September 2025

Regional Strategic Preparedness and Response Plan for Ebola Virus Disease Outbreak in the Democratic Republic of Congo

Version 01

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Executive Summary

On 4 September 2025, the Ministry of Health of the Democratic Republic of the Congo (DRC) declared an outbreak of Ebola Virus Disease (EVD) in Kasai Province, following confirmation of Zaire ebolavirus by the National Institute of Biomedical Research (INRB) in Bulape and Mweka Health Zones. As of 19 September, there have been 48 total cases (38 confirmed, 10 probable) with 31 deaths (21 confirmed, 10 probable) and a CFR of 64.5%. Among laboratory-confirmed cases, 16 deaths were recorded (CFR: 45.7%). Four deaths occurred among health workers, underscoring the risk of nosocomial transmission. Most cases (39.7%) are among adults aged 20 years and above, in a densely populated, remote, and under-resourced area.

The outbreak is driven by multiple risk factors, including transmission in health facilities with limited infection prevention and control (IPC) measures and personal protective equipment (PPE), incomplete contact tracing, delayed detection, and unsafe burial practices. High population mobility between Bulape and Tshikapa, reliance on traditional healers, and the concurrent mpox outbreak are further straining the fragile health system and increasing the risk of geographic spread.

The Government of DRC, through the Ministry of Health, is leading a coordinated, multisectoral response with support from WHO, UN agencies, NGOs, donors, and regional partners. Response priorities align with the five pillars of the WHO Health Emergency Preparedness and Response Framework ("5Cs"): collaborative surveillance, community protection, safe and scalable care, emergency coordination, and access to countermeasures. Surveillance has been intensified through active case finding, investigation, and laboratory testing, with a focus on community- and event-based surveillance and cross-border coordination. Risk communication and community engagement are being scaled up through local leaders, faith-based organizations, and youth groups to promote safe burials, strengthen community IPC, and address gender-based violence, protection from sexual exploitation and abuse (PSEA), and safe breastfeeding practices.

Clinical care capacity is being expanded through the establishment and rehabilitation of treatment centres, provision of optimized clinical and psychosocial care, and continuity of maternal, child health, and nutrition services. Coordination platforms are operational at national and provincial levels, with a field hub in Mweka overseeing operations in Bulape. Access to medical countermeasures—including vaccines, therapeutics, diagnostics, and essential supplies—is being facilitated by the Government with support from WHO, WFP, MSF, and partners through the International Coordinating Group (ICG) mechanism.

This SPRP requires approximately US$ 66.6 million for partners to contribute to the National Response Plan, which costs US$ 72.8 million. Resources are allocated across response pillars: collaborative surveillance (US$ 6.6M), community protection (US$ 6.3), safe and scalable care (US$ 19.8M), access to countermeasures (US$ 13.2M), emergency coordination (US $12.9M), operational support for readiness (US $7.7M).

This plan reflects the strong commitment of the Government and partners to rapidly contain the outbreak and mitigate its impact on affected communities. It also provides a platform to strengthen preparedness capacities and build long-term resilience in the health system, particularly in areas such as water and sanitation, laboratory capacity, and human resources.

Abreviations

AVoHC-SURGE	African Volunteer Health Corps & Strengthening and Utilizing Response Groups for Emergencies Initiative
Africa CDC	The Africa Centres for Disease Control and Prevention
CFR	Case Fatality Ratio
ECCAS	Economic Community of Central African States
ETC/ETUs	Ebola Treatment Centers/Units
EVD	Ebola Virus Disease
FLW	Front Line Worker
GBV	Gender-Based Violence
GHEC	Global Health Emergency Workforce
GOARN	Global Outbreak Alert and Response Network
HCW	Health Care Worker
HEOC	Health Emergency Operations Centre
HZ	Health Zone
IATA	International Air Transport Association
IFRC	International Federation of Red Cross and Red Crescent Societies
IMST	Incident Management Support Team
IMT	Incident Management Team
INRB	National Institute of Biomedical Research
IPC	Infection Prevention and Control
OSL	Operations Support and Logistics
PHC	Primary Health Care
PHEOC	Public Health Emergency Operations Centre
POC	Point of Control
POE	Point of Entry
PPE	Personal Protective Equipment
PRSEAH	Preventing Sexual Exploitation, Abuse and Harassment
PSEAH	Protection from Sexual Exploitation, Abuse and Harassment
RCCE	Risk Communication and Community Engagement
RRT	Rapid Response Team
RT-PCR	Real-time Reverse Transcription Polymerase Chain Reaction
SADC	Southern African Development Community
SOPs	Standard Operating Procedures
SPRP	Strategic Preparedness and Response Plan
UNFPA	United Nations Fund for Population Activities
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization

1 Current Situation

Figure 1 | Key epidemiological data on the EVD outbreak in Kasai province, as of 19 September 2025

Cases	Deaths	Case fatality rate	People facing food insecurity in Kasai province
48 (38 confirmed, 10 probable)	31 (21 confirmed, 10 probable)	64.5%	1.6 million

