uganda. As of 8 June, WHO reports 515 cases confirmed across 25 health zones in the DRC, including 91 deaths. Uganda has confirmed 19 cases and two deaths.

More than 2 million forcibly displaced people including more than 320,000 refugees live in the areas at risk within the DRC. In eastern DRC, more than a year of escalated conflict has severely impacted local infrastructure and healthcare systems, as well as decreasing humanitarian access and disrupting protection services for increasing numbers of affected civilians. This has increased protection risks faced by displaced people and weakened their inclusion into surveillance systems and access to healthcare.

To date, two Ebola related deaths have been reported in Kpangba IDP site in Ituri Province, and transmission risk remains high across eastern DRC due to weakened

infrastructure and a highly volatile protection environment.

In Uganda—host to more than 2 million refugees—several reception and transit centres are operating at around 190% capacity. The Government of Uganda has activated robust preparedness and response measures, including restriction of admission of asylum seekers from DRC and South Sudan. Support is urgently required to boost and adapt the existing protection, healthcare, monitoring, shelter and WASH resources, infrastructure and procedures, particularly in border areas, transit and reception centres as well as in settlements.

Burundi, Rwanda and South Sudan are at elevated risk of transmission, particularly due to ongoing refugee movements driven by [escalating conflict in eastern DRC](#) and South Sudan.



# Ongoing and planned response

UNHCR's current and planned response aligns with the "one plan, one team, one budget" approach outlined by relevant Health Ministries, Africa CDC and WHO, aiming to strengthen coordination, enhance complementarity and maximise support for affected populations. UNHCR is adopting a rights-based response, focussing its efforts on the inclusion of refugees, asylum seekers and internally displaced people (IDPs) in national preparedness and response measures, strengthening community-based outreach and communication, surveillance and infection prevention and control (IPC) measures and maintaining the continuity of existing life-saving health and protection services. UNHCR continues to advocate with countries to preserve access to territory and asylum for people in need of international protection, while strengthening cross-border prevention and surveillance to align with State emergency health measures. Crucially, UNHCR will maintain a community-centred approach to enhance trust amongst forcibly displaced populations and their host communities, avoid stigma and disinformation, and increase the effectiveness of prevention and response.

UNHCR's Ebola prevention and response activities align with national and continental plans, focusing on the following core approaches:

- ◆ Coordination of response with Ministries of Health, WHO, and Africa CDC and other UN and humanitarian partners.
- ◆ Protection centred, inclusive and rights-based response.
- ◆ Inclusion of forcibly displaced populations in national plans.
- ◆ Continuity of essential health, protection, nutrition and social services.
- ◆ Community-centred and trust based approach, with strong two-way communication with displaced and host communities.
- ◆ Protection from sexual exploitation and abuse (PSEA) as an integral and cross-cutting component of the response.

## Democratic Republic of the Congo (DRC)

In eastern DRC, protracted conflict, including the forced displacement of more than 26,000 people in April 2026, has severely weakened already fragile health systems, reduced humanitarian access, and disrupted essential protection services, [increasing vulnerabilities among displaced populations](#).

Under the national response plan and leadership of the Government of the DRC, coordinated by WHO and Africa CDC, UNHCR ensures that refugees, internally displaced people (IDPs), and host communities are systematically included in Ebola disease prevention, surveillance, and response efforts, with protection considerations integrated throughout.

More than 320,000 refugees and asylum seekers live across Ituri, North Kivu, South Kivu, and Haut-Uele. Many have lived in the DRC for over five years and are already embedded in local communities and health zone response plans. However, urgent Bundibugyo Ebola virus disease prevention needs remain for approximately 77,000 individuals living in camps along the South Sudan border and in the Fizi Plateau of South Kivu, where conditions heighten vulnerability to Ebola transmission.

Within the broader humanitarian response, UNHCR leads inter-agency protection and shelter coordination and manages over 50 sites and collective centres in Ituri and North Kivu. This includes Kpangba IDP site, hosting

30,000 people, where two Ebola-related deaths were recorded in early June.

