Ebola outbreak in DRC and Uganda passes 1,000 cases as WHO raises risk to “very high”

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On Monday, BNO News reported that the Bundibugyo Ebola epidemic centered in the eastern Democratic Republic of the Congo (DRC), with spread into Uganda, surpassed 1,000 combined suspected and confirmed cases and well over 200 deaths. The DRC accounts for most cases and fatalities—1,005 cases and 230 deaths—with clusters concentrated in Ituri, North Kivu, and South Kivu and confirmed cases now emerging in major centers such as Bunia and Goma. Uganda has reported five confirmed cases and one death, including the first locally transmitted cases, confirmed May 23.

Since the World Health Organization (WHO) declared the outbreak a Public Health Emergency of International Concern (PHEIC) on May 16, the case and death tolls have more than doubled. Within days, WHO Director-General Tedros Adhanom Ghebreyesus announced that the agency had revised its risk assessment upward, to “very high” at the national level for the DRC and “high” at the regional level in Africa, while holding the global risk at “low.” That the figures crossed 1,000 almost in step with the upgrade confirms what independent modeling has since established: the outbreak was already far more entrenched than official surveillance had detected.

A 2026 analysis by Ruth McCabe and colleagues at Imperial College London estimated that true infections during the early weeks exceeded official counts by a factor of two or more. The escalating language amounts to a tacit admission that this is not merely a viral emergency but a humanitarian catastrophe driven by war, mass displacement, hunger, and institutional collapse—one that no rapid, technocratic trigger can contain.

Nowhere is the gap between official assessment and reality on the ground wider than in the temporary recommendations issued to States Parties by the IHR Emergency Committee, which read like a checklist for a fully functioning, well-funded health system rather than a war zone.

The committee advises nations to strengthen early detection, investigation, and laboratory confirmation of suspected cases and to ensure a 21-day follow-up period for contacts. It recommends reinforcing infection prevention and control in health facilities, implementing safe and dignified burials with community participation and intensifying risk communication to counter misinformation. And it discourages border closures and travel or trade bans as ineffective and economically harmful.

These edicts collide with reality on the ground. As reported by the Associated Press, on May 21 local youths in the town of Rwampara set fire to an Ebola treatment center after police and health officials stopped them from retrieving the body of a friend who had died of the virus, intending to take it home for a traditional funeral. Police fired warning shots to disperse the crowd, the facility was burned, and aid workers fled in vehicles.

What happened in Rwampara was not isolated. On May 23, residents set fire to a second treatment facility, this one in Mongbwalu operated by Doctors Without Borders, causing 18 suspected Ebola patients to flee into the surrounding community. Recommending safe and dignified burials from a conference room in Geneva means little when those measures are enforced by state police against an impoverished, traumatized population subjected to decades of violence and systemic neglect.

This disconnect is the subject of a recent analysis by Annie Sparrow of the Icahn School of Medicine at Mount Sinai and Daniel Lucey of the Geisel School of Medicine at Dartmouth College, published in *Foreign Policy* under the title “The Next Pandemic Will Come From a Conflict Zone.” Their central argument is that the next catastrophic pandemic is most likely to emerge not from a laboratory or an isolated spillover in a functioning society, but from precisely the kind of war-torn, abandoned setting now

incubating Bundibugyo. They warn that a narrow, technocratic approach to preparedness is exceptionally dangerous in such conditions, where the occupation of eastern Congo by militias has fragmented authority, foreign aid cuts have decimated local partners, and public trust has dissolved.

The Bundibugyo outbreak fits their template. Armed groups such as M23 occupy large swaths of the eastern DRC, making humanitarian access contingent on negotiations with de facto paramilitary powers. Clinicians and health workers who attempt to report unusual disease clusters face harassment, arrest or worse, as armed actors treat outbreak information as militarily sensitive. Communities already enduring chronic insecurity, malnutrition, malaria, cholera and sexual violence frequently regard police-enforced contact tracing, isolation and burials as alien and coercive—or as cover for further state abuses.

The extent of the breakdown was documented in a June 2025 report by the International Committee of the Red Cross (ICRC), which warned that the health system in North and South Kivu is on the verge of collapse. Drawing on an assessment of 109 health centers, the ICRC recorded a 50 percent drop in medical visits for children under five, a fourfold increase in stillbirths and that three of every five facilities surveyed had been looted. François Moreillon, head of the ICRC delegation in the DRC, stated that with such limited access to treatment and medication, the risk of people in North and South Kivu dying from wounds or simple diarrhea "has never been so high."

This devastation has been compounded by the funding cuts imposed by the United States. A 2025 study in *The Lancet* modeled the consequences of the termination of 83 percent of programs run by the US Agency for International Development (USAID), projecting that the defunding could cause more than 14 million additional deaths globally by 2030, including over 4.5 million among children under five.

Ebola is only the most visible sign of the resulting crisis. Cholera, measles, mpox, polio and multidrug-resistant infections circulate freely through crowded displacement camps as vaccination and primary care collapse. Focusing on Bundibugyo-specific vaccines or improved genomic surveillance while ignoring war and austerity is to treat the symptom and ignore the disease.

The DRC's population is remarkably young, with nearly 46 percent of its roughly 115 million people under the age of 15. This large population of youth confront a society ravaged by war and a near-total absence of formal employment.

The social crisis is compounded by staggering displacement: an estimated 7.8 million people are internally displaced, one of the highest figures in the world, with Ituri Province alone hosting more than 920,000 and recent fighting around Goma uprooting another 700,000. These populations are concentrated in makeshift camps lacking water, sanitation, and hygiene infrastructure. In parts of North Kivu, people survive on just 6.3 liters of water per day and share a single latrine among 138, ideal conditions for the explosive spread of Ebola and cholera.

Entwined with displacement is an escalating hunger crisis. An estimated 25.6 million people nationwide face crisis and emergency levels of food insecurity, including 6.2 million in Ituri and North Kivu, while chronic stunting affects 42 percent of children under five. Recent surveys in South Kivu found acute malnutrition rates of 18 percent, far above emergency thresholds. Such starvation weakens immune systems and sharply raises mortality from infections like Ebola and measles.

The socioeconomic baseline of the region exposes the structural inequality of global capitalism. Life expectancy is 62.5 years, well below the African average and decades below that of the United States. An estimated 72.3 percent of the population survives on less than $2.15 a day. Maternal and child mortality are staggering: 76 under-five deaths per 1,000 live births and 846 maternal deaths per 100,000.

Set against the trillions in mineral wealth extracted from the region by multinational corporations, these figures expose the WHO's "low" global risk assessment as both shortsighted and false. Recurrent Ebola outbreaks and the emergence of other deadly pathogens will threaten millions, regionally and globally, as long as these conditions persist. The demographic and social collapse in the eastern DRC is no natural phenomenon but the deliberate product of imperialism and capitalist exploitation—what Friedrich Engels called social murder.