1.1 Epidemiologic overview

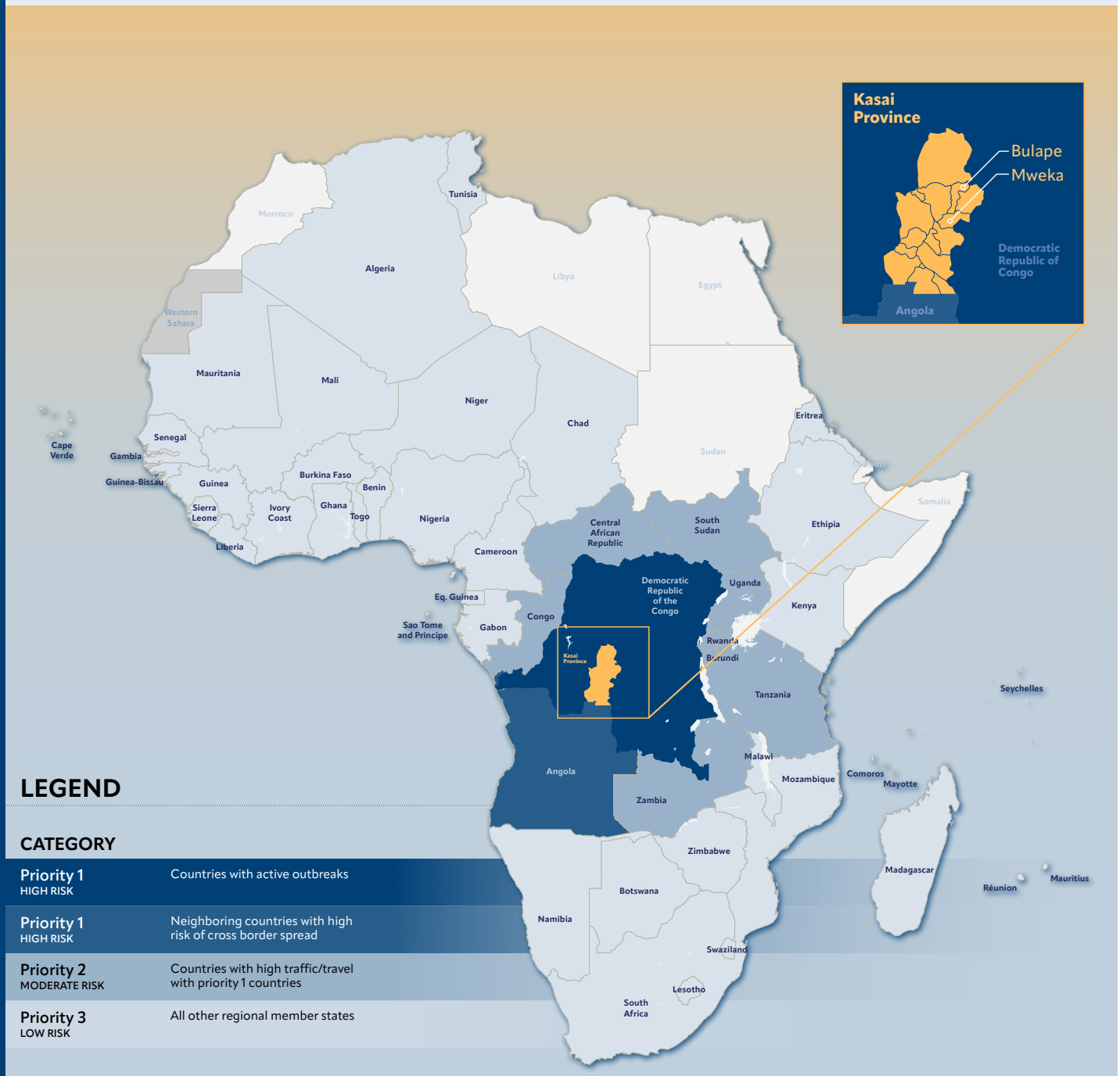
On 1 September 2025, the Ministry of Health (MoH) of the Democratic Republic of the Congo (DRC) notified the World Health Organization (WHO) of a cluster of suspected viral haemorrhagic fever cases in Bulape Health Zone, Kasai Province. The index case was a 34-year-old pregnant woman (34 weeks gestation) admitted to Bulape General Reference Hospital with sudden onset of fever, bloody diarrhoea, vomiting, asthenia, and bleeding from multiple orifices. She died on 20 August 2025 from multiple organ failure. Two of her contacts—a midwife and a laboratory technician who had cared for her—developed similar symptoms and died within days.

By 4 September 2025, a total of 28 suspected cases, including 15 deaths (CFR: 53.6%), had been reported across Bulape, Bulape COM, Dikolo, and Mweka Health Zones. Four of the fatalities occurred among healthcare workers, highlighting lapses in infection prevention and control (IPC) measures. Most cases (80%) were among individuals aged 15 years and older. Six samples tested by the National Institute of Biomedical Research (INRB) in Kinshasa confirmed Zaire ebolavirus (EBOV) using PCR and GeneXpert assays on 3 September. The MoH declared an outbreak on 4 September 2025.

As of 19 September 2025, the outbreak has expanded to 48 total cases (38 confirmed, 10 probable) with 31 deaths (21 confirmed, 10 probable) and a CFR of 64.5%. The event is unfolding in a remote and resource-constrained setting with limited health system capacity. While response measures are underway—including case isolation and management, diagnostics, IPC, safe and dignified burials (SDB), vaccination, contact tracing, and community risk communication—the situation remains dynamic and rapidly evolving.

Contributing factors include weak infrastructure, poor road access, limited water and electricity supply, and inadequate waste management. High levels of food insecurity and acute malnutrition are likely to worsen disease outcomes, particularly for children under five, pregnant women, and breastfeeding mothers. In Kasai Province, an estimated 1.6 million people face food insecurity, with 70% of households reporting critical hunger scores. Acute malnutrition prevalence is 7.6%, with 3.5% classified as severe (SAM), exceeding WHO emergency thresholds; neighbouring provinces report global acute malnutrition (GAM) rates above 10%. These vulnerabilities compound the risk of excess morbidity and mortality and complicate outbreak response.

Figure 2 | Location of the affected area



1.2 Epidemiological and other risk factors

Several key risk factors are driving outbreak dynamics in Bulape and surrounding areas:

- **Continued human-animal interface and zoonotic risk:** Bulape and its surrounding forests host diverse wildlife, including potential reservoirs of the Ebola virus. Ongoing human contact with these animal hosts, through hunting, butchering, or consumption of bushmeat, sustains the risk of zoonotic spillover, particularly in rural and forested communities where bushmeat consumption is culturally and economically entrenched.
- **Weakness of One Health coordination and animal surveillance:** The lack of a functional One Health approach in Kasai Province undermines early warning and detection of zoonotic threats. Animal surveillance systems are under-resourced, fragmented, and poorly integrated with human health surveillance. The absence of cross-sectoral coordination between veterinary, environmental, and public health actors hinders timely detection of animal outbreaks, delays risk assessment, and limits the implementation of preventive measures at the human-animal interface.
- **Healthcare-associated transmission:** At least four health workers have died, indicating nosocomial transmission linked to low clinical suspicion, inadequate IPC practices, and insufficient PPE.
- **Community transmission:** The affected areas are remote and hard to reach, with deeply rooted traditional practices such as close contact during funerals, home-based care from traditional healers, and spiritual beliefs around illness. Incomplete contact tracing and delays in detection continue to challenge containment and facilitate rapid spread.
- **Population mobility:** High movement between Bulape and Tshikapa—the provincial capital and a major commercial hub—poses risk. While the immediate spread remains localized, Tshikapa's links to other provinces and neighboring Angola increase the potential for wider geographic expansion.
- **Limited local response capacity:** The last EVD outbreak in Bulape occurred in 2007. Nearly two decades later, local viral haemorrhagic fever (VHF) response capacity has weakened due to attrition of trained personnel and erosion of preparedness systems. Significant gaps in integrated disease surveillance persist.
- **Weak health system capacity:** The health system in Kasai, and more broadly in DRC, remains fragile and underfunded. Facilities face severe shortages of trained staff, essential medicines, diagnostics, and basic infrastructure such as water, electricity, and cold chain, undermining outbreak readiness and continuity of essential services.
- **Fear, stigma, and poor health-seeking behavior:** Individuals often delay seeking care due to stigma and fear associated with EVD. To date, five patients refused admission to treatment centres, though these instances were resolved through community engagement. Such delays increase household transmission and complicate response efforts.
- **Concurrent outbreaks and humanitarian crisis:** The EVD outbreak is compounded by other public health emergencies including measles, mpox, cholera, and polio, over 80% of which are vaccine-preventable. These further strain an overstretched health system with limited resources. Escalating conflict in eastern DRC has displaced 7.4 million people, with an estimated 19.6 million in need of humanitarian assistance in 2025.

