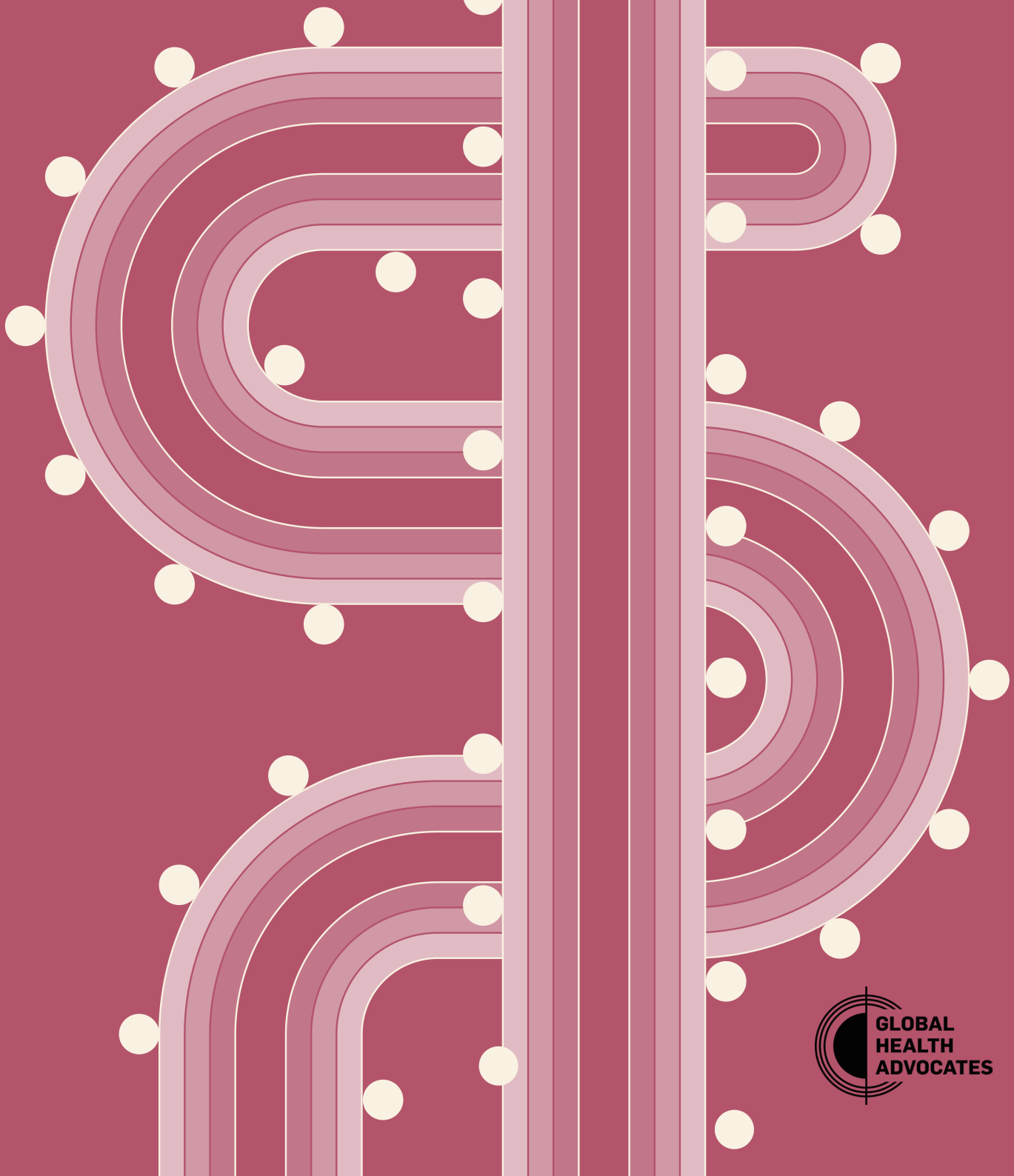
“No resilience without trust:
what the DRC Ebola outbreak means for Global Health”

Brief
November 2026



GLOBAL HEALTH ADVOCATES

1. Ebola in the DRC: a crisis compounded by mistrust and harmful narratives

The Democratic Republic of Congo (DRC) is navigating its 17th Ebola outbreak since May, the deadliest in the history of the disease and caused by the rare Bundibugyo Ebola species, for which there are no licensed treatments and vaccines, with 4 887 cumulative deaths as of late October 2026. The outbreak started in Mongbwalu, with multiple hotspots in place, such as the epicentre in Bafwabango, Ituri and north Kivu. Uganda was also affected in the early months, but declared itself Ebola free in late August 2026. In October 2026, it was reported the disease had spread to Kenya and to Nigeria through an imported case.

