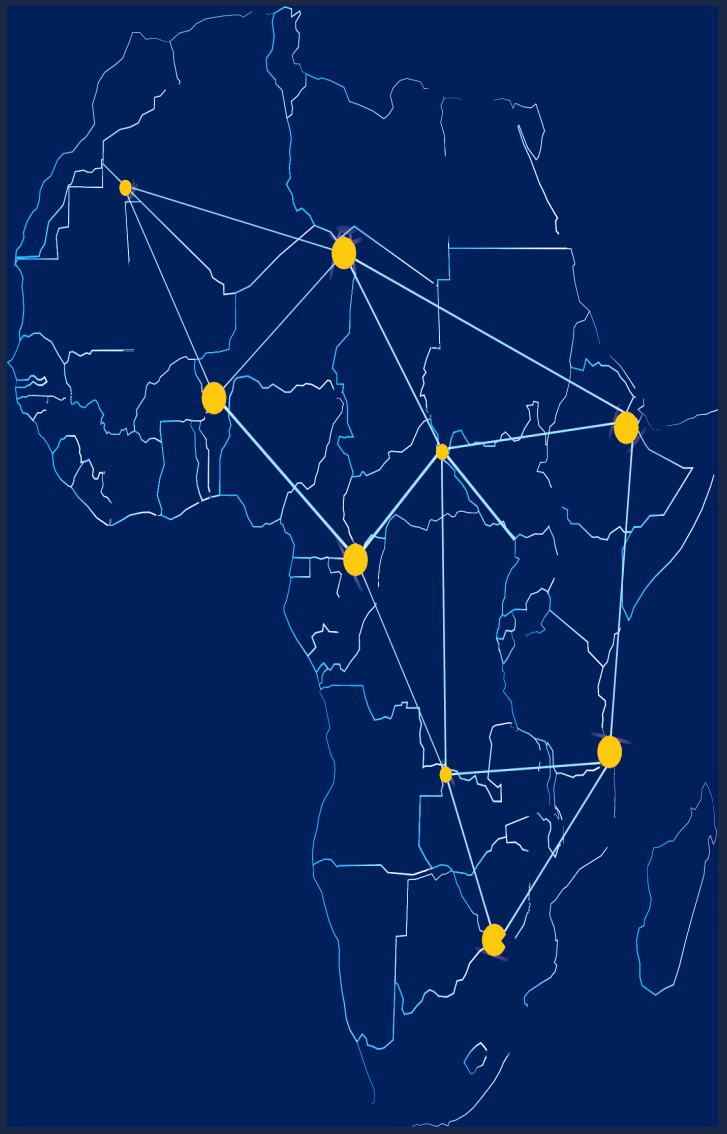
Public Health Emergencies in the African Region



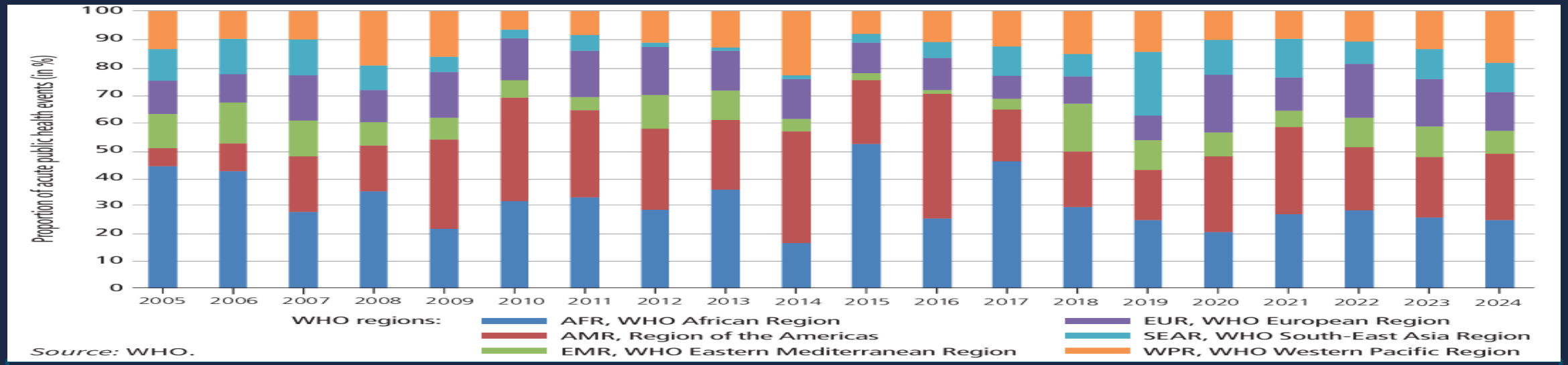
WHO Regional Office for Africa (WHO AFRO)