### Protection

UNHCR's approach in the Ebola response places protection at the core of all interventions, ensuring that refugees and internally displaced people (IDPs) can safely access services, are included in public health measures, and are not exposed to heightened risks of stigma, exclusion, or harm. UNHCR through protection monitoring and its leadership of the Protection Cluster will systematically integrate protection data, risk analysis and protection principles across all sectors. UNHCR will also reinforce coordination, strengthen community-based mechanisms, and ensure that responses uphold the rights, dignity, and participation of affected populations, while mitigating risks such as psychosocial distress, gender-based violence, and barriers to care.

Central to UNHCR's approach to prevention and mitigation of the epidemic is the engagement of community-based committees to support interventions, ensuring that prevention measures are effectively implemented while also addressing stigma, community perceptions, and behaviour change to reduce Ebola disease transmission risks. Where feasible UNHCR will also promote the use of cash-based assistance—a key modality in the DRC—to help vulnerable households

reduce protection risks and strengthen resilience.

**Health**

To ensure refugees are fully included in the government-led response, UNHCR will strengthen coordination with government authorities, WHO, and partners, and strengthen community engagement, surveillance, and access to care, the continuity of essential health services, with a particular focus on the 77,000 refugees living in camps along the South Sudan border and near Burundi in South Kivu. Interventions will include supporting the government in expanding isolation capacity within camps and settlements, reinforcing infection prevention and control measures, and supplying health centres for safe and continuous service delivery. UNHCR will train community focal points and link them with formal health structures to ensure suspected Ebola cases are rapidly identified, reported, and referred. UNHCR will also strengthen risk communication and community engagement to build trust, address misinformation, and promote early care-seeking.

Particular attention will be given to high-mobility settings, including border areas and key transit points, to reduce cross-border transmission risks. In parallel, UNHCR will support refugee treatment and referrals by facilitating access to Ministry of Health-led diagnostic and treatment services, addressing barriers linked to mobility, isolation, and limited information. For internally displaced

people, UNHCR will work in close collaboration with the WHO-led Health Cluster through its Shelter and Site Management work.

**Shelter and Site Management**

As site coordinator for more than 50 sites and collective shelters in the epidemic zone, UNHCR plays a frontline role, under OCHA’s coordination, in ensuring Ebola disease prevention and risk mitigation measures are implemented in displacement settings. Through the Camp Coordination and Camp Management (CCCM) approach, UNHCR helps ensure that WASH and health experts strengthen infection prevention measures, safe site conditions and access to services, while coordination across actors places protection, dignity, and inclusion of IDPs at the core of the epidemic response. Community structures are mobilised to support awareness and early action, and interventions are guided by updated risk analyses to ensure timely and targeted measures. In parallel, targeted emergency shelter interventions help reduce population density in particularly overcrowded sites, while ongoing housing, land and property support reduces eviction risks and tensions that could undermine public health efforts.

**Water, Hygiene and Sanitation (WASH)**

UNHCR will support infection prevention and control through the distribution of hygiene supplies and improved access to water, sanitation, and hygiene



(WASH) services for refugees, especially in camp settings. Activities may include improving access to safe water, reinforcing sanitation facilities, and implementing hygiene infrastructure such as handwashing stations to enable households and communities to prevent disease transmission. These interventions are particularly important in overcrowded settings where the lack of basic services increases exposure to Ebola and other

diseases. For internally displaced people, UNHCR will work in close collaboration with the WASH Cluster through its Shelter and Site Management work to ensure hygiene measures are upheld.

## Uganda

Continued instability and conflict in the region are expected to continue to generate influxes of refugees into Uganda, particularly from the DRC.

While overall Ebola cases in Uganda remain low, strengthened surveillance, infection prevention and control and public health measures are needed to prevent transmission to the 2 million refugees living in areas at risk. UNHCR is working under the Government-led response plan to increase border monitoring and screening and surveillance and strengthen public health measures, WASH facilities and surveillance at transit and reception centres and in refugee settlements.