This outbreak comes at a time when the latest OECD projections point to a dramatic contraction in global development assistance, with health facing the steepest decline of all sectors. Bilateral health aid from major donors could fall by up to 46% between 2024 and 2026.[1]

In addition to this weak global Official Development Assistance (ODA) backdrop, the medical response in the DRC is compounded by several conflicts, including the conflict between the FARDC (Forces Armées de la République Démocratique du Congo, FARDC) and the Rwanda-backed AFC/M23 rebellion. The fighting has driven over a million people away from their homes, hindered health workers' ability to reach affected communities, and has also weakened infrastructure and public trust in state institutions.[2]

Simultaneously, the situation on the ground has been disturbed by the ever-growing threat of health dis- and mis-information deterring people from seeking treatment,[3] and fuelling violence towards healthcare workers,[4] ultimately undermining international aid and local healthcare workers' vital efforts. Indeed, health mis- and dis- information act as a "crisis multiplier" at a time of already scarce funding and resources.

1 When Health Aid Falls, Everyone Becomes Less Safe - Action Santé Mondiale (accessed October 2026)

2 Ebola in Congo Is Also a Crisis of Trust, Not Just a Health Emergency | African Arguments (accessed October 2026)

3 In Congo, Ebola Responders Fear WhatsApp Voice Notes Are Spreading Fake News - WSJ (accessed October 2026)

4 Fake rumors, real killings: Inside Congo's deadly health misinformation crisis | Reuters (accessed October 2026)



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2. How harmful health narratives are undermining the Ebola response

In a rapid needs assessment across three health zones in Ituri, Action Aid found that almost one in three people does not believe Ebola exists.[5] Social media exacerbates the scale and speed of the spread of mis- and dis-information as it prioritises the most profitable content[6] and makes verifying information more difficult.

For example, a widely shared clip –liked more than 41,000 times on X–[7] showed a woman claiming to be in the DRC asserting *"There is no Ebola here, everyone is living their best life [...] The only place there is Ebola is on social media and on international media."* Other types of mis- and dis-information include videos of pastors, (featuring the church's logo), declaring prayers had cured patients of the disease,[8] or theories that workers were burying empty coffins.[9] Indeed, certain religious entities and individuals publish intentional false information for social, if not financial, profit.

Dis- and mis- information fuel mistrust and discourages care-seeking

Following the outbreak in Tshopo, statements began to circulate online, claiming the disease was a hoax[10] engineered by western authorities to make money,[11] going as far as stating that health workers were *"deliberately infecting people or harvesting their organs."*[12]

Another common rumour is that *"Ebola is a business"*. In a context where local health systems have suffered from years of underfunding, sudden publicity in local media reporting pledges of millions of euros to combat an outbreak arouses suspicion.

Elodie Ho, coordinator of the Africa Infodemic Response Alliance (AIRA, hosted by the WHO) explains:

> *"Communities have seen years of underinvestment in their healthcare systems, but then suddenly they see helicopters, fancy clothes, and money poured into an outbreak. This makes them question whether Ebola is just a business opportunity for some, especially when they see no real results on the ground in their everyday life"*

According to AIRA, this kind of rumour illustrates how foreign assistance and attacks on treatment centres are interpreted through a lens of existing distrust around corruption.[13] This matters because the hoax narrative can discourage people from seeking care early and about two out of three deaths are occurring outside the Ebola treatment centres - among people who never set foot in a health facility.[14] Indeed, patients often visit traditional healers first, because they are cheaper than going to the hospital (public or private). They hear rumours that if you go to an official treatment centre, you die because they will harvest your organs.[15] Deaths do occur in official treatment centres, but largely because patients arrive too late. For diseases like Ebola, early treatment is essential.