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1.3 Risk assessment and vulnerability analysis

Risk assessment

Based on current data and field assessments, WHO's multilevel risk classification for this outbreak is as follows:

National Risk: High

- The origin, full transmission chain, and contact profile of the index case remain partially documented, limiting full epidemiological understanding.
- The outbreak is occurring in remote settings with poor accessibility, inadequate healthcare infrastructure, and limited human resources.
- The presence of secondary transmission, including within health facilities, and the detection of suspected cases in neighboring health zones, signal the potential for rapid expansion of the outbreak and need for high alert.
- Delays in detection, insufficient preparedness, and logistical challenges (e.g., transport, stock availability, access to water, electricity) may further escalate the situation.
- The co-existence of high malnutrition rates and food insecurity adds to community vulnerability and may worsen outcomes, including increased case fatality and undermining recovery if continuity of nutrition services is not ensured.

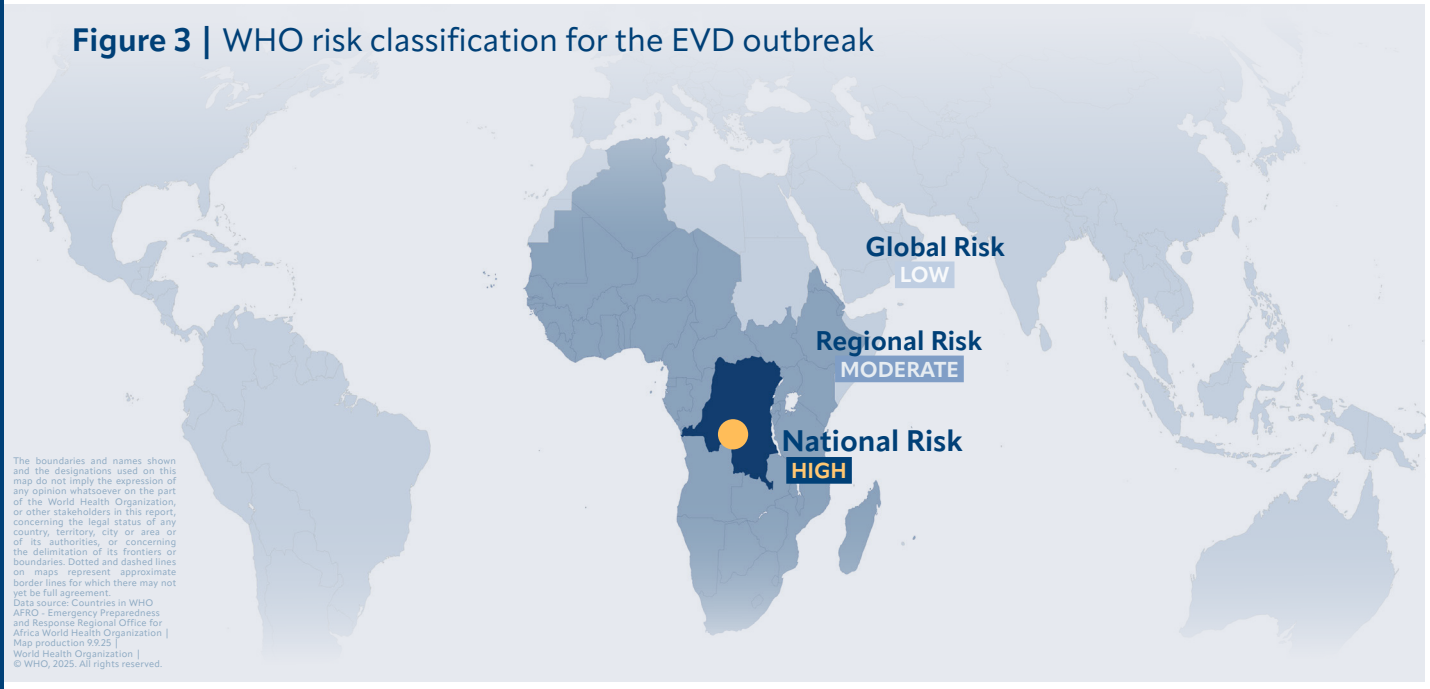
Regional Risk: Moderate

- The proximity of Tshikapa to Angola (100–200 km depending on border point) and unregulated population movement raise the risk of regional spillover.
- Although no cross-border transmission has been reported to date, informal population movements, particularly through unofficial border crossings for trade and family visits, may facilitate undetected spread of the virus if containment efforts are not successful. This highlights the need for heightened vigilance and coordination in border regions.

Global Risk: Low

- There are no major international travel routes connected to the affected area.
- The outbreak is still localized, with rapid detection and confirmation enabling targeted containment.
- Nevertheless, international support remains essential to ensure containment and avoid escalation into a wider emergency.

Figure 3 | WHO risk classification for the EVD outbreak



Vulnerability analysis

The vulnerability of affected populations in Bulape and surrounding health zones is exceptionally high, shaped by systemic, logistical, and sociocultural challenges that threaten outbreak containment and continuity of essential health services.

- **Fragile health system:** Health facilities are underfunded and poorly equipped lacking trained staff, medicines, diagnostics, water, electricity, and cold chain. Referral and emergency transport systems are weak, and health information systems remain largely paper-based, delaying surveillance and response.
- **Surveillance and laboratory gaps:** Case detection and contact tracing are sub-optimal, with limited community-based surveillance. Testing capacity is centralized in Kinshasa, causing delays. Mobile laboratories are being deployed but face constraints in electricity supply and reagents supplies.
- **Sociocultural practices and community trust:** Traditional healing, unsafe burials, and mistrust of health facilities delay care-seeking and reduce compliance with outbreak measures. Fear and stigma contribute to treatment refusal and hidden transmission.
- **Logistical barriers:** Poor roads, seasonal inaccessibility, limited communications, warehousing, and transport constrain rapid deployment of teams, supplies, and samples.
- **Risk communication challenges:** Low literacy, weak media penetration, and widespread misinformation hinder effective RCCE. Tailored messaging on safe care, feeding practices, and outbreak prevention is urgently needed.
- **Protection risks:** The DRC context is classified as extremely high-risk for sexual exploitation, abuse, and harassment (SEAH) and gender-based violence (GBV), exacerbated by conflict, displacement, and weak enforcement of protective laws. Women, children, and displaced populations face heightened vulnerability.

Table 1 | Country categorization for operational readiness

Category	Criteria	Member states	Actions
Priority 1	A. Countries with active outbreaks	Democratic Republic of Congo	Response actions if outbreak is confirmed + application of operational requirements + recommended readiness actions
	B. Neighboring countries with high risk of cross border spread from affected district	Angola (Close land border with Kasai)	
Priority 2	Countries with direct land borders and high traffic/travel with priority 1A country	Burundi, Central African Republic, Republic of Congo, Rwanda, South Sudan, Uganda, Tanzania, Zambia	Application of minimum operational requirements + recommended readiness actions + risk monitoring
Priority 3	All other regional member states	All other regional member states	Risk monitoring

2 Strategic Objectives

The primary objective of the Strategic Preparedness and Response Plan (SPRP) is to complement the national response by supporting the Government of the Democratic Republic of the Congo in rapidly interrupting Ebola virus transmission while enhancing operational readiness in the neighboring countries. This will be achieved through a coordinated multisectoral approach that also strengthens the resilience of the health system, including sexual and reproductive health, child health, and nutrition services.

