

# Ituri Province (DRC) Ebola Outbreak Factsheet



**Date:** 17 May 2026

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**Disclaimer:** This document is a test of the developing abilities of AI-powered search to collect useful information on a quick turnaround without any prior knowledge or expertise. The data it contains has been cited but not verified.

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## Introduction

The DRC Ministry of Public Health declared the country's 17th Ebola epidemic on 15 May 2026, centred on Ituri Province. [INRB](#) in Kinshasa confirmed the **Bundibugyo strain (BVD)** in 8 of 13 initial samples. The outbreak is concentrated in **Mongbwalu and Rwampara health zones**, with suspected cases also in Bunia city; as of 16 May 2026, approximately **246 suspected cases and 80 suspected deaths** had been recorded in Ituri (broader counts of 336 suspected cases and 88 deaths incorporate cases reported to higher bodies). [WHO declared a PHEIC on 17 May