26th September 2026

World Health Organization

Global event detection trends- Africa carries the highest burden

Acute public health events, by WHO region, 2004–2024



- Public health events detected have been rising globally and infectious diseases account for most of them (nearly 80%)
- The African region/continent has the highest burden, infectious diseases accounted for majority of its PHEs in the same period
- These hazards can cross international borders & hence need to be contained locally
- Member States therefore need to urgently strengthen surveillance, information sharing and build IHR core capacities-preparedness, alert, early detection, and response (incl. at border areas)

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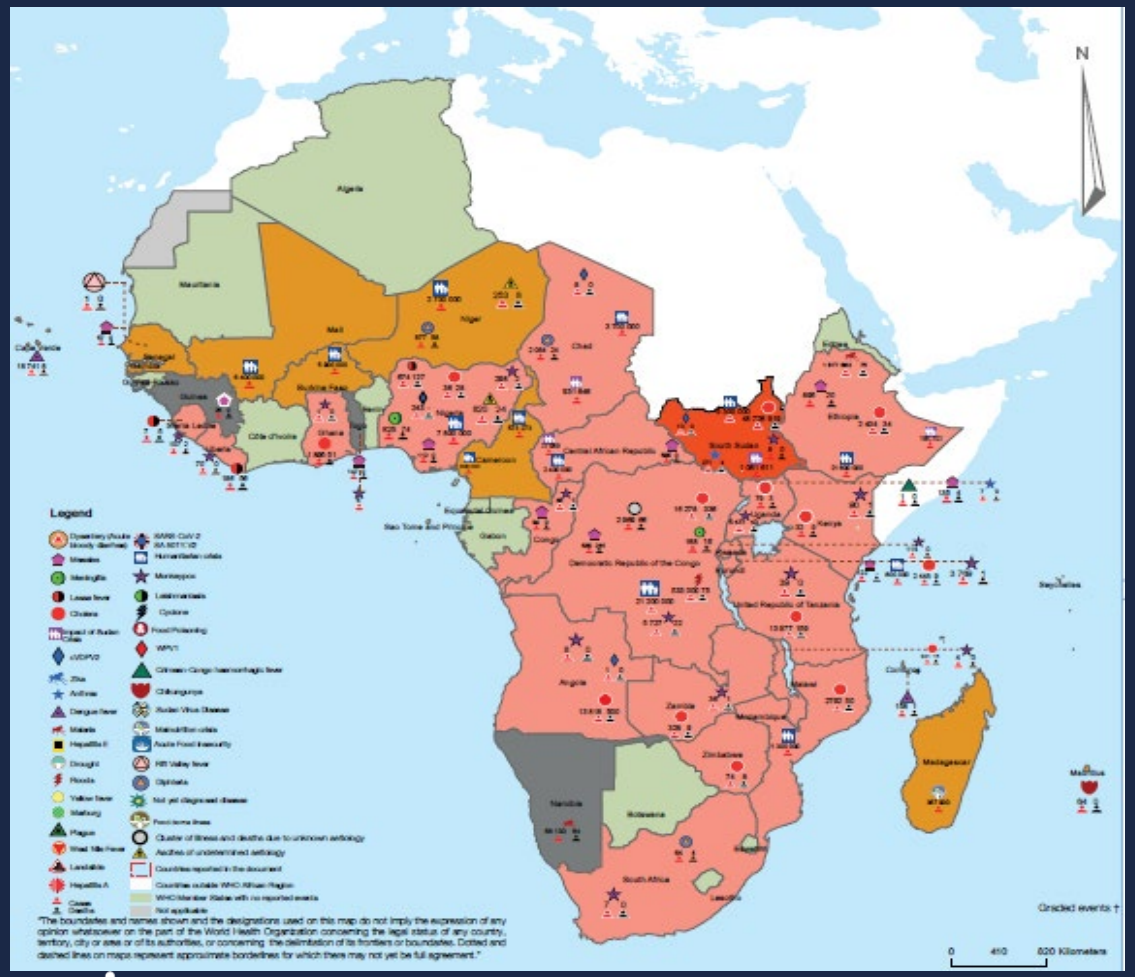
https://iris.who.int/bitstream/handle/10665/378455/9789240098206-eng.pdf