Figure 4 | Strategic objectives

The specific strategic objectives are to:

1 | Strengthen early detection, case investigation, and contact tracing

Enhance provincial and health zone capacities for timely detection of alerts, rapid epidemiological investigation, and mapping of transmission chains, especially in high-risk and remote areas.

2 | Scale up delivery of safe and optimized care

Support the establishment, rehabilitation, and equipping of Ebola Treatment Centres/Units (ETCs/ETUs) and isolation facilities, incorporating updated designs that enable optimized supportive care, strong IPC practices, and improved community acceptance.

3 | Expand diagnostic capacity

Provide rapid, decentralized diagnostic services for confirmation of EVD cases and clinical laboratory support to ETCs, including deployment of on-site/near-site diagnostic platforms.

4 | Mobilize and empower communities for locally led action

Implement culturally sensitive and evidence-based RCCE strategies that build trust, promote awareness of EVD risks and prevention behaviours, and strengthen community participation in outbreak control.

5 | Ensure access to effective countermeasures

Facilitate rapid delivery of vaccines, therapeutics, diagnostics, and essential supplies. Prioritize vaccination of health workers, frontline responders, and contacts of cases in coordination with surveillance and RCCE teams.

6 | Reinforce cross-border coordination and regional risk mitigation

Strengthen surveillance, information-sharing, and preparedness with neighbouring countries, particularly Angola, given Tshikapa's cross-border connectivity.

7 | Enhance coordination and partnerships

Ensure a unified response through effective national and provincial coordination platforms, regular partner engagement (UN agencies, NGOs, faith-based and civil society organizations), and resource mobilization.

8 | Strengthen health systems for resilience and continuity of care

Reinforce core health system capacities in affected health zones to sustain essential services and ensure that outbreak-related investments leave a lasting legacy of preparedness and resilience.

3 Guiding Principles

The following guiding principles underpin the strategic objectives and actions in this plan, ensuring a comprehensive, equitable, and collaborative approach to Ebola outbreak prevention and control:

Coordination and coherence:

Ensure harmonized strategies, clear roles, and collaborative action across all levels of governance and among all stakeholders. Promote safe programming and risk mitigation, including prevention and response to sexual misconduct linked to outbreak operations.

Information sharing and communication:

Facilitate timely, transparent, and consistent data and information exchange to enable effective monitoring, evaluation, decision-making, and accountability.

Joint action and timely resource mobilization:

Encourage collective action and rapid mobilization of resources aligned with national priorities. Coordinate supply chains to avoid gaps and duplication, and leverage support from international partners.

Country-driven and country-engaged:

Align all partner support with the national plan and budget. Ensure response efforts address nationally and sub-nationally identified needs.

Locally led actions:

Empower primary health care facilities and communities to lead localized response and readiness planning, coordination, and implementation through sustained community engagement.

Community-centric approach:

Place communities at the centre of the response by integrating local knowledge, fostering participation, and co-designing strategies to build trust, ownership, and sustainability.

Protection and equity:

Safeguard the wellbeing and rights of affected populations by minimizing social and economic disruption, protecting livelihoods, and ensuring access to essential services, with special attention to vulnerable groups.

Continuity of essential health services:

Maintain critical services such as sexual and reproductive health, child health, and nutrition while responding to the outbreak. Provide tailored support for infants, young children, and pregnant and breastfeeding women.

Health system resilience and legacy:

Ensure emergency interventions strengthen the broader health system. Integrate outbreak-specific platforms (laboratories, surveillance, community health workers, logistics, referral systems) into existing structures, leaving a legacy that advances universal health coverage and long-term resilience.

Evidence-based and equitable response

The response will guided by the latest scientific evidence, key sound recommendation, lessons from past EVD outbreaks to ensure technically sound and adaptive interventions. It prioritizes equity, focusing on hard-to-reach and vulnerable populations through inclusive, culturally sensitive, and gender-responsive strategies to ensure no one is left behind.

4 Response Strategy

Figure 5 | Five pillars of the response strategy

4.1 Emergency strategic and operational coordination

Reinforce existing ad-hoc high-level leadership and strategic coordination mechanisms as per IASC protocols for the control of infectious disease events and the WHO Emergency response framework:

- Convene high level strategic coordination meetings and regular partner coordination meetings led by the MoH and WHO.
- Validate the Incident Management based coordination as the common response strategy/tool and designate Incident managers at national and field levels for both MoH and WHO.
- Implement common resource mobilization strategy, partners capacity mapping and advocate for donors' immediate support to the outbreak respons.e
- Support the activation and functioning of the national and Sub-national Public Health Emergency Operations Centre (PHEOC) to coordinate the response, supported by a dedicated Incident Management Team (IMT).
- Support the continuous development or update of a unified response strategy and joint operational plans including specific human resource, procurement and logistic immediate needs with the government and partners to guide actions at the national and district levels.
- Promote locally led and community centric response strategy, operations and coordination in the national and subnational PHEOC functions and coordination mechanism.
- Ensure the PHEOC gets robust operational support, financially as well as logistically, to guide field operations.
- Ensure that coordination mechanisms also reinforce the continuity of essential health services, including sexual and reproductive health, child health, and nutrition, with agreed roles for UNICEF, WFP, and other partners in supporting infant feeding, therapeutic feeding, and maternal care.
- Ensure response reviews (IAR, AAR) are considered, planned and budgeted and to be conducted during the response (1-3 months) in order to document challenges and to provide corrective measures while responding to the outbreak
- Develop ahead or incorporate a phasing out process / plan to anticipate preparedness and recovery measures for the health system including addressing urgent needs of survivors
- Support documentation and publication of various communication products highlighting MoH, WHO, partners and donor support

- Mobilize national responders: Deploy trained rapid response teams (RRTs), emergency medical teams (EMTs), and AVoHC-SURGE responders to support detection, investigation, contact tracing, sample collection, testing, isolation, treatment, and RCCE in affected and at-risk areas.
- Leverage global and regional networks: In line with the Global Health Emergency Corps (GHEC) framework and based on needs, coordinate surge deployments through established mechanisms, including the Health Cluster, Global Outbreak Alert and Response Network (GOARN), the EMT Network, and Standby Partners.

Implement robust PRSEAH, risk management, monitoring and reporting systems:

Ensure protection from sexual exploitation, abuse and harassment (PRSEAH), and strengthen risk management, monitoring, and accountability throughout the response.

