



STATEMENT

High-Level Virtual Meeting of African Heads of States, Governments and Partners on Ebola Bundibugyo virus disease outbreak

16 JUNE 2026, GENEVA – Thank you to Africa CDC for convening this important High-Level Meeting at a critical moment. The Ebola Bundibugyo outbreak in the Democratic Republic of the Congo and Uganda, declared in May 2026 by WHO as a Public Health Emergency of International Concern, is a serious and rapidly evolving threat, requiring an urgent response based on solidarity, coordinated action, and sustained support across borders and sectors.

Companies across the research and innovation ecosystem, are mobilizing rapidly and in good faith, alongside governments, Africa CDC, WHO, CEPI, GAVI and other partners. As in previous outbreaks, the pharmaceutical industry is playing a critical role: large companies, vaccine developers from high- and low-income countries, biotechs, and academic institutions are voluntarily working together to advance available tools and accelerate new solutions as quickly as possible.

This reflects a well-established track record: in past Ebola outbreaks, companies voluntarily provided vaccines, treatments, expertise and manufacturing capacity in highly uncertain contexts, helping control the outbreaks and leading to approved vaccines and treatments for the Zaire Ebola strain.

Existing therapeutics could offer a benefit but will need to be studied further. For example, companies such as Gilead Sciences and MSD are investigating the potential to repurpose therapeutics and small molecules antivirals.

Companies are also testing novel therapeutics: Gilead Sciences has a novel antiviral candidate, and Regeneron, Mapp Biopharmaceutical and public sector partners are progressing several novel monoclonal antibody candidates. These candidates are being evaluated and will be advanced into clinical studies in affected countries as quickly as possible, through flexible partnerships and adaptive clinical trial approaches.

Vaccines also play a critical role in responding to outbreaks and early efforts are underway to assess whether existing Ebola vaccine platforms may offer cross-protection.

At the same time, new Bundibugyo-specific candidate vaccines are being rapidly developed across multiple platforms, including rVSV candidates from IAVI, ChAdOx1 candidates led by the University of Oxford and the Serum Institute of India, and mRNA-LNP candidates from Moderna. These are all

in early stages, but clinical-grade material is entering production, and clinical trials are expected to begin shortly, under a public-private collaborative approach.

Companies such as Johnson & Johnson, MSD, and Roche have contributed funding to strengthen emergency and outbreak response efforts, provide personal protective equipment (PPE), support for frontline healthcare workers or developed diagnostic tests to help with monitoring, preparedness and the broader response on the ground.

The current outbreak underscores the importance of strong, sustained preparedness systems and greater investment in R&D, particularly given the high failure rates and existing gaps across many high-risk pathogens. It also highlights the value of platform technologies and viral family approaches, alongside new public-private partnerships and risk-sharing models, to accelerate the development of adaptable countermeasures in uncertain and sporadic outbreak contexts. Finally, it reinforces the need for rapid and open pathogen and data sharing, coupled with early financing, global stockpiles, regulatory agility, and robust delivery systems to ensure timely access to vaccines, treatments and diagnostics.

The IFPMA, our member companies and our broader life science partners are committed to working with Africa CDC and other partners in ongoing response efforts and to strengthen preparedness, in Africa and all regions, for future health threats.