Burden of PHEs under monitoring in the African Region



103
ONGOING EVENTS

82
OUTBREAKS

21
HUMANITARIAN CRISES

1 GRADE 3	**2** PROTRACTED 3
3 GRADE 2	**8** PROTRACTED 2
1 GRADE 1	**0** PROTRACTED 1
24 UNGRADED	

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Grade 3: Bundibugyo Virus Disease (DRC), Impact of Sudan crisis | **Protracted 3:** Cholera, complex humanitarian crisis in South Sudan | **Grade 2:** cVDPV2, Diphtheria, Horn of Africa-food insecurity
Protracted 2: Complex Humanitarian crisis (CAR), Complex humanitarian crisis (Ethiopia), Humanitarian crisis in Cabo Delgado (Mozambique), COVID-19, Mpox, Dengue fever, Impact Sudan Crisis and Sahel Humanitarian crisis

Events currently monitored in AFRO (as of week 35, 2026)

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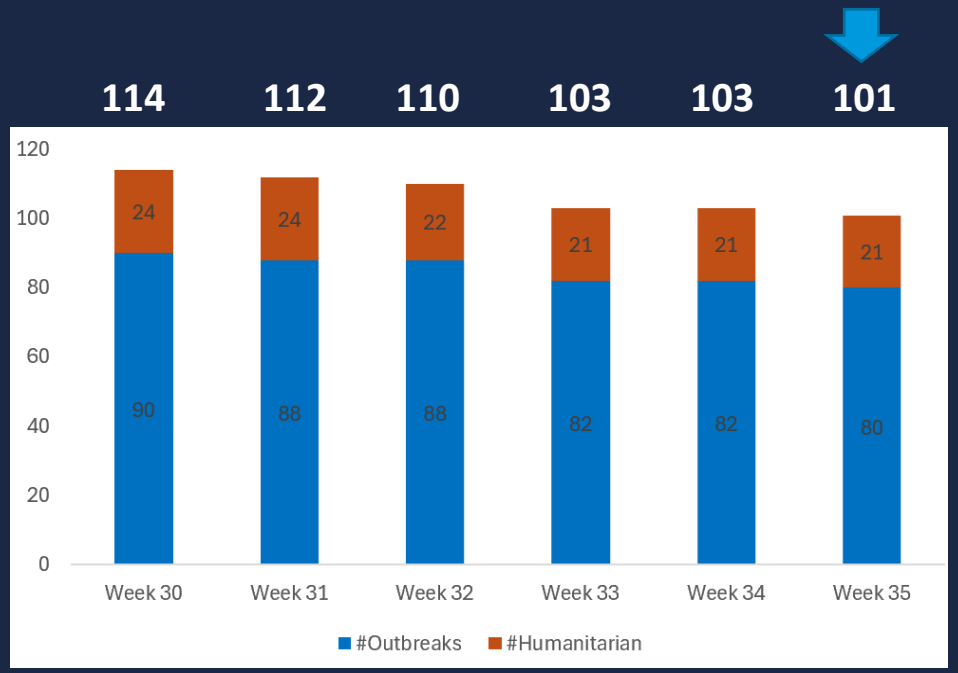
African Region



New Events in Week 35: (0)	Closed Events: (2)	Signals under verification/monitoring as of 30 August
• **None**	• **Measles, Burkina Faso** • **Cholera, Zimbabwe**	▪ Unknown disease in Mabalako, **North Kivu, DRC** ▪ Diarrhoeal illness**, Namibia** ▪ Suspected EVD**, CAR**

Graded Events in AFRO

G 1	**1**	Lassa fever
G 2	**3**	cVDPV2, Diphtheria, Food insecurity in Horn of Africa
G 3	**1**	Bundibugyo Virus Disease, DRC
P1	**0**	None
P2	**8**	Complex Humanitarian crisis (CAR) Complex humanitarian crisis (ETH) Humanitarian crisis in Cabo Delgado Sahel crisis Impact of Sudan crisis Dengue Mpox COVID-19
P3	**2**	Complex Humanitarian crisis (SSD) Complex Humanitarian crisis (DRC)