Key actions:

- **Integrate PRSEAH in all response activities:** Mainstream safe programming, risk assessments, and prevention strategies, supported by real-time monitoring tools.
- **Strengthen reporting and accountability:** Establish standardized, accessible, and community-level reporting mechanisms, ensuring transparency and survivor-centered approaches.
- **Build capacity:** Train health workers, partners, and MoH personnel on PRSEAH principles, reporting pathways, and survivor care. Ensure partner compliance with UN PSEAH standards, including contractual obligations and training requirements.
- **Reinforce inter-agency coordination:** Work through the PSEA Network to harmonize approaches and integrate PRSEAH in health emergency operations.
- **Conduct risk management activities:** Carry out operational risk assessments and integrate mitigation measures into ongoing monitoring and evaluation.
- **Community engagement and awareness:** Disseminate locally adapted communication materials, raise awareness on rights and reporting, and engage technical specialists to support field implementation.
- **Link to GBV services:** Collaborate with GBV experts to establish referral pathways in Mweka and Bulape for timely support to survivors.

Implement Occupational Health & Safety Measures

Ensure the duty of care for all responders by safeguarding their health, safety, and wellbeing during the outbreak response.

Key actions:

- **Assess and mitigate risks:** Regularly update occupational health and safety risk assessments in line with evolving epidemiological conditions
- **Strengthen workforce protection:** Ensure all personnel receive medical clearance, pre-deployment briefings, and appropriate vaccination and IPC training.
- **Support responder wellbeing:** Provide access to medical, psychosocial, and preventive services throughout deployment.
- **Guarantee medical readiness:** Maintain 24/7 MEDEVAC arrangements with clear protocols for notification, triage, stabilization, and evacuation of affected staff.

Enhance security and wellbeing of responders

- Deploy security and staff welfare officers to conduct regular assessments of working conditions of responders and implement corrective measures to improve working conditions of responders.
- Ensure health information is well coordinated, and communication channels well established with designated focal points at field, national and regional levels.
- Ensure a staff wellbeing structure is well established, equipped for first medical support including medical evacuation mechanism in situ as well as at the national and regional levels

The emergency coordination pillar will reinforce high-level leadership, integrate PRSEAH safeguards, ensure occupational safety, and strengthen responder security and wellbeing.

4.2 Collaborative surveillance

Effective response depends on robust surveillance systems that ensure early detection, timely investigation, and swift containment of the Ebola outbreak. This pillar emphasizes integrated community, facility, cross-border, and event-based surveillance, supported by real-time data management and enhanced diagnostic capacity.

Strengthen community and facility-based surveillance

- Activate and strengthen the alert systems and provide training to community health workers to actively find, identify and report suspected cases and deaths from the community.
- Train and equip community health workers to identify, report, and follow up suspected cases and deaths.
- Reinforce case investigation, contact tracing, and mortality surveillance, supported by standardized tools.
- Provide technical guidance and integrate simple nutrition screening into community-based surveillance and contact follow-up to identify vulnerable groups.
- Establish systems for effective data collection, management and real time analysis.

Cross-border surveillance and coordination

- Strengthen collaboration with neighboring countries and affected provinces to ensure rapid information-sharing and coordinated response, with emphasis on high-risk mobility corridors such as links with Angola.
- Map mobility corridors and hubs to analyze cross border connectivity with neighboring countries in particular with Angola, including trade routes
- Implement exit screening and risk-based surveillance at points of entry (PoEs), points of control (PoCs), and in border communities, supported by multilingual risk communication.
- Support contingency planning, staff training, and referral pathways while ensuring that measures do not unnecessarily interfere with travel and trade.

Surveillance for mass gatherings

- Work with event organizers and authorities to conduct pre-event risk assessments and implement IPC, RCCE, and health screening measures at large-scale gatherings.
- Ensure venues provide access to hygiene facilities, safe water, sanitation, and clear referral pathwaysfor symptomatic individuals.

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4.3 Community protection

Community engagement and protection are essential for an equitable and effective response. A community-centred approach ensures transparency, trust, and ownership, while safeguarding populations from unintended harms. It also addresses the socioeconomic impacts of the outbreak by reducing barriers to care and protecting vulnerable groups.

Risk communication and community engagement (RCCE)

- Develop tailored RCCE plans, using trusted leaders, media, and local networks.
- Collect and act on community feedback to address rumors, misinformation, and barriers to protective practices.
- Produce culturally appropriate messages in local languages to promote safe burials, vaccination, and protective behaviours.
- Engage socio-anthropologists and behavioural experts to ensure interventions are context-sensitive and human-centred.
- Conduct local partner mapping and engage key media, academic, faith-based organizations and trusted community messengers
- Actively engaging communities to identify and address potential barriers to adopting protective practices, ensuring that interventions are suitable and feasible.
- Facilitate the rapid collection and active use of community evidence, including through rapid community assessments, community feedback mechanisms and social media monitoring to track and respond to knowledge gaps, changing perceptions and behaviors.

Community-centred and locally led response

- Empower community health centres and primary health care facilities to coordinate community-based detection, notification, and response.
- Train and support community health workers and volunteers in RCCE, IPC, early detection, referral pathways, and mental health and psychosocial support (MHPSS).
- Strengthen preparedness in communities neighbouring affected zones to enable early detection and rapid containment at source.

Community social protection

- Reduce financial and social barriers to care through free health services, referral support, and targeted assistance (e.g. food, childcare, education continuity).
- Address broader social impacts such as nutrition, safe breastfeeding, child protection, and stigma reduction through cross-sectoral collaboration.
- Ensure local stakeholders participate in planning and implementing social protection measures.

Gender-based violence (GBV)

- Integrate GBV prevention and response into the Ebola response plan, in line with WHO and Health Cluster standards.
- Establish referral pathways for survivors in affected health zones and map providers trained in clinical management of rape and intimate partner violence.
- Designate GBV focal points in partner organizations and coordinate with RCCE and PRSEAH experts.
- Strengthen awareness and screening for GBV within community engagement and health service delivery.

The community protection pillar will strengthen risk communication, support community health workers, reduce social barriers to care, and prevent gender-based violence.

4.4 Safe and scalable care

Ensure timely access to safe, quality care, and continuity of essential health services, improves clinical outcomes and reduces preventable deaths.

Clinical care, case management and designated treatment centers:

- Support the establishment and operation of designated Ebola Treatment Centres (ETCs) and isolation facilities with strong IPC, WASH, staff safety, and adequate supplies.
- Implement WHO clinical guidelines for optimized supportive care and prepare sites for potential clinical research.
- Collect standardized anonymized clinical data and share through the WHO Global Clinical Platform.
- Provide care for complications, including psycho-social support, nutritional services, and tailored services for mothers, newborns, and vulnerable groups.
- Train and mentor healthcare workers on case management, IPC, and safe clinical practices.
- Provide mental health and psychosocial support to patients, families and survivors through an organized programme.
- Include people who recover in existing survivor care programmes, with attention to basic nutritional recovery and counselling.
- Complement countermeasures with essential nutrition and hydration support, particularly for infants, children, and pregnant or breast-feeding women.