### Protection

UNHCR will aim to ensure that refugees' rights, safety, and access to services are upheld, advocating for refugees to be included in national policies and response plans. UNHCR will advocate for continuous

disinformation and promote safe practices. UNHCR will strengthen community-based protection systems feedback mechanisms to identify individuals and groups at heightened risk, understand protection risks and psychosocial support needs, and adapt responses accordingly.

Focus continues on the protection of children and women at risk of violence, exploitation and abuse, including through the integration of child protection and gender-based violence (GBV) prevention and response measures, support to safe referral pathways, and access to specialised services.

UNHCR will work with the government to improve transit and reception centres, enable systematic health screening at border points, at reception and transit centres, and will support safe and dignified transfers to settlements. New arrivals will undergo registration and profiling to facilitate tracking and service delivery, and



### Protection from Sexual Exploitation and Abuse (PSEA)

PSEA is a cross-cutting priority and is essential in ensuring that planned activities across all sectors consider SEA risks and address them through targeted interventions. This includes community engagement and awareness raising on how humanitarian actors should conduct themselves and how to report concerns. Training will also be conducted for personnel, contractors, community workers, and volunteers on codes of conduct, identifying SEA risks and supporting those at risk. In coordination with Accountability to Affected Persons (AAP) structures, complaints and feedback mechanisms will be reinforced to ensure safe, accessible reporting and referral. Access to victims' assistance will be ensured through existing gender-based violence and child protection services, in line with a survivor-centred approach.

and safe access to territory and asylum for people in need of international protection, while supporting necessary emergency health protocols. UNHCR will support coordination mechanisms at national, district, and settlement levels, working with government and partners to help ensure an effective multi-sectoral response. UNHCR is prioritising risk communication and awareness raising, including via community leaders and village health teams, to build trust, counter

where necessary, quarantine and isolation measures will be implemented to prevent transmission.

### Water, Sanitation and Hygiene (WASH)

UNHCR will work in close coordination with the Ministry of Health (MoH) and District Local Governments (DLGs) to ensure uninterrupted access to essential medical care, including existing healthcare services, during

the outbreak for refugee and host populations, ensure integrated planning, data sharing, and operational response. UNHCR will support early detection through community-based and institutional surveillance systems, including health facilities, schools, and entry points, alongside strengthening alert management, contact tracing, and daily reporting mechanisms. For case management, UNHCR will support capacity building for health workers, establishing triage, isolation, and referral systems, supporting ambulance services and safe management and transfer of suspected and confirmed cases to Ebola Treatment Units under the leadership of the MoH and DLG. Psychosocial support for patients, families and community members will be central to all interventions. In addition, UNHCR will contribute to preparedness for vaccination activities.

### Health

UNHCR will strengthen infection prevention and control through improved access to water, sanitation, and

hygiene (WASH) services across refugee settlements and reception facilities, including in health facilities, schools and in communities. Water supply systems will be strengthened to meet the minimum emergency water standard of 15 litres per person per day, so that regular hygiene can be practised at household level, while the water availability for health care facilities will need to increase to 100 litres per patient per day at a minimum. The development of new water sources, storage and the maintenance and upgrade of existing water systems are crucial to ensure adequate infection, prevention and control and to ensure functional treatment centres.

Hygiene promotion measures and community sensitization, WASH committees, and sanitation facilities will all be supported to reduce transmission risks. UNHCR is also scaling up the delivery of WASH supplies, including soap for households and institutions, and handwashing facilities in public spaces.

## Burundi

Burundi remains at high risk of Ebola disease cross-border transmission due to its proximity to outbreak-prone areas in eastern Democratic Republic of the Congo (DRC) and frequent cross-border population movement. Within this context, UNHCR plays a critical role in supporting national preparedness efforts, particularly in refugee-hosting areas and high-mobility border zones. Burundi currently hosts approximately 187,000 refugees and asylum seekers, the majority originating from the DRC. Most refugees reside in camps and settlements in the eastern and northeastern regions, while a smaller proportion live in urban areas.