49 Ungraded events

World Health

Epidemiology and operations

Bundibugyo virus disease outbreak | DRC

September 04, 2026

World Health Organization

Epidemiological situation: Overview, as of September 2, 2026 (DRC)

CUMULATIVE CASES	CUMULATIVE CONFIRMED DEATHS	CASE FATALITY RATIO	PATIENTS IN ISOLATION / ETC	CUMULATIVE RECOVERIES	CONTACT FOLLOW-UP RATE (last 24h)
6 342	3 072	48.4%	770	1 475	86.5%

6 provinces affected

60 health zones affected
out of 151 (39,7%)

Distribution of confirmed cases and deaths by affected province (as of September 2, 2026)

Province	Confirmed Cases	Deaths (confirmed)	Case Fatality Rate	Health Zones Affected	New Confirmed Cases (24h)
Ituri	5 164	2 342	45,4%	28/36 (77,8 %)	60
Nord-Kivu	913	614	67,3%	15/34 (44,1 %)	25
Haut-Uélé	236	103	43,6%	6/13 (46,1 %)	5
Tshopo	22	9	40,9%	7/23 (30,4 %)	2
Sud-Kivu	3	1	33,3%	1/34 (2,9 %)	0
Bas-Uélé	4	3	75,0%	3/11 (27,3 %)	0
Total	**6 342**	**3 072**	**48,4%**	**60/151 (39.7 %)**	**92**

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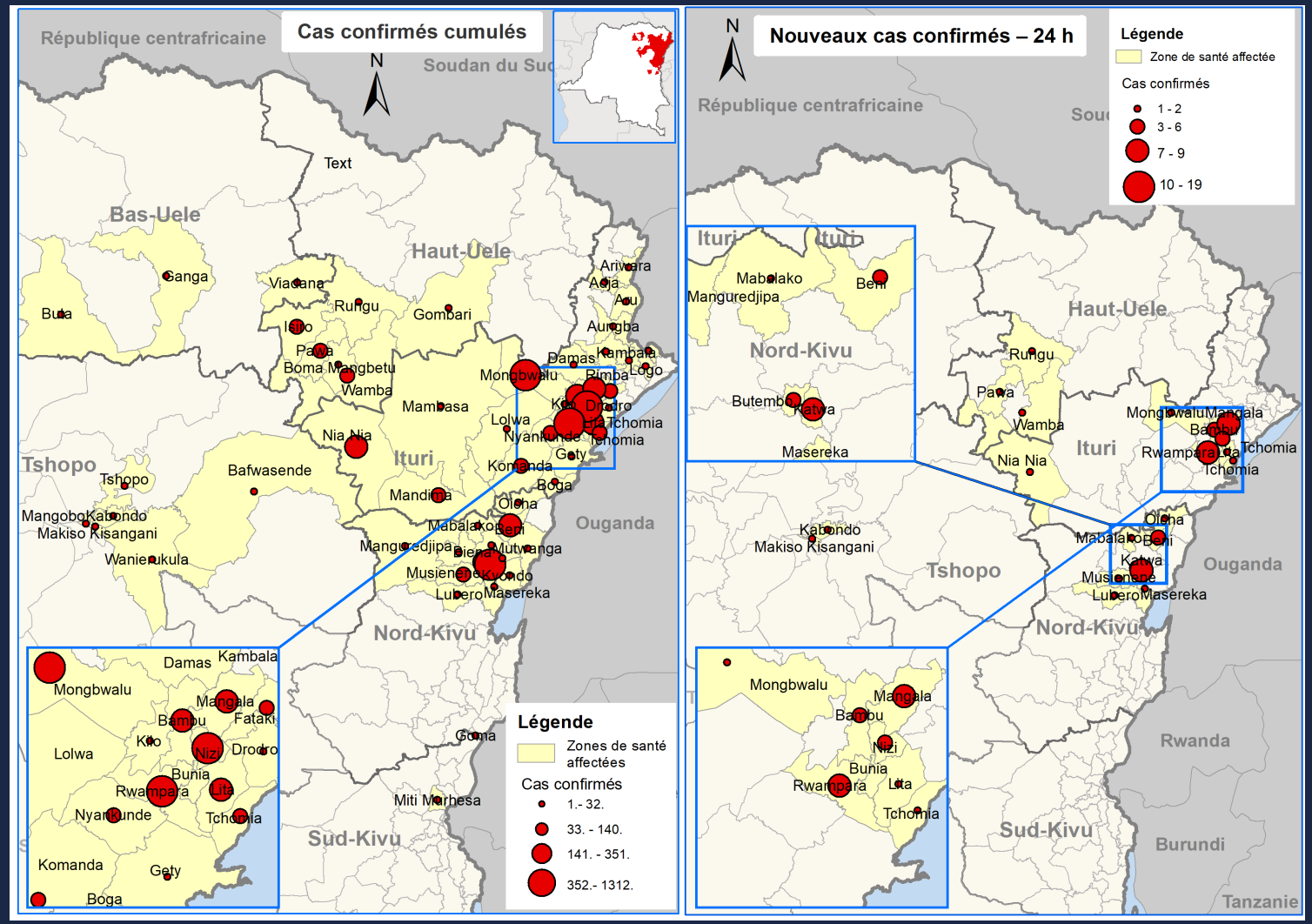
Geographic distribution of confirmed cases