Enhance laboratory diagnostic capacity:

- Provide support to enhance near-patient point of care diagnostics and reference laboratory capacity to ensure safe, timely and accurate diagnosis of suspected EVD cases.
- Support the roll out of a testing strategy and scale up laboratory capacities to provide rapid laboratory confirmation using RT-PCR and PoC platforms such as GeneXpert especially for hard-to-reach areas.
- Support the national reference laboratory network and expand testing capabilities through decentralized facilities and implementation of a robust sample collection and transportation system with trained personnel and adequate laboratory supplies.
- When needed, engage regional reference laboratory networks, and WHO collaborating centers (CCs) to support quality assurance and provide inter-laboratory comparison.
- Establish or strengthen whole genome sequencing (metagenomics), bioinformatics, data sharing and promote operational research to deepen the understanding of viral atransmission dynamics.
- Strengthen/establish wastewater surveillance to provide early detection of the virus circulation as well as emerging variants.
- Provide options for serological testing to support retrospective investigation for epidemiological understanding of the outbreak.
- Support the clinical laboratory services for the CTEs as a critical intervention to optimize the quality of care.

IPC WASH and waste management in health facilities:

- Ensure availability of IPC guidelines to be readily available, conduct regular assessments to monitor adherence in health facilities to ensure effective IPC and WASH practices and support improvement measures as needed. Consider prioritizing activities according to the IPC ring strategy approach.
- Strengthen systems for screening, isolation and referral of suspected cases in the health system. Support the implementation of IPC improvement plans to strengthen these efforts further.
- Train and mentor healthcare workers on IPC protocols, including the safe handling of patients, to mitigate risks.
- Assessment of water and sanitation facilities (including waste management), and support to ensure access to essential WASH services.
- Ensure availability of personal protection equipment (PPE) for optimal protection of frontline health workers including nurses and midwives.
- Investigate healthcare-associated infections thoroughly and address at-risk practices promptly to ensure a safer environment for both patients and staff.

The safe and scalable care pillar will provide clinical treatment for patients while enhancing diagnostic capacity, strengthening IPC, and ensuring safe, dignified burials.

Continuity of essential health services:

- Maintaining essential health services during the outbreak will be a priority to prevent disruption to health service delivery.
- Design and optimize service delivery processes to remove barriers to access and to establish safe and efficient patient flow.
- Provide technical support to map and identify human and material resource requirements to deliver essential health services, identify gaps and mobilize additional appropriate technical and operational resources as needed.
- Facilitate implementation of alternative service delivery models and improve and adapt service delivery through monitoring and evaluation.
- Assist the development of Essential Health Service continuity plans at health facility level, informed by risk and vulnerability analyses to sustain essential services throughout the outbreak.
- Ensure that nutrition services, including infant and young child feeding counselling, simple screening (e.g. MUAC), and access to therapeutic foods where required, are maintained as part of the continuity of essential health services, with special attention to mothers, infants, and young children.

Community-based services, IPC and water sanitation and hygiene (WASH)

- Implement community-level IPC, decontamination, and hygiene promotion using a ring-approach around confirmed cases.
- Train and equip community health workers to support early detection, referral, and decontamination.
- Distribute hygiene kits and strengthen community WASH services.

Safe and dignified burials:

- Develop and implement a comprehensive national SDB strategy in collaboration with MoH, WHO, and community leaders.
- Ensure burial practices are culturally appropriate, respectful, and compliant with IPC standards.
- Identify, train, and equip local burial teams preferably those already trusted in the community to conduct SDBs safely.
- Coordinate SDB operations closely with surveillance, laboratory, IPC, and RCCE teams to ensure integration across the response.

4.5 Access to medical countermeasures

Ensure timely access to Ebola vaccines, therapeutics, and essential medical supplies, while safeguarding equity, safety, and accountability.

Key actions:

- **Vaccination strategy:** Prioritize ring or targeted geographic vaccination for high-risk groups, and protect healthcare and frontline workers.
- **Access to therapeutics:** Facilitate availability of approved and investigational treatments under clinical trial protocols, with strong ethical oversight, community engagement, and informed consent. Train healthcare workers to safely administer treatments and integrate monitoring of safety and effectiveness into clinical care.
- **Logistics and supply coordination:** Establish a health logistics platform to optimize supply chains, ensure adequate cold chain capacity, and prevent duplication or gaps.
- **Community engagement:** Generate demand for vaccination and therapeutics by addressing barriers, enhancing enablers, and managing misinformation.
- **Monitoring and research:** Support operational research, vaccine effectiveness studies, and ongoing assessments to guide safe and effective deployment of medical countermeasures.


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5 Core Readiness Capabilities for EVD Response

Building on existing capacities developed for mpox, cholera, and other health threats, readiness efforts will leverage established surveillance networks, trained rapid response teams, proven community engagement strategies, pre-positioned medical supplies, and cross-border coordination mechanisms. These foundations provide a strong platform to accelerate early detection, rapid response, and community trust-building in the event of Ebola alerts.

5.1 Core capabilities

The following core capabilities should be in place to ensure rapid and effective response to initial Ebola alerts:

Emergency coordination

- Public Health Emergency Operations Centre (PHEOC) activated and tested; incident management and PRSEAH systems established; rapid funding mechanisms available.
- Coordination platforms ensure continuity of essential services (SRH, maternal and child health, nutrition) and enable multisectoral action, including community social protection.

Collaborative surveillance

- Standard case definitions and SOPs disseminated; alert verification system functional; isolation for suspected cases established.
- Specimen collection, referral, and timely testing operational.

Community protection

- RCCE and community coordination mechanisms activated with tailored, locally adapted messages.
- Social and behavioural evidence compiled and used to guide interventions; socio-anthropologists and community health workers engaged.
- Cross-border coordination functional with contingency plans and SOPs for detection, reporting, and management at points of entry (PoEs).
- Clear guidance on safe breastfeeding and feeding practices are available, with support for orphaned/separated infants.
- Community-based PHCs engaged in risk communication, early detection, contact tracing, referral, and coordination; community health workforce trained and deployed.

Safe and scalable care

- Isolation and treatment facilities identified and designated, staff trained and on standby.
- Referral pathways established from community to national levels; designated treatment facilities ready.
- IPC and WASH minimum standards in place.
- PPE needs assessed mapping of essential health service capacities and gaps completed.
- Nutrition support integrated into care pathways, with attention to pregnant and breastfeeding women and infants.

Access to medical countermeasures

- PPE, diagnostics, and essential medical supplies prepositioned.
- Nutrition commodities (e.g. therapeutic foods, breastmilk substitutes under WHO criteria) incorporated into supply planning for vulnerable groups.

Operations Support and Logistics (OSL)

- OSL plays a critical role in enabling all five response pillars of the Ebola Virus Disease (EVD) Strategic Preparedness and Response Plan (SPRP). OSL ensures that supply chain, operations support, and health logistics components are in place for timely, efficient, and effective outbreak response.

5.2 Key readiness actions

Integrated coordination

- Embed OSL within national and subnational PHEOC/IMS structures, with clear TORs and rosters of trained logisticians.