Ebola disease preparedness in refugee camps and sites in Burundi follows a community-led and integrated approach to prevent, detect, and rapidly respond to suspected cases. Coordination will be conducted at all levels with Ministry of Health, WHO and partners including refugee camps and sites, transit centers, district, and national, engaging partner NGOs, and refugee and host community representatives. Regular coordination meetings, joint risk assessments, and Ebola Virus Disease (EVD) preparedness simulation exercises will strengthen preparedness and ensure effective response capacity.

## Rwanda

While no Ebola cases have yet been reported, the need for heightened surveillance and preparation is high due to Rwanda's proximity to eastern DRC and the possibility of informal border crossings. In collaboration with the Government, WHO and partners, UNHCR is supporting preparedness and prevention measures for refugees,

Surveillance will be reinforced at points of entry, in and around camps, sites, and transit centers, with temperature screening, handwashing facilities, and movement registration implemented. Staff will be trained to identify suspected cases and trigger appropriate response procedures. Community-based surveillance will be expanded through alert systems, toll-free hotlines, and the engagement of community health workers and refugee volunteers. Rapid Response Teams (RRTs) will be trained and equipped to promptly investigate alerts, conduct contact tracing, and alert potential outbreaks early.

At community level, prevention measures will include risk communication and awareness messaging in local languages, delivered in part through community and faith leaders. Feedback mechanisms will ensure community concerns are addressed.

Strict infection prevention and control (IPC) measures will be reinforced in health facilities and communities, including triage, isolation, hand hygiene, safe waste management, and dignified burials. WASH infrastructure will be strengthened, PPE prepositioned, and training provided to health workers and frontline responders.

asylum-seekers and host communities in refugee camps and transit centres.

UNHCR is coordinating with national and district health authorities on preparedness assessments and planned responses. UNHCR is improving screening and triage at health facilities and supporting Community Health

Workers, both measures which will improve early the detection, reporting and linkage of cases. UNHCR will reequip holding areas for suspected cases, prior to safe transfer to government quarantine and treatment facilities, and will pre-position PPE to strengthen infection prevention and control.

In parallel, UNHCR is enhancing community-led approaches to increase awareness of Ebola risks and

build trust, ultimately improving prevention and case detection. Increased support will also safeguard the continuity of essential health services for refugees and host communities. UNHCR will also strengthen infection prevention and control through improved access to water, sanitation, and hygiene (WASH) services across refugee camps and transit centres, including in health facilities, schools and in communities.

## South Sudan

In South Sudan, over 64,000 refugees and asylum-seekers live in the 15 priority counties identified at the highest risk of importation and transmission of Ebola, including Yambio, Morobo and Juba County. The impact would be disastrous, occurring in one of the world's most fragile humanitarian contexts, with over 10 million people in need of assistance, including 633,000 refugees.

In collaboration with the Ministry of Health, WHO, and partners, and in line with the national preparedness and response plan, UNHCR is focused on preventing the importation and transmission of Ebola disease among refugees, asylum-seekers and host communities in high-risk refugee-hosting areas, including Gorom and Makpandu refugee camps. UNHCR will support border and protection monitoring at key entry points,

and scale up support for the health facilities in Gorom and Makpandu, which remain heavily dependent on UNHCR support for medical supplies and personnel. Such support will enable a rapid response to any Ebola outbreak, containing the risk of transmission for refugees and their host communities, while also maintaining essential health services. Screening areas will be established, WASH infrastructure and existing isolation facilities improved, and IPC materials including hygiene items and PPE procured.

UNHCR is championing a community-led approach in prevention and response, focussing on risk communication and awareness raising for prevention, and community-based surveillance through refugee outreach volunteers and community health workers.

## Coordination

UNHCR, as the lead agency for the protection of forcibly displaced people and a key actor in the humanitarian response (including as Protection Cluster lead in the DRC), is supporting Government-led interventions for refugees and asylum seekers and their host populations, particularly in refugee hosting areas and cross-border corridors.