Outbreak largely concentrated in Ituri Province

- **81.4%** of cumulative cases
- **76.2%** of cumulative deaths
- **~78% of HZs** in Ituri affected (28/36)



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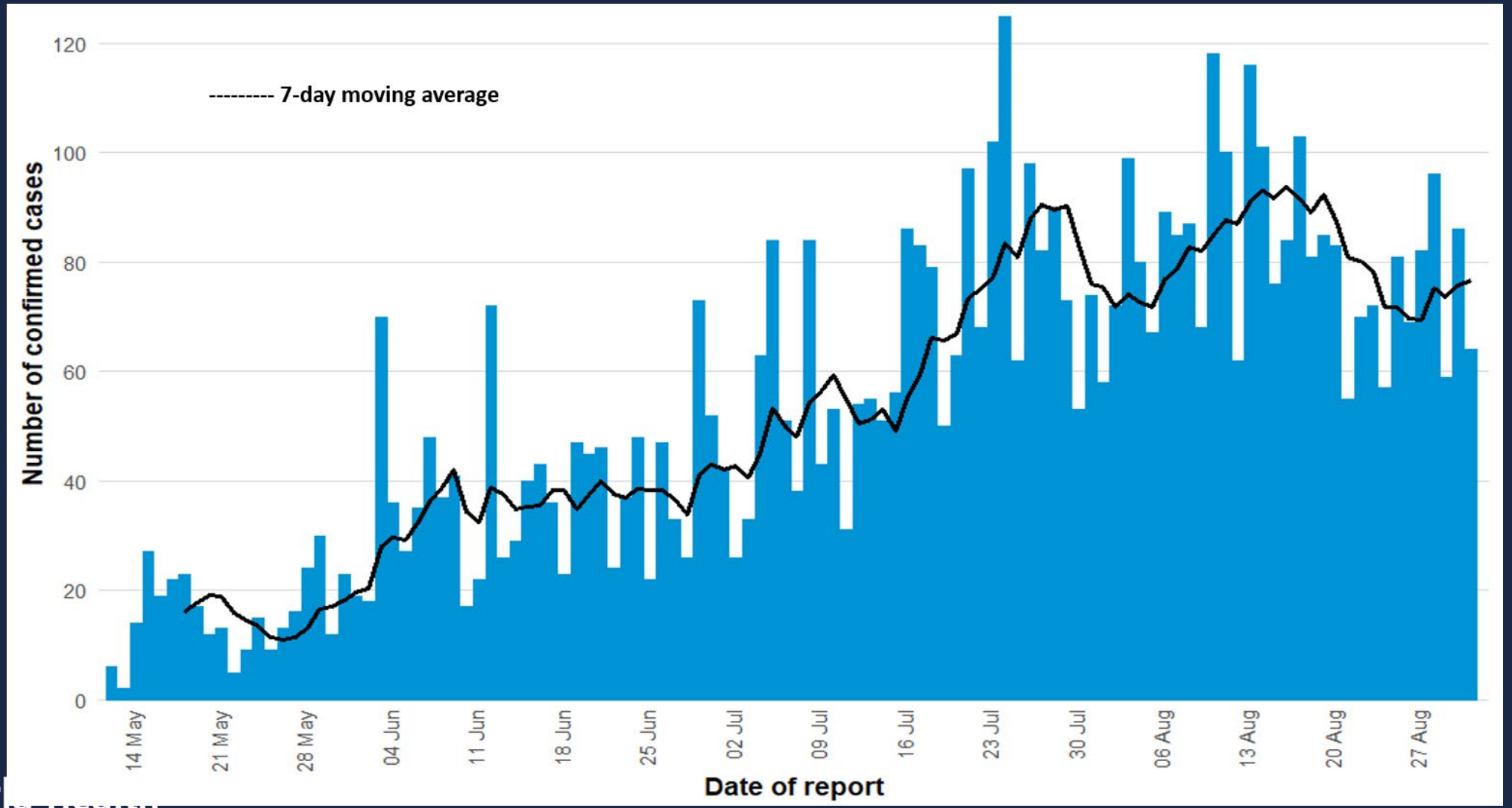
Trend in confirmed cases