Supply chain management

- Preposition essential Ebola items (PPE, lab reagents, medicines, IPC/WASH kits) at national and high-risk district levels, leveraging WHO Emergency Hubs in Dakar and Nairobi Hubs for pooled storage and rapid deployment.

Operational readiness

- Map and secure transport assets, warehousing, accommodation, and communications systems to support rapid response teams. Develop contingency supply scale-up plans and maintain pipeline/order tracking tools.

Health logistics

- Ensure readiness of facilities and treatment centres, safe sample handling and transport (including IATA-trained staff), WASH and waste management systems, ultra-cold chain for vaccines, and capacity for safe and dignified burials.

Capacity building

- Conduct refresher training, webinars, and mentorship for MoH and partner logistics focal points on stock quantification, ETC/ETU setup, storage, and operational support.

Regional preparedness

- Support Angola and other neighboring countries with prepositioned stocks, SOPs, and logistics mapping, leveraging regional hubs for deployment.

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For at-risk countries, core capabilities must be in place for Ebola response. Readiness actions, including pre-positioning supplies and conducting refresher trainings, will help ensure rapid and effective action if an alert arises.

6 Strengthening the Health System as a Legacy of the Response

Learning from previous outbreaks, the Ebola outbreak in Kasai presents an opportunity to leverage emergency response investments to strengthen health systems and leave a legacy that improves service delivery beyond Ebola. Building on the resources, capacities, and partnerships mobilized during the response, this transition will focus on creating a sustainable and resilient health system, particularly in affected and high-risk health zones.

Priorities include addressing long-standing service delivery gaps in maternal and child health, laboratory capacity, water and sanitation, and access to essential health technologies such as cold chain and blood banks.

Key actions:

- Integrate outbreak-specific platforms (laboratories, surveillance, logistics, referral systems) into routine national and subnational health structures.
- Direct portions of outbreak response investments toward activities that build the health system and advance sustained service delivery towards universal health coverage.
- Strengthen system resilience by upgrading essential infrastructure and capacities to ensure preparedness for future emergencies.
- Build capacity of local responders through training, mentorship, and institutional support to sustain rapid response and community engagement beyond the outbreak.
- Promote long-term partnerships to align outbreak response gains with national health strategies and priorities for sustainable impact.

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7 External Communications Strategy

An effective external communications strategy is critical to build trust, counter misinformation, and sustain support for the response. WHO and partners will:

- **Inform** through timely, accurate, and consistent updates to media, partners, and the public.
- **Reassure** by demonstrating WHO's leadership, technical expertise, and collaboration with the Government of DRC and partners.
- **Mobilize** by generating visibility encourages donor support and partner engagement.
- **Humanize** the response by highlighting the stories of responders, patients, and survivors.

Core audiences include media (via advisories, press briefings, and interviews), the public and stakeholders (clear messages on the importance of early detection and care), and donors/partners (emphasizing the urgent need for sustained resources).

INFORM
REASSURE
MOBILIZE
HUMANIZE

8 Concept of Operations

8.1 Global level

At the global level, WHO Headquarters, in collaboration with international partners, will provide technical assistance, strategic guidance, and resource mobilization to support WHO, partners, and the Government of the Democratic Republic of the Congo. The global role is to enable and complement regional and national efforts while ensuring coherence with international standards and the Global Health Emergency Corps (GHEC) framework.

Key support functions:

- Maintain a functional Incident Management Support Team (IMST) at HQ to provide remote surge support, information management, and technical analysis.
- Issue evidence-based technical guidance and recommendations across all 5Cs, ensuring access to WHO tools, guidelines, and global expert networks.
- Facilitate international access to vaccines and therapeutics through the ICG and ensure that any investigational use follows ethical and IHR (2005) standards.
- Mobilize global donor support and coordinate with humanitarian financing platforms to resource national and regional efforts.

8.2 Regional level

At the regional level, WHO AFRO will lead coordination with Africa CDC, UN agencies, NGOs, and civil society partners to reinforce the Government of DRC's response. Through the Regional IMST and GHEC framework, AFRO will provide surge support, technical expertise, and operational reinforcement aligned with national priorities.

Key support functions:

- **Regional IMST:** Maintain a functional IMST to coordinate technical assistance, outbreak monitoring, and deployment of AVoHC-SURGE responders, EMTs, GOARN experts, and other regional assets.
- **Partner coordination:** Support MoH in convening and aligning operational partners around joint plans, ensuring pillar-based coordination and continuity of essential services, with clear roles for UNICEF, WFP, NGOs, and others.
- **Cross-border preparedness:** Facilitate collaboration with neighboring countries, especially Angola, for harmonized surveillance, PoE readiness, case detection, and RCCE, supported by regular information-sharing and joint planning.
- **Readiness reviews:** Conduct readiness assessments in at-risk provinces and Priority 1/2 neighboring countries, using standard checklists covering coordination, RCCE, IPC, case management, SDB, surveillance, laboratory, logistics, vaccination, and financing.
- **Capacity building:** Strengthen national and provincial readiness through training, simulation exercises, SOP development, and mentorship for health workers, RRTs, and laboratory staff. Reinforce nutrition and infant feeding support for vulnerable populations.

9 Resource Requirements

9.1 Budget overview

The estimated budget for the first three months of the response is approximately US$ 66.6 million. This represents the collective international resource requirements to complement the Government of the Democratic Republic of Congo's national response plan, which is costed at US$ 72.8 million.

The budget is aligned with the strategies and pillars of this SPRP and reflects inputs from WHO, UN agencies, NGOs, donors, and technical partners. It provides an initial funding envelope to support coordinated operations, strengthen national capacities, and ensure continuity of essential services in affected and high-risk areas.

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9.2 Budget details

Coordination and technical assistance

Resource estimates include establishing and operating IMSTs for coordination and technical assistance across the three levels, consistent with the Concept of Operation as follows:

- **Field level:** dedicated staff for coordination, surveillance, epi and data management and health operations
- **National level:** deployment of the Regional Health Workforce to support the EVD disease outbreak
- **Regional and global** technical experts in each of the key pillars.

Operational support and supplies

- Personal Protective Equipment: PPE kits for healthcare workers and RRTs, including gloves, masks (N95 or equivalent), face shields, gowns, aprons, goggles, boots, shoe covers. Reserve stock to cover at least three months of demand for each district.
- Laboratory supplies, e.g. EVD disease RT-PCR test kits, PPE and laboratory equipment to facilitate rapid testing and sequencing. Sample collection kits (e.g. swabs, viral transport media, biohazard bags, cold boxes)
- Transport and logistics: Vehicle rental for RRT deployment, sample transport including cold-chain-capable vehicles and for general logistical support with contingency fuel stocks.
- Nutrition-related commodities (therapeutic foods and breastmilk substitutes under strict WHO criteria) considered in supply planning to support the care of vulnerable groups.
- Lifesaving equipment/ supplies: oxygen concentrators, delivery kits, vasopressors, blood products, IV fluids, ORS, blood pressure machine, pulse oximetry, cardiac monitors)

Essential medicines

- Critical medicines such as antipyretics, painkillers, oral rehydration solution, IV fluids, and antibiotics (for secondary infections).