Seeking to enhance existing national systems and activities across sectors, UNHCR's response is in alignment with the joint efforts coordinated by the relevant Ministries of Health (MoH) and UN Country Teams, Resident Coordinators and Humanitarian Coordinators in partnership with WHO, UNICEF, WFP, IOM, IFRC, NGOs and implementing partners.

<sup>1</sup> Due to the evolving situation, particularly in Uganda in relation to border restrictions and health-related protocols, UNHCR's funding requirements are higher than those reflected in the Africa CDC/WHO Continental Plan.

# Financial requirements

UNHCR is seeking \$14.08 million<sup>1</sup> from July 2026 to November 2026 to support preparedness and response to Bundibugyo Ebola Virus Disease in the DRC and Uganda and to sustain the delivery of life-saving protection and assistance to refugees, asylum-seekers, IDPs and host communities.

The funds will also reinforce disease prevention and preparedness measures in Burundi, Rwanda and South Sudan.

## Budget breakdown by sector (US\$)

Country	Population Group	Protection	Shelter, Land and Site Management	Water, Sanitation and Hygiene (WASH)	Health	Total requirements
DRC	Refugees	266,000		531,000	1,229,000	2,026,000
	IDPs	216,000	934,000			1,150,000
Uganda	Refugees	1,673,000		3,047,000	3,430,000	8,150,000
Burundi	Refugees	118,000		268,000	478,000	864,000
Rwanda	Refugees	118,000		368,000	413,000	899,000
South Sudan	Refugees	180,000		270,000	550,000	1,000,000
<b>Total</b>		<b>2,571,000</b>	<b>934,000</b>	<b>4,484,000</b>	<b>6,100,000</b>	<b>14,089,000</b>

# Flexible funding

Flexible funding enables UNHCR to prepare for the unpredictable, launch emergency responses without delay, and sustain support for crises that are forgotten or under-resourced. It allows efficient planning and resource management.

Without flexible contributions, UNHCR could not adequately prepare for new emergencies or deliver essential relief items, shelter, and protection during the critical first phase of a response.

Flexible funding remains vital as emergencies evolve, especially for situations that risk being neglected.

Unearmarked contributions to emergency preparedness and response are a lifeline for people forced to flee.

## Annexe: UNHCR updated operational response by pillar, aligned with the Africa CDC/WHO Continental Preparedness and Response Plan

Pillars	Objective and Key Activities
<b>Pillar 1: Coordination, Leadership and Governance</b>	<p>Ensure effective participation of UNHCR within national and regional coordination mechanisms:</p> <ul style="list-style-type: none"> <li>◆ Participate in Ministries of Health-led coordination and Ebola Incident Management Support Team (IMST) structures.</li> <li>◆ Advocate for inclusion of refugees in national systems</li> <li>◆ Support partner mapping and reporting systems</li> <li>◆ Strengthen monitoring related to outbreak detection and response measures, including at borders and in displacement-affected areas</li> <li>◆ Advocate with asylum and border authorities to maintain access to territory for individuals in need of international protection, while maintaining exceptional health measures to curb the spread of Ebola</li> <li>◆ Advocate with governments and partners to mitigate any discriminatory application of health-related restrictions and procedures against refugees, returnees, and internally displaced people based on any perceived link to the spread of Ebola</li> </ul>
<b>Pillar 2: Risk Communication and Community Engagement (RCCE)</b>	<p>Ensure community ownership, build trust and promote behaviour change among refugees and host communities:</p> <ul style="list-style-type: none"> <li>◆ Ensure accessible, adequate and correct information through channels preferred by the displaced population and in languages that refugees and other displaced people understand</li> <li>◆ Engage with and support existing community-based health and protection mechanisms and local organisations in monitoring and communications efforts and ensure appropriate training</li> <li>◆ Address misinformation, stigma, fear, and rumours including against refugees, asylum seekers or other displaced populations</li> <li>◆ Strengthen community feedback and accountability mechanisms, including prevention of sexual exploitation and abuse (PSEA) confidential reporting channels</li> </ul>
<b>Pillar 3: Surveillance and Epidemiology</b>	<ul style="list-style-type: none"> <li>◆ Enhance early detection and reporting in displacement settings</li> <li>◆ Support community-based surveillance using refugee Community Health Workers (CHWs)</li> <li>◆ Partners assist in contact tracing and alert reporting (where requested by Ministries of Health)</li> <li>◆ Integrate refugee data into national systems</li> <li>◆ Ensure Ministries of Health and WHO lead role in surveillance at points of entry and transit centres and support as necessary and feasible</li> </ul>
<b>Pillar 4: Laboratory Systems</b>	<ul style="list-style-type: none"> <li>◆ Support inclusive access to diagnostics for refugee populations</li> </ul>
<b>Pillar 5: Case Management and Clinical Care</b>	<ul style="list-style-type: none"> <li>◆ Ensure safe referral to Ebola Treatment Units and continuity of care</li> </ul>
<b>Pillar 6: IPC, WASH, Safe Burials</b>	<ul style="list-style-type: none"> <li>◆ Reduce risk of transmission in health facilities and communities. Refer to Pillars 2 and 9</li> </ul>
<b>Pillar 7: Research and Knowledge Management and Access to Medical Countermeasures</b>	<ul style="list-style-type: none"> <li>◆ Not applicable</li> </ul>