This gap points to a deeper problem: practical understanding surrounding the outbreak remains insufficient. Both in person and digital monitoring have revealed recurring confusion regarding transmission, symptoms, referral pathways, and supportive care.[16]

5 'No Ebola here': Misinformation stalls DR Congo response - eNCA (accessed October 2026)

6 The Next Pandemic will Test Trust - not just Health Systems - Action Santé Mondiale (accessed October 2026)

7 Op Cit. eNCA – June 2026

8 Op Cit. Reuters – May 2026

9 Ebola misinformation is fuelling attacks on health workers in DR Congo - BBC (accessed October 2026)

10 In DRC, misinformation and lack of supplies are making the Ebola outbreak harder to contain - CARE (accessed October 2026)

11 Op Cit. BBC – July 2026

12 Ibid (BBC – July 2026)

13 Africa Infodemic Alliance Response Trends Report - Special issue on the Ebola Bundibugyo virus disease 01 –30 June 2026 (accessed October 2026)

14 Ebola outbreak in Congo surges to second-largest on record | CNN (accessed October 2026)

15 Op Cit. BBC – July 2026

16 Op Cit. Africa Infodemic Alliance Response Special Report – June 2026

Mistrust and misinformation undermine public health measures

By eroding trust in health institutions, and weakening democratic legitimacy, harmful narratives often lead to public health advice being ignored.[17]

Between August and mid-September 2026, the WHO reported that 1,449 rumours or instances of misinformation had been addressed or clarified within 48 hours as part of the Ebola response in the Democratic Republic of the Congo. Another WHO initiative documented around 500 incidents involving rumours, conspiracy theories and other forms of misinformation, according to Reuters. According to BBC Verify, this has generated 12 recorded cases of local resistance to Ebola control measures,[18] including facilities being set on fire, violence directed at health workers, and recurring efforts to disrupt safe burial procedures for people who succumbed to the disease.[19] The UN links this behaviour to fear, misinformation and deep community mistrust of outside authorities.[20]

This distrust is exacerbated by neglect from health authorities of religious obligations, cultural norms around caregiving and burial, and past experiences of exclusion.[21] In this context, imposed health measures feel more punitive than protective on communities.[22]

Mis- and dis-information put healthcare workers and response teams at risk

On this topic, tensions around safe and dignified burials remain a key source of conflict.[23] For instance, a family who had lost a pregnant woman refused to do a safer burial proposed by the health team, believing that if the body was not taken back to the village – where the official custom ritual could be performed – angry ancestors could punish the other pregnant women through death.[24] Such opposition demonstrates how tensions around safety measures are partly driven by grief and concerns regarding how the deceased are treated with dignity.[25] Unfortunately, worries about not being able to visit hospitalized relatives or to retrieve the bodies of deceased loved ones have been reported as the cause for hostility directed toward outbreak response teams.[26]

In late September, Marie-Celestin Karondwa, a senior member of the DRC's ruling party was beaten to death after having appeared on a radio programme to raise awareness about the Ebola outbreak.[27]

17 Op Cit. Action Santé Mondiale – February 2026

18 Op cit. BBC – July 2026

19 Ibid BBC – July 2026

20 'Some question if Ebola is real': How trust is central in fighting DRC outbreak | UN News (accessed October 2026)

21 Ebola control is weakened by mistrust and cultural insensitivity | The BMJ (accessed October 2026)

22 Rebuilding community trust after attacks on Ebola treatment facilities in DRC: lessons from previous epidemics - ScienceDirect (accessed October 2026)

23 Op cit. Africa Infodemic Alliance Response Special Report – June 2026

24 On the frontlines of trust to protect communities impacted by Ebola | Africa Renewal (accessed October 2026)

25 Op cit. Africa Infodemic Alliance Response Special Report – June 2026

26 Op cit. Science Direct – September 2026

27 DRC politician beaten to death after radio appearance about Ebola outbreak | Ebola | The Guardian (accessed October 2026)

3. Lessons to strengthen global health resilience

At a global level, mis- and dis-information have been ranked by the World Economic Forum as one of the most severe risks the world currently faces. It has also been recognised as a growing issue by Global Health Initiatives, such as Gavi, the Vaccine Alliance, which has been providing support in the fight against Ebola.

Communities are key

The DRC outbreak illustrates how community trust, health system capacity and epidemic preparedness are deeply interconnected. Misinformation exploits weaknesses in health systems and preparedness, turning an outbreak into a wider crisis of trust, access, and response capacity.

