Enabling an effective global research response to the Ebola Bundibugyo virus (BDBV) outbreak

Wellcome Policy Brief – July 2026

Introduction

The ongoing outbreak of the Ebola Bundibugyo virus (BDBV) in the Democratic Republic of Congo (DRC) and Uganda is having profound impacts on already strained systems in affected areas. These impacts are amplified in settings affected by insecurity, displacement, and limited access to care.

In contrast to other Ebola species, there are currently no vaccines or therapeutics of known efficacy for BDBV. With only two small outbreaks occurring previously, investing the resources needed to develop them has not been prioritised. This lack of medical countermeasures is a fundamental challenge. It hampers efforts to bring the outbreak under control and adversely affects the trust that affected communities have in response efforts being impactful.

To close this gap, coordinated global response is critical to deploy the resources of the global community in the most effective way.

This policy brief sets out three principles that we believe should guide this:

1. Response and research priorities must be set through processes grounded in leadership provided by African governments. The Africa Centres for Disease Control and Prevention (Africa CDC) and World Health Organization (WHO) must work closely to ensure effective prioritisation, coordination and regional alignment.

2. Existing coordination mechanisms should be used to strengthen the alignment of research efforts and prevent fragmentation.

3. Research into medical countermeasures must be an integral part of the response from the outset. Immediate action is needed to ensure equitable and timely access to products shown to be effective.

For global partners, these principles will test the shifts in mindset and approach that have been emerging since the creation of the WHO R&D Blueprint and Africa CDC. Africa CDC and WHO, working with affected countries, should set priorities. Funding, research activities, and operational decisions should follow those priorities. This requires partners to place a much stronger emphasis on collaboration and joint decision-making, as well as making a commitment to transparency. This

should include the open sharing of intelligence and intent behind investment decisions. Industry also needs to be an active partner in efforts to ensure that promising vaccines, therapeutics, and diagnostics are made available rapidly for clinical trials and for scaled rollout to the communities that need them most.

These principles draw on important lessons learned from previous Ebola outbreaks. They also reflect wider evolutions in product development and emergency response seen over the past decade. Compared to 2014-2016 and 2018, this outbreak already marks a step change in approach. We are seeing stronger regional leadership and accountability, faster mobilisation of research, and more structured approaches to coordination.

Despite this progress, the lack of available medical countermeasures raises the stakes significantly. It exposes persistent gaps in R&D for epidemic diseases. It shows challenges in aligning global efforts behind shared priorities. It also demonstrates the difficulty of ensuring that access considerations are addressed in an effective and timely way, rather than belatedly or in a piecemeal fashion.

How the global community responds in the coming weeks and months will determine how quickly this outbreak is brought under control. It will also show how a more effective and regionally led model for epidemic response can be realised.

The sections below explain how each principle should be put into practice.

Principle 1: The importance of Africa-led, evidence-based leadership

This Ebola outbreak is already demonstrating how epidemic response is evolving. Regional leadership is no longer peripheral and is instead central to decision-making. This reflects difficult lessons from previous outbreaks. Africa CDC now plays a central role alongside WHO in shaping the response, most visibly via the continental Incident Management Support Team (IMST), providing the focal point for response efforts. These bodies together have the mandate and capability to support those countries directly affected by the outbreak and to mobilise member states more widely. Their shift towards a model of true joint leadership in this outbreak is invaluable.

To fully realise this shift, African leadership must truly be in the driving seat, playing the central role in shaping priorities and directing resources. In earlier Ebola outbreaks, global actors often set agendas and determined how resources were allocated from afar. However, we know that a different approach is both possible and desirable, as shown by other recent outbreak responses including Mpox and Marburg virus.

Therefore, the current response must ensure that it too has regional and national leaders and institutions defining priorities. These must be based on local needs and evolving evidence, and with clear input from, and accountability to, national and local leadership structures.

Normative guidance, based on the best available science and using feedback from local response efforts, should anchor the global response. Africa CDC and WHO play a critical role in defining technical priorities and response strategies, including through WHO's R&D Blueprint. This normative guidance should underpin decision-making and resource allocation by regional and global actors, ensuring consistency across the response. It must draw on robust epidemiological analysis and social science insight. These priorities should also be informed by local expertise, at the frontline of the response.