<b>Pillar 8: Logistics and Operations Support</b>	<ul style="list-style-type: none"> <li>◆ Ensure continuity of supplies and operations. Refer to Pillars 1, 2, 9 and 11</li> </ul>
<b>Pillar 9: Continuity of Essential Services</b>	<ul style="list-style-type: none"> <li>◆ Maintain access to critical health and protection services</li> <li>◆ Support uninterrupted delivery of priority health services, including maternal, newborn, child and adolescent health, routine immunization, malaria, sexual and reproductive health including clinical management of rape for gender-based violence survivors, mental health and psychosocial support, non-communicable diseases, HIV, tuberculosis and nutrition</li> <li>◆ Scale up water, sanitation and hygiene (WASH) services and hygiene promotion</li> <li>◆ Strengthen infection, prevention and control measures</li> </ul>
<b>Pillar 10: AI analytics and threat assessment</b>	<ul style="list-style-type: none"> <li>◆ Not applicable</li> </ul>
<b>Pillar 11: Preparedness and Readiness</b>	<p>Ensure close engagement under the leadership of Ministries of Health and WHO to ensure refugee sites are included in:</p> <ul style="list-style-type: none"> <li>◆ Points of entry screening and preparedness</li> <li>◆ Cross-border coordination</li> </ul>
<b>Pillar 12: One Health</b>	<ul style="list-style-type: none"> <li>◆ Not applicable</li> </ul>
<b>Pillar 13: Humanitarian Response</b>	<p>Protect populations at risk and ensure service delivery:</p> <ul style="list-style-type: none"> <li>◆ Provide protection, support and continuity of essential protection services with adequate risk mitigating measures, including asylum procedures, gender-based violence mitigation and response, critical child protection interventions, support to persons exposed to heightened protection risks in the current context</li> <li>◆ Continue to provide assistance to affected households with adequate risk mitigation measures</li> </ul>
<b>Pillar 14: Prevention of Sexual Exploitation and Abuse (PSEA) and Safeguarding</b>	<p>Ensure a safe accountable response:</p> <ul style="list-style-type: none"> <li>◆ Strengthen PSEA mechanisms and coordination in refugee settings (including national/sub-national Interagency PSEA Networks)</li> <li>◆ Strengthen community awareness of standards of conduct, reporting mechanisms and support for survivors (i.e. systematic integration of key PSEA messages in health information campaigns)</li> <li>◆ Integrate PSEA risk mitigation measures across all activities</li> <li>◆ PSEA training with all personnel, contractors, community workers and volunteers, and others involved in the response</li> <li>◆ Complaints and feedback mechanisms are accessible and can safely receive and refer any complaints for follow up</li> <li>◆ Victims' assistance through existing interagency gender-based violence and child protection referral pathways, in line with a survivor-centred approach</li> </ul>