Mis- and dis-information and mistrust, compounded by limited access to healthcare, inadequate resources and conflict, have discouraged people from seeking treatment, fuelled resistance to public health measures and exposed healthcare workers and even local politicians to violence. At the same time, underfunding and disruptions to frontline health services weaken the ability to engage communities, detect cases early and contain transmission. The outbreak highlights that effective epidemic prevention, preparedness and response requires not only medical countermeasures, but also resilient health systems, trusted local healthcare workers and sustained community engagement.

Finally, public health information must be presented in an accessible way that is contextualised and easily understandable to communities. This is even more important in an era when people without easy access to healthcare are tempted to use chat bots (which often rely on official sources - but not always) to get answers to their health queries.

The lack of community engagement on the importance of medical countermeasures such as the Ervebo vaccine resulted in rumours about the vaccines themselves and had a negative consequence on their uptake.[28]

Medical countermeasures are not enough

Last June, Amref Africa highlighted that the international response to this crisis has been largely focused on providing funding to develop vaccines and medical countermeasures.[29]

The EU's response has focused heavily on vaccines and medical countermeasures, including vaccine development, clinical trials, antibody development and the replenishment of medical countermeasure supplies. During a debate in the European Parliament in early July, Commissioner Lahbib outlined €493 million in EU support for humanitarian assistance, vaccines, treatments and regional health security, alongside an additional €1 million for rapid response. This includes €39 million invested in CEPI for new vaccines and a €16 million call for tenders targeting strains without authorised vaccines. The EU also mobilised €15 million for WHO frontline partners, delivered over 590 tonnes of medical supplies to the DRC through eight humanitarian air bridges, and continued funding the Pandemic Fund, Gavi and the Global Fund to help address the crisis.

The EU is investing in the scientific tools needed to respond to emerging pathogens. However, medical countermeasures can only work when health systems can deliver them, and when communities trust the institutions providing them.

Encouraging policy developments at EU level

Furthermore, this outbreak highlights the importance of the EU's recognition of health disinformation as a key challenge under its Global Health Resilience Initiative (GHRI). The DRC experience demonstrates that information integrity must be treated as an operational component of global health resilience and epidemic prevention, preparedness, and response, and not as a separate communication issue detached from health resilience.

Indeed, the spread of rumours and conspiracy theories has undermined trust in health authorities, discouraged care-seeking and fuelled resistance to public health measures, demonstrating how disinformation can severely compromise epidemic response. The outbreak underscores the need to translate the GHRI's policy commitments into concrete action, recognising health disinformation as an integral component of global health preparedness and resilience.

28 Perceptions and Rumors About the Ebola Virus Disease Vaccine in the Ituri and Kivu Provinces of the Democratic Republic of Congo - PMC (accessed October 2026)

29 Ebola Emergency Response: CSO Coordination Briefing, June 4th 2026, online.

This call for action is reinforced by the European Parliament's resolution of 17 September 2026 on strengthening global health resilience in partner countries. The Parliament explicitly called for stronger and better-coordinated efforts to counter health misinformation, disinformation and foreign information manipulation, and for a roadmap to implement the EU's GHRI.

Social media is a notorious hotbed of health mis- and dis-information. When it comes to the regulation of Very Large Online Platforms (VLOPs), tools such as the Digital Services Act already exist. In an increasingly online world where borders are no obstacle to (dis)information being shared, a stricter implementation of such tools could encourage other regulators around the world to take their own regulatory measures to combat this issue, thus creating a regulatory spillover effect. As Elodie Ho from AIRA explains:

> *"Many African countries are the recipient of manipulated information often happening elsewhere, but regulation is still a work in progress here. The EU holding platforms accountable could have a spillover effect in Africa. Indeed, even in countries where social media use is limited due to low internet access, mis- and dis- information originating on social media is often spread through WhatsApp, particularly in rural communities."*

The need for sustained EU investment to avoid future disruption

Declining health ODA, disrupted services and unpaid healthcare workers weaken partner countries' capacity to detect and contain outbreaks, while undermining community trust and engagement.

Sustained financing for frontline health workers, community-based healthcare and local organisations is therefore essential to strengthen health-system resilience, ensure communities have access to trusted information and care, and build the capacity to respond to future health emergencies.

Pandemics are among the most disruptive economic risks we face. A recent OECD report makes the economic case for epidemic preparedness: investing in core capacities before a crisis actually happens can help reduce the health and economic costs of emergency response.