Global funders, industry, and international organisations all have an essential role in the response. It is imperative for them to deploy resources appropriate to the scale of the challenge. The size and dynamics of the outbreak mean that efforts to bring it under control cannot be resourced by the affected countries alone. As with any significant infectious disease outbreak that crosses international borders indiscriminately, the global community must work together to close this gap in resourcing. However, their contributions must align with priorities defined by the affected countries and the right normative bodies. Such an approach will help reinforce, rather than dilute, African leadership. It will also contribute to a bigger shift in the global health system towards health sovereignty, in which African countries are truly in the lead when it comes to health on the continent.

Principle 2: Avoiding fragmentation in response efforts

The scale and speed of the current outbreak demand a sustained and highly coordinated response. This alignment is essential, given the breadth of R&D activities required to develop an effective suite of vaccines, therapeutics and diagnostics. It should maximise information sharing and ensure effective allocation of resources. In turn, this will help accelerate the availability of effective countermeasures.

Experience from previous outbreaks shows that fragmentation reduces impact. Key risks to guard against include:

- a proliferation of coordination mechanisms with overlapping or unclear mandates
- misalignment between research investments and the most pressing evidence needs

- trials and other research activities that are not designed in a way that delivers timely, actionable insights for policy and operational decision making

- delays in any new countermeasure being deployed, after trials have shown it to be efficacious

Coordination mechanisms should therefore be viewed as more than platforms for information exchange. They should enable funders and implementing partners to align around the emerging evidence based and regionally driven priorities. They can support investment in studies tailored to the needs of the operational response, to policymakers, and other decision-makers. Ultimately, they will ensure that limited resources are directed towards areas of greatest need, and that research findings can be translated quickly into practice.

This coordination needs to operate at multiple levels and make full use of existing structures. Much effective coordination and information-sharing is already taking place. This includes through very inclusive open forums, such as the WHO Collaborative Open Research Consortia (CORC). However, other efforts have been dependent on conversations convened in a less structured way, or between individual organisations.

As the response evolves, three functions will be core to keep this coordination effective.

- Africa CDC and WHO should continue overarching coordination through the continental preparedness and response plan and Incident Management Support Team (IMST). This can effectively provide member state engagement, normative guidance, priority-setting, and overall operational leadership.

- Within funder forums like GLOPID-R, funders should proactively coordinate and align their investments with emerging data. In doing so, they should draw on tools such as the joint Africa CDC and WHO coordinated financial tracking mechanism (FTM) for the BDBV outbreak, and the Pandemic PACT to map investments to support transparency. We should actively seek to avoid creating new or bespoke coordination and mapping mechanisms unnecessarily.

- There must be portfolio coordination across vaccines, therapeutics, and diagnostics R&D, with funders and delivery partners sharing details of investment decisions where possible, to ensure that resources are directed towards the areas of greatest need. In vaccine development, nearly a decade of sustained investment in CEPI (the Coalition for Epidemic Preparedness Innovations), including by Wellcome, means that a clear coordination and leadership role has already emerged for them.

However, the comparable models for therapeutics and diagnostics remain unclear.

If actioned, these coordination efforts will ensure stronger, timelier linkage of evidence to action. Decision-making cycles can then be rapid, evidence-driven, and adaptive, allowing the response to function as an end-to-end pipeline from research through to delivery.

Principle 3: Prioritising research, and equitable access to countermeasures

A defining challenge of this outbreak is the current lack of available medical countermeasures. Despite progress in developing effective vaccines and therapeutics for different species of Ebola, the rarer Bundibugyo species has none of known efficacy. Diagnostic tools are also limited. It is therefore vital that high-quality research into effective vaccines, therapeutics, and diagnostics is mobilised as quickly as possible. Past outbreaks, particularly 2018, have shown that making this a central component of the overall response is achievable, and drives better outcomes. Experience from Covid-19 also demonstrated that the value of research hinges on whether trials are designed in a way that produces clear, actionable answers at speed. Coordinated, well-designed studies are therefore the priority, instead of fragmented efforts that might generate inconclusive findings.

High-quality trials are already being planned and mobilised. This is helped by trial protocols being pre-designed and ready to mobilise, exemplifying the level of regional and global coordination already in place. There is a vital role for global funders to play in supporting these trials. This includes philanthropies like Wellcome, as well as government funders in all parts of the world. Clear direction has already been set by Africa CDC and WHO of the priorities for vaccines and therapeutics. It now falls to funders globally to ensure that these priorities are rapidly and fully resourced.