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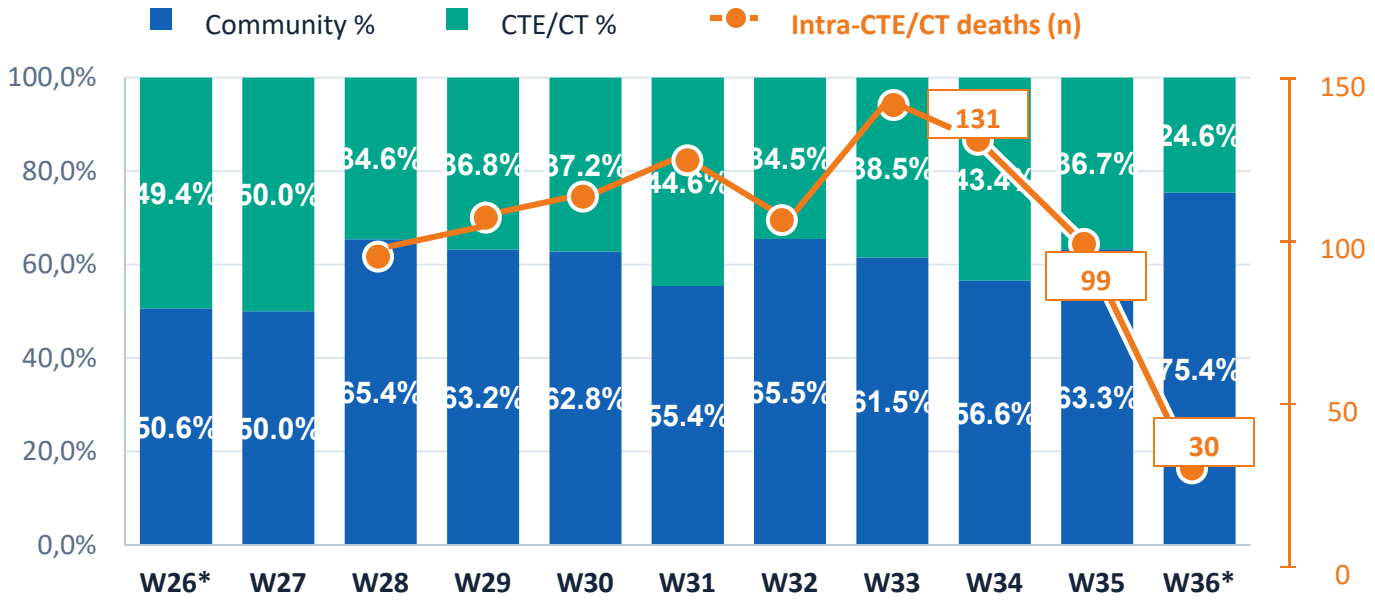
Confirmed deaths are not declining consistently

W35 fell 10.6%, but the latest comparable 7 days rose 5.9% | DRC cumulative: 6,342 cases • 3,072 deaths

Weekly place of death (%) and intra-CTE/CT deaths (orange line, n)



Line starts W34; W36* = 3 days. Lower intra-CTE counts alone ≠ improved survival.