As the EU negotiates its next Multiannual Financial Framework (MFF) for 2028-2034 and shapes its future external action instrument - the Global Europe Instrument, it must seize the opportunity to structurally embed global health into its overarching legal framework and ensure it has a robust budget to deliver on its ambition to be a global health leader. This is not merely a development imperative, but a strategic investment in community resilience, global health security, social equity, and pandemic preparedness.

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(November 2026)

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Special thanks to Elodie Ho, coordinator of the Africa Infodemic Response Alliance, and to Carmen Gubert-Husson for their contributions

Cover / Report Design

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References

- Africa Infodemic Response Alliance . (2026). Infodemic Trends Report - Special Issue on the Ebola Bundibugyo virus disease 01-30 June 2026 Issue.
- Bariyo, N. (2026). In Congo, Ebola Responders Fear WhatsApp Voice Notes Are Spreading Fake News.
- Bond. (2026). Bond echoes NGO warning that global ODA cuts risk worsening current Ebola outbreak
- CARE. (2026). In DRC, misinformation and lack of supplies are making the Ebola outbreak harder to contain
- CPME. (2026). Health is a strategic investment for Europe: Member states must match European Parliament's ambition for EU Health Budget.
- Donati, J., Mahamba, F., & Kennedy, R. (2026). Fake rumors, real killings: Inside Congo's deadly health misinformation crisis.
- eNCA. (2026). « No Ebola here »: Misinformation stalls DR Congo response.
- European Commission. (2025). Health information manipulation. In Public Health.
- European Commission. (2026) Commission strengthens global health security with new Global Health Resilience Initiative
- Gale, J. (2026). Ebola Vaccine Race Accelerates as Congo Outbreak Outpaces Response.
- Gallick, L. W., Graw, N., & Nüßing, C. (2026). Who's in Control? The CJEU's Judgment on Algorithms and Hosting Liability – and What It Means on Both Sides of the Atlantic.
- The Guardian (2026). DRC politician beaten to death after radio appearance about Ebola outbreak | Ebola | The Guardian
- Godfrey, M., Papa, F. M., Iradukunda, P. G., Dereje, N., Denhere, K., Dzinamarira, T., & Kaseya, J. (2026). Why the fight against bundibugyo Ebola depends on trust.
- Haq, Z. (2026). Ebola control is weakened by mistrust and cultural insensitivity.
- Igwe, I., Onyeneho, N., Okeibunor, J. C., Yao, M. N. K., Diarra, T., Djingarey, M. H., Fall, I.S., & Gueye, A. S. (2023). Perceptions and Rumors About the Ebola Virus Disease Vaccine in the Ituri and Kivu Provinces of the Democratic Republic of Congo. Journal of immunological sciences, Suppl 3, 58–68.
- Kimonyo, A. (2026). Fear and fatigue grip Congo's health workers as Ebola response crumbles - health policy watch
- McPhillips, D. (2026). CNN. Fast-growing Ebola outbreak in DRC surges to second-largest on record
- Newsroom. (2026). The EU sails away from international cooperation with the biggest aid cuts in a decade
- Nimi Princewill. (2026). CNN. Unpaid wages and deadly risk: Why health workers are threatening to abandon the Ebola response.
- OECD. (2026). The latest 2026 ODA projections reveal aid for health is further at risk.
- OECD (2026) Full Report: The Economic Case for Pandemic Preparedness and Response | OECD
- Otu Michael , T., & McCandless, E. (2026). Ebola in Congo is also a crisis of trust, not just a health emergency.
- RFI. (2026). More health workers strike as Ebola cases in Congo near 3,000, including over 1,300 deaths.
- Silva, M. (2026). Ebola misinformation is fuelling attacks on health workers in DR Congo. BBC
- Síkela, J. (2026, mai 13). Commission strengthens global health security with new Global Health Resilience Initiative.
- Tomaszewska-Mortimer, D. (2026). 'Some question if ebola is real': How trust is central in fighting DRC outbreak.
- UNICEF. (2025). Ebola emergency.
- Verbeeck, N. (2026). 'A threat anywhere is a threat everywhere': Ebola outbreak tests Europe's ability to pull together.
- World Economic Forum. (2026). Global Risks Report 2026
- World Health Organization. (2026). Africa CDC and WHO call for urgent, community-led action to contain ebola in the DRC.
- Zumla, A., et al. (2026). Rebuilding Community Trust after attacks on ebola treatment facilities in DRC: Lessons from previous epidemics.