Engagement with communities must be an intrinsic element of trials of new vaccines, therapeutics and diagnostics. The availability of effective vaccines and treatments is in itself a means to build communities' confidence in the emergency response. However, this confidence will not be built automatically. Products must be developed in a way that works with affected communities and establishes trust from the outset. Research into social and behavioural sciences should therefore be seen as a vital complement to the development of countermeasures.

We cannot yet know which vaccines and therapeutics will prove to be effective. However, efforts are needed now to ensure that whatever is shown to work can be accessed quickly and equitably in affected countries. In an optimistic scenario, by late 2026 we will start to have reliable evidence of the most impactful medical countermeasures.

Forward planning for products needs to be started without delay to ensure that effective tools are made equitably available as soon as possible. This includes immediate efforts to ensure that sufficient supplies of investigational products will be made available to allow the rapid scale-up of clinical trials in DRC and Uganda.

In this, effective and open engagement with – and from – the private sector will be essential. Funding and delivery partners should recognise the role that their innovations and capacity can play. They should, though, be pragmatic about how to share risks and coordinate investments to maximise the affordability and availability of products.

The barriers to post-trial access to products are complex and multi-faceted. Avoiding them will need early consideration of a series of interconnected issues.

- **Licensing of vaccines or therapeutics currently subject to intellectual property protections,** to enable the scale-up of manufacturing, and affordable access in countries affected by the outbreak.

- **Identifying technology transfer opportunities and financing,** to support a broader manufacturing base for these products

- **Immediate financing to support the at-risk scale-up of manufacturing,** and the building of appropriate stockpiles, so that products can be rolled out without delay if they are proven to be effective. This is particularly crucial for products where manufacturing processes are complex and not yet in place, or lead times can stretch to months (such as for some vaccines or monoclonal antibodies.)

- **Advanced or coordinated purchase mechanisms,** either using existing structures such as Gavi or the Global Fund, or different mechanisms to flexibly finance the use of medical countermeasures. The scale of roll-out of medical countermeasures, and the costs associated with this, remain uncertain for now. However, there will be an important role for governments globally to ensure that the right 'pull' incentives are established in a timely way.

There are specific, significant gaps in the global health architecture needed to support equitable access to therapeutics and diagnostics. These need urgent attention from governments, funders, and international organisations. For vaccines, there are well-established demand-based mechanisms in place. These ensure that developers can have certainty of demand and ensure 'pull through' of products from development to manufacture and equitable access. Most notably, Gavi is already mobilising up to $50m of emergency funds for the BDBV response and working closely with CEPI to align with the needs of vaccines in their

portfolio. There are no such established mechanisms for therapeutics and diagnostics, though. This threatens equitable access to effective products and will limit the early scaling up of manufacturing. Whilst i-MCM-Net and WHO are providing coordination across these efforts, there is clear potential for existing organisations like Unitaid and the Global Fund to help close these gaps. Doing so will, though, require focused effort in the coming weeks and months, and likely additional resourcing from donor governments.

Waiting for trials to end before beginning to consider equitable access will create avoidable and unacceptable delays in getting effective treatments to people who need them. Uncertainty around the scale of eventual demand for effective countermeasures should not delay consideration of how to address these challenges. This requires active engagement from global funders (including sovereign governments), global health and financing institutions, and private companies who hold assets now being trialled.

Wellcome's commitments

Wellcome is committed to aligning its response with these principles. This includes **prioritising our funding in line with WHO and Africa CDC guidance, supporting strong coordination** across research efforts. We will also act as far as we can to support transparent information sharing. **Equitable access will be a central priority of our research commitments.**

Equally, we call on other funders and partners to take coordinated action by:

- aligning behind WHO and Africa CDC's evidence-driven frameworks for action
- coordinating investments and decisions through existing mechanisms, avoiding duplication
- committing to an end-to-end approach, from research through to equitable access.

This outbreak is a critical test of whether the global health system can realise a new globally coordinated but regionally led model. The opportunity now is not only to control this outbreak, but to establish a more effective and equitable approach for future epidemics.

Wellcome supports science to solve the urgent health challenges facing everyone. We support discovery research into life, health and wellbeing, and we're taking on three worldwide health challenges: mental health, infectious disease, and climate and health.

Wellcome Trust, 215 Euston Road, London NW1 2BE, United Kingdom
T +44 (0)20 7611 8888, E contact@wellcome.org, wellcome.org