Highest reported HZ shares | latest 14 days

Province	Health zone	Cum. C/D	14d C/ assigned	Share
Ituri	**Bunia**	1,444/447	58/58	**100%**
Ituri	**Mangala**	271/138	33/33	**100%**
Ituri	**Komanda**	92/62	25/25	**100%**
Ituri	**Nizi**	675/266	22/22	**100%**
N. Kivu	**Musienene**	85/48	10/10	**100%**
N. Kivu	**Katwa**	416/278	62/68	**91%**
N. Kivu	**Butembo**	186/134	31/36	**86%**
N. Kivu	**Beni**	151/109	27/33	**82%**

≥10 assigned deaths. Ituri CTE deaths are largely unallocated by HZ; 100% shares are provisional.

TOTAL CONFIRMED DEATHS

302 (W34) → 270 (W35)
Comparable 7d: 270 → 286 (+5.9%)

INTRA-CTE/CT DEATHS

131 → 99 → 30*
Comparable 7d: 122 → 87 (–29%)

MANAGEMENT RESPONSE

Find cases earlier • investigate deaths
Stabilize and refer within 24h

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Key risk drivers

Hazard

Bundibugyo ebolavirus: serious, often fatal. No licensed vaccine or specific therapeutics for this species.

Delayed detection

First known onset on 25 April; confirmation on 15 May. Retrospective cases and deaths suggest prolonged circulation.

Significant gaps in IPC

Healthcare worker infections and deaths suggest gaps in screening, triage, isolation, PPE and facility IPC implementation.

Community transmission

Community deaths, family clusters and unsafe burial risk increase exposure outside health facilities.

Insecurity and conflict

Conflict limits movement of surveillance teams, RRTs, sample transport, contact tracing and burial teams.

Regional mobility

Mining, trade, health-seeking movement and cross-border travel to Uganda/South Sudan raise exportation risk.

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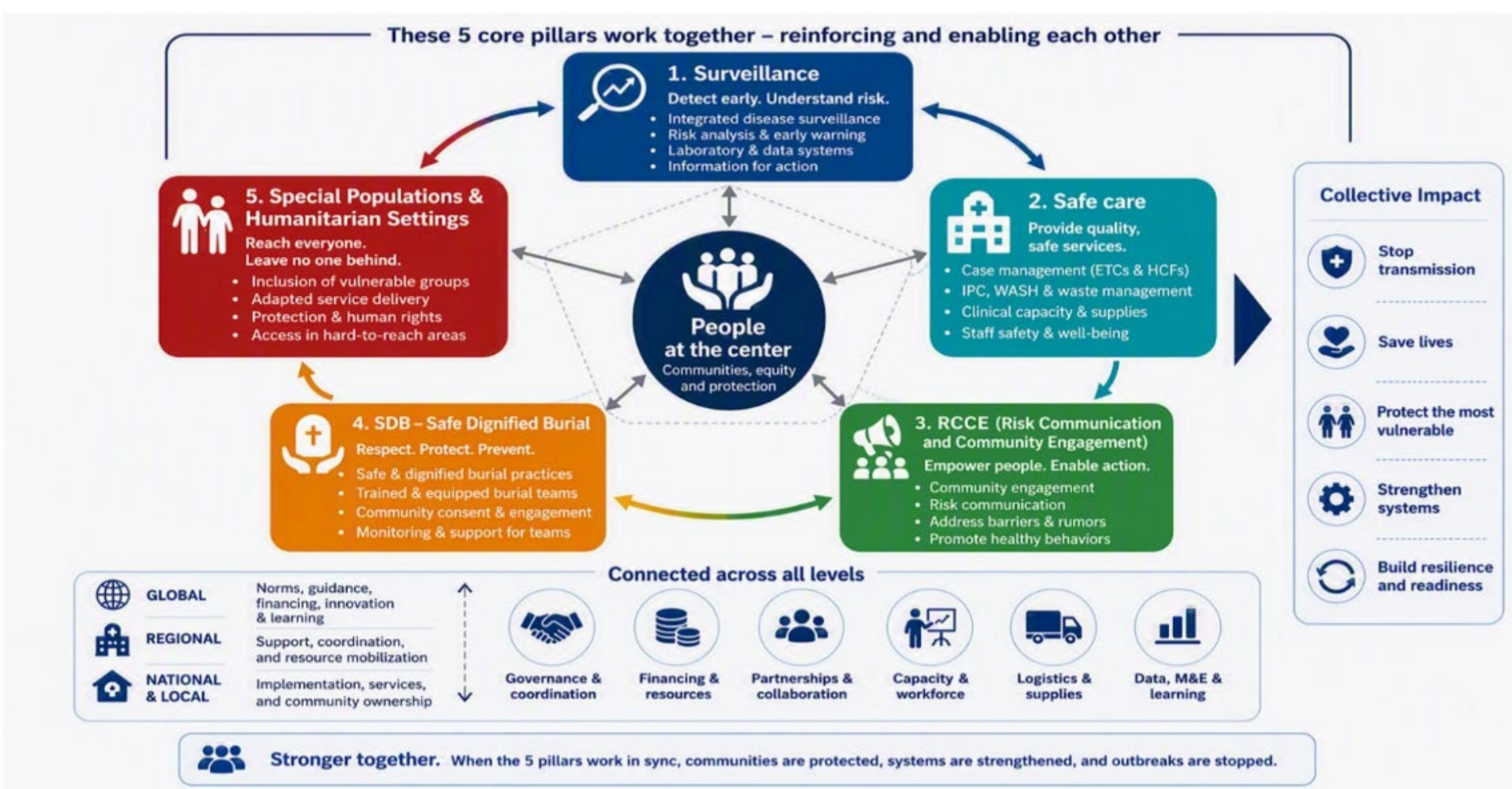
Integrated approach to stop transmission and save lives:

5 interlinked scale up plans



Challenges - Ebola outbreak in existing humanitarian crisis

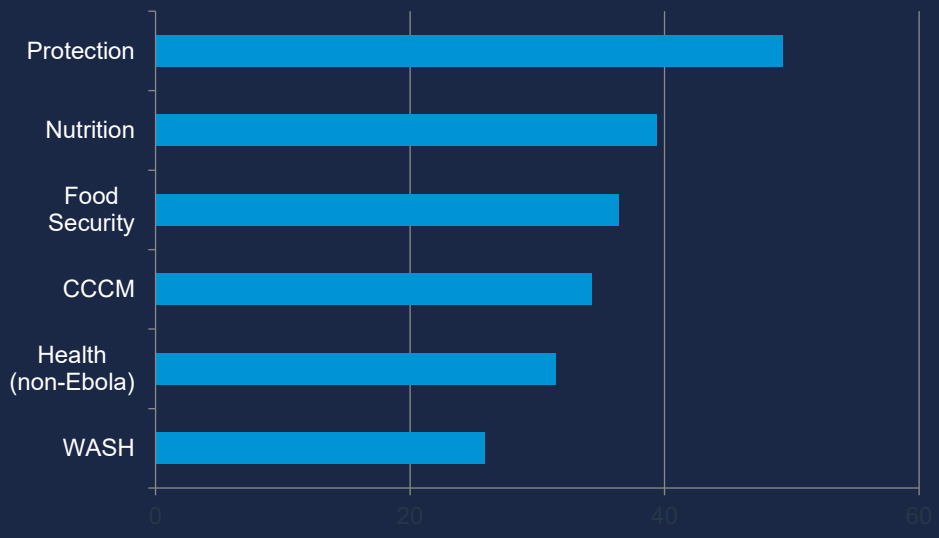
60 Ebola-affected Health Zones are not facing one crisis - they are facing several at the same time.

THE OVERLAP

Ebola is affecting communities already exposed to displacement, insecurity, food insecurity and disrupted access to basic services.

The humanitarian consequence is immediate: if water, food, nutrition, protection and routine health services are not sustained, the same families remain exposed on multiple fronts.

Estimated humanitarian coverage in Ebola-affected Health Zones (%) (suivi HRP2026)



1.47M people estimated not reached by essential non-Ebola health services

838K people estimated not reached with WASH/EHA support

1.49 M people estimated not reached with food security assistance

≈ USD 520M Indicative planning envelope for the affected HZs: $296.7M Food Security | $101.5M Health (non-Ebola) | $44.2M Nutrition | $41.8M WASH/EHA | $26.4M Protection | $9.3M CCCM

THANKYOU MERCI
BEAUCOUP
OBRIGADO GRACIAS

World Health Organization