IPC and WASH materials

- IPC supplies such as PPE, hand sanitizers, disinfectants, surface cleaners, and chlorine in all healthcare facilities, isolation centers, and communities.
- Coordinate with local partners, such as the International Federation of Red Cross, to ensure that safe and dignified burial supplies are available and accessible such as body bags, disinfection materials and burial kits.
- Identify warehouses or storage facilities in each of the at-risk districts where PPE and IPC materials can be pre-positioned for immediate distribution.
- Maintain buffer stocks to cover any potential surge in demand and ensure a system for stock rotation to prevent expiry.

Community Protection

- Funding for the community protection components such as RCCE, implementation of CHWs training in affected health zones, community social protection (including coordination), community readiness (including capacity building in the 3+ affected health zones and remote areas).
- Includes supplies and mobilization for safe and dignified burials local engagement teams, referrals for vulnerable people and community social protection coordination and interventions

The estimated budget for the first three months of the response is approximately US$ 66.6 million, representing collective international requirements to complement DRC's US$ 72.8 million national response plan. **The budget is aligned with the strategies and pillars of this SPRP and reflects inputs from WHO, UN agencies, NGOs, donors, and partners.**

Table 2 | Estimated resource requirement for international partners' support to EVD disease outbreak

Partners	Total Required Budget (USD)	Mobilized (USD)	Collaborative Surveillance	Community Protection	Safe & Scalable Care	Medical Countermeasures	Emergency Coordination	Operational Support for Readiness
WHO	**20,805,000**	**2,000,000**	3,500,000	2,075,000	4,100,000	4,350,000	2,080,000	4,700,000
Africa CDC								
UNICEF	**6,537,994**	**1,000,000**	180,000	1,091,000	1,194,994	2,396,000	850,000	826,000
IOM	**1,171,991**	**1,194,469**	579,580	504,108			88,303	
UNHCR	**5,000,000**		353,667	380,229	280,731	1,634,145	138,000	2,213,228
WFP	**11,400,000**		2,000,000		400,000		9,000,000	
MSF	**2,000,000**				2,000,000			
Save the Children		**62,000**						
IMC	**5,350,000**	**400,000**			535,000	4,815,000		
IFRC	**14,313,750**	**1,750,000**		2,226,250	11,321,250		766,250	
TOTAL*	**66,578,735**	**6,406,469**	**6,613,247**	**6,276,587**	**19,831,975**	**13,195,145**	**12,922,553**	**7,739,228**

*Some partners are still finalizing their response plans, and the costs will be updated once finalized.
For each response pillar, funds will be allocated to interventions aimed at strengthening the health system.

Table 3 | Summary budget of the DRC National EVD Response Plan

N°	Section and Pillars	Amount in (USD)
1	**Coordination Summary**	**15,145,240**
	National and Provincial coordination	4,804,800
	PRSEAH	1,698,220
	Safety and Security	3,472,000
2	**Planification**	**490,620**
3	**Operations**	**37,188,556**
	Integrated surveillance	3,905,750
	Animal Surveillance	632,800
	Environmental Surveillance	332,800
	Point of Entry and Point of Control	1,019,700
	Laboratory	608,500
	Case Management	2,343,872
	Nutritional Support	567,000
	Mental Health and Psychosocial support	355,604
	IPC /WASH and SDB	7,901,980
	RCCE	5,493,550
	Vaccination	5,418,500
	Preparedness	1,418,500
	Research	7,190,000
3	**Logistics**	**23,850,750**
4	**Administration and Finance**	**1,356,000**
	TOTAL	**USD 72,860,946**

10 Monitoring and Evaluation

Monitoring and evaluation are integral to ensuring the effectiveness of the EVD disease outbreak SPRP for DR Congo. This section outlines the key performance indicators, monitoring framework and evaluation approaches that will guide the implementation and continuous improvement of the response.

10.1 Monitoring framework

The monitoring framework will track progress across all response pillars, using standardized key performance indicators to measure effectiveness, identify gaps and guide adjustments.

Table 4 | Key indicators of monitoring framework

Response Pillar	Indicator
Surveillance and Early Detection	• % of suspected cases tested with results within 24 hours • % of positive samples sequenced
Case Management and IPC	• Case fatality ratio for all suspect cases in EVD treatment units • % of admitted patients receiving basic nutrition support • % of pregnant/breastfeeding women receiving tailored care • % of infants and young children receiving appropriate feeding support
Community Protection	• % of at-risk communities reached with accurate EVD information • % of community incidents resolved within 72 hours • % of misinformation corrected within 72 hours
PRSEAH	• Existence of safe and accessible community-level reporting mechanisms • Number of awareness-raising sessions conducted • Community feedback on reporting and survivor support • Inter-agency support through PSEA Network and integration in emergency operations
GBV	• % of healthcare providers trained on clinical management of rape and IPV • Existence of referral pathways for GBV survivors
Vaccination	• % of high-risk individuals vaccinated (disaggregated by contacts, HCWs, FLWs) • % of received vaccines utilized
Operations Support & Logistics (OSL)	• % of supplies delivered within 72 hours • Number of days with stockouts of essential medical supplies (PPE, GeneXpert, cartridges, therapeutics)
Operational Readiness	• % of neighboring countries with formal readiness assessments • Number and % of neighboring countries with contingency plans • % of neighboring countries with allocated resources to operationalize plans (financial, human, logistical)

10.2 Evaluation framework

The evaluation framework combines complementary tools to promote real-time improvement, accountability, and long-term resilience in the Ebola response. By embedding action reviews and learning exercises within the monitoring and evaluation (M&E) system, the response goes beyond static indicators to actively test, measure, and strengthen functional capacities throughout the outbreak cycle.

Action Reviews:

- **Early Action Review:** EAR will help to assess the timeliness of detection, notification, and initial response measures using the 7-1-7 benchmark. This will provide baseline operational data and identify immediate bottlenecks.
- **Intra-Action Reviews:** will be conducted will help to monitor performance while response activities are ongoing, feeding into continuous improvement should the response take more than three months. This aligns with adaptive management in M&E.
- **After-Action Review:** will be within 1–3 months after the outbreak is controlled to consolidate lessons learned, strengthen institutional memory, and inform preparedness and policy reforms for future health emergencies.

10.3 Reporting and accountability

Regular reports will be shared with key stakeholders, including the Governments of Democratic Republic of Congo, WHO and international partners. This will ensure transparency, facilitate accountability and promote continuous improvement.

10.4 Operational risk management

A risk management framework will be established to identify and mitigate risks related to response delivery, safeguarding, ethics, financial stewardship, partnerships, and reputation. An Operational Risk and Response Analysis (ORRA) will be conducted, with risk response plans integrated into ongoing monitoring activities.

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Monitoring and evaluation will promote accountability and continual improvement by tracking progress through standard indicators, conducting action reviews, reporting to stakeholders, and applying a risk management framework.

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