



## **Ebola Outbreak**

*Ethical Security Risk  
Management to support the  
response.*

An outbreak of Bundibugyo virus disease (BVD), a form of Ebola, was confirmed in eastern Democratic Republic of the Congo (DRC) in May 2026 after reports of a high-mortality unknown illness, including deaths among health workers.

The government officially declared the country's 17th Ebola outbreak, affecting multiple Health Zones in the Ituri and North Kivu provinces. The World Health Organization (WHO) has classified the situation as a Public Health Emergency of International Concern.

As of the 28th May, the DRC has reported over 1,077 suspected cases and more than 246 suspected deaths, with hotspots in Mongbwalu and Rwampara. Cross-border transmission has already occurred, with seven confirmed cases in Uganda.

It is likely that this is the the start of an epidemic that will worsen significantly in the weeks and months ahead.

In this ILS Risk Focus, we look at the key challenges facing NGO and media Risk Managers operating in the region, sharing our experience to support an effective and ethical response.

## Security

The response to this outbreak is unfolding in an exceptionally complex operating environment, with access remaining highly constrained due to a lack of security. The Allied Democratic Forces (ADF), linked to Islamic State, refuse engagement with INGOs and specifically target civilians and health workers.

Recent incidents include an attack on a hospital in Mongbwalu town where many cases have been reported, causing 18 Ebola patients to leave the facility on Saturday after "unidentified individuals" burned tents.

## **Lack of resources and population movements**

At the same time, local health systems are severely under-resourced, facing critical gaps in infrastructure, medical supplies, fuel, water access, and availability of HR in certain areas, limiting their capacity to isolate and treat cases effectively.

The border areas between Uganda, DRC and South Sudan see a lot of trade and economic activity, with movement of people exacerbating the potential spread of the virus. The presence of large numbers of internally displaced persons (IDPs) poses further challenges to the response.

## Failures of the humanitarian sector

The UN and humanitarian sector has struggled to earn the trust of the Eastern Congolese population - poverty, insecurity and epidemics have persisted despite decades of presence and billions spent.

During the last epidemics in 2018-2020, communities criticised what has locally become known as the “*Ebola Business*” with its cash-strapped intermediaries, soaring inflation, and sex-for-work scandals. The legacy of this will further complicate the 2026 response for organisations in the region.

## Operational and HR complexities






The outbreak also places significant operational strain on the humanitarian, media and research sectors.

HR management becomes highly complex, navigating increased staffing, safeguarding responsibilities, rapidly evolving travel restrictions, quarantine requirements, and costly medical provisions.

The response demands substantial financial and logistical resources - continuous training, critical supplies including protective equipment, medical materials, and fuel must be secured and sustained despite access challenges.

# Role of Risk Managers – Do's and Don'ts

## Do's:

-  Acknowledge constraints and risks openly to enable frank discussions on risk appetite and capacity.
-  Advocate for what can be delivered effectively without increasing risks to communities.
-  Continuously assess and mitigate risks, stay person-centred and micro-context specific.
-  Work collaboratively across all functions (medical, HR, safeguarding, community engagement, communications, and access), and across all pillars of the response: patient care, prevention, community engagement, coordination, and surveillance.
-  Prioritise simple, adaptable frameworks.

# Role of Risk Managers – Do's and Don'ts

## **Don'ts:**

- Do not frame patients as deadly threats. Falling ill is not a crime, it is a terrifying experience.
- Do not portray communities as hostile. Violence is the result of poor communication, misunderstandings, or overly-securitised approaches, not inherent resistance.
- Avoid overly complex or technical tools that risk paralysing teams on the ground
- Do not overwhelm teams with HQ problems!
- Do not rush, or push for staff to participate in activities when potentially ill-unprepared.

# Conclusion

Academics have extensively researched the nefarious effects of securitising epidemic response. Read [here](#), [here](#), *ou [ici](#)(French)*.

Hardening the response with coercive, freedom-restrictive measures, and the use of military escorts or private security companies, have reinforced distrust, and escalated situations into incidents.

Worse still, security-obsessed responses and the militarisation of healthcare created incentives to stoke insecurity, and have fuelled pre-existing conflicts in the region.

**As risk managers, we have an ethical responsibility to not contribute to stigma or violence.**

At ILS, we are working actively with multiple NGOs in the region to support their Ebola response and the associated security and travel risk management considerations and challenges.

👉 Let's talk. If you or your organisation are looking for support, we'd love to hear from you.