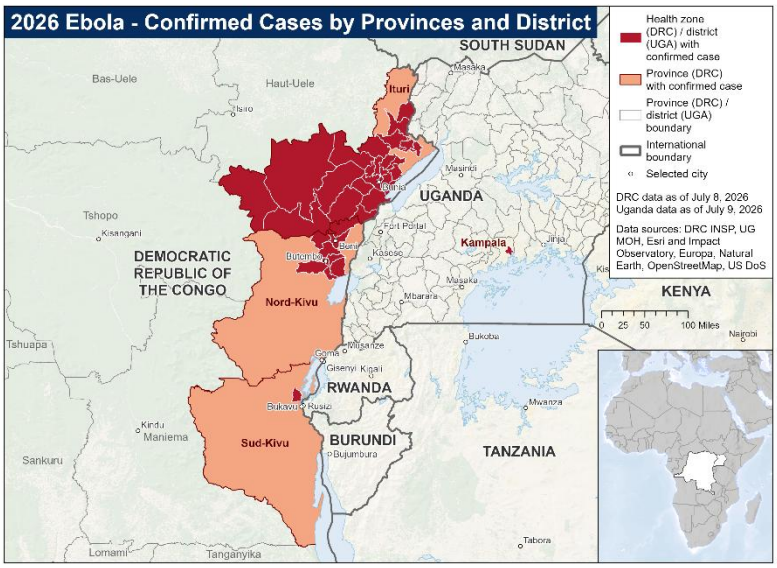
THE 2026 DRC EBOLA OUTBREAK:

NGO Role and U.S. Policy Recommendations

July 2026

EXECUTIVE SUMMARY

The 2026 Ebola outbreak in the Democratic Republic of Congo (DRC) is unfolding under uniquely difficult conditions. The outbreak strain — Bundibugyo ebolavirus — is a less common and less virulent strain and often mistaken for malaria, allowing it to spread undetected for weeks before international alarm was raised. As of July 11, 2026, the outbreak has reached nearly 2,000 confirmed cases and more than 700 deaths, with numbers increasing daily.



Several compounding factors make this outbreak especially difficult to contain:

- Active conflict across much of eastern DRC, including areas not under government control, continues to displace populations, restrict humanitarian access, and undermine the stability needed for effective outbreak response.
- Years of food insecurity and the funding reductions to core humanitarian and development programs — including significant reductions in U.S. foreign assistance — have eroded community health systems, trust, and local coping capacity, exacerbating existing humanitarian needs outlined in the DRC's 2026 Humanitarian Response Plan.
- Reduced U.S. technical leadership has diminished the surge capacity and coordination that characterized previous U.S.-led responses.
- No approved vaccine exists for the Bundibugyo strain. Four candidate vaccines are in development pipelines, but manufacturing and distribution timelines mean meaningful supply is months away at best.

The 2014 West Africa outbreak, caused by the more common Zaire strain for which a vaccine was available, still took nearly two years to end. **This response will be longer, more complex, and more resource-intensive.** Mitigation, community engagement, and protection activities must scale up urgently. This paper highlights the expertise and work of NGOs, current gaps in the Ebola response, and recommendations for Congress and the Administration that could improve the effectiveness of the U.S. response.

THE U.S. RESPONSE

The U.S. government is responding to the Ebola outbreak primarily through the State Department (Bureaus of Global Health Security and Diplomacy and Disaster and Humanitarian Response) and the Centers for Disease Control (CDC). Activities supported by the U.S. government include:

- Deployment of CDC and State Department staff as well as a Disaster Assistance Response Team (DART) to both DRC and Uganda.
- Mobilization of more than $220 million in direct foreign assistance resources (as of June 12). These resources are supporting activities such as infection prevention, risk communication and community engagement, procurement of PPE and other commodities, and testing.
- A $50 million commitment to the UN Central Emergency Response Fund to support the Ebola response and associated humanitarian activities.

THE WORK AND ROLE OF NGOs

International and local organizations are an integral part of the Ebola response, working alongside local governments, donors, and community partners. NGOs bring three irreplaceable assets to outbreak response in conflict-affected settings:

- **Community trust** is the single most important resource in an Ebola outbreak. Effective case finding, contact tracing, safe and dignified burials, and treatment-seeking all depend on community cooperation. In contexts marked by active disinformation, historic mistrust of government authorities, and fear of health workers, NGOs (including faith-based organizations) with long-standing community relationships and based in the impacted areas are often the only credible messengers. Their presence reduces refusals, enables earlier case reporting, and is essential for behavior change communication.
- Many NGOs operating in the DRC have direct experience from previous Ebola outbreaks, including the 2018–2020 DRC outbreak that killed over 2,000 people. This **operational knowledge** — from personal protective equipment (PPE) protocols and safe burial practices to community engagement strategies and psychosocial support — cannot be quickly replicated or transferred to new actors.
- Numerous NGOs are responding not only as implementing partners of the State Department and other funders, but also with their own resources. This reduces dependency on slow-moving government procurement systems and allows faster deployment. It also means NGO capacity is a **force-multiplying** complement to official response mechanisms, not a substitute for government funding.

GAPS AND CHALLENGES IN THE RESPONSE

Despite the commitment of NGOs and international partners, significant operational gaps remain:

- Contact tracing is the backbone of Ebola containment, including identifying, monitoring, and isolating individuals exposed to confirmed cases before they become infectious. Current capacity is inadequate relative to the pace of new cases.
- Community health worker networks require urgent expansion, training, and resources. Frontline health workers have reported delayed compensation, equipment shortages, and difficult working conditions, leading to threats of strike action in outbreak areas. Maintaining an adequately supported workforce is critical to maintaining and scaling treatment, surveillance, and contact tracing operations.
- Rumors and misinformation are circulating widely, discouraging treatment-seeking, enabling unsafe burial practices, and generating hostility toward health workers. Sustained investment in

community engagement, local radio campaigns, and trusted community leader outreach is essential.
- DRC government import taxes on PPE and border closures are creating delays and increasing the cost of critical supplies for NGOs and international partners. In a fast-moving outbreak, even a few days of delay in PPE availability can lead to health worker infections and facility closures.
- The presence of both government and non-state armed forces and multiple lines of control have made access negotiations challenging. While efforts to date have largely been successful, diplomatic efforts must be sustained should the outbreak spread across further lines of control and ensure that armed groups do not interfere with the response.
- Food insecurity among affected households drives non-compliance with isolation and quarantine measures: families cannot afford to stop working or leaving home to get food. Similarly, protection risks — including gender-based violence, family separation and other protection concerns — spike during outbreaks, often disproportionally impacting children. Additional impacts include education access as schools without access to PPE are closed and reaching, diagnosing and treating individuals with reduced mobility.
- Ebola outbreaks historically cause "indirect mortality" that exceeds direct Ebola deaths as facilities close or communities avoid them out of fear. Maternal, newborn, and child health (MNCH) services, routine immunizations, and other infectious disease response programs must be actively maintained to prevent a secondary health crisis, such as in the 2014 West Africa outbreak where malaria caused more fatalities than Ebola. Access to care should extend to other public places such as schools, markets, and IDP camps.

RECOMMENDATIONS FOR THE U.S. GOVERNMENT

Given the scale of need, current identified challenges, and the critical window before any vaccine is available, the following actions are recommended:

- The U.S. should continue engaging DRC authorities and armed group intermediaries through diplomatic channels to maintain humanitarian access and freedom of movement. This includes increased engagement on administrative barriers, like issuing visas, quarantine requirements, and other longstanding impediments that predate the outbreak.
- A high-level, whole of government coordinator — with authority across all agencies, including CDC, State, NSC, DHS, DoD — should be designated to drive coherent U.S. strategy and reduce the operational fragmentation that can slow decision-making.
- The U.S. should provide dedicated funding for food assistance and protection programs within the outbreak response — not only as humanitarian needs, but as critical enablers of compliance with public health measures and to mitigate disproportionate impacts on women and children. Households that can eat and feel safe are far more likely to cooperate with tracing and isolation protocols.
- Investments in community health worker networks, local NGO partnerships, and community engagement campaigns should be significantly increased, both in DRC and surrounding countries. These activities have some of the highest returns of any outbreak response investment and should not be deprioritized relative to clinical or laboratory capacity.
- The U.S. should support monitoring mechanisms to track access to MNCH services, immunizations, HIV and TB treatment, and other essential health programs during the outbreak. Where services have been disrupted, targeted investment and support should be provided to restore them, working with Ministries of Health and other partners, including partners currently implementing State Department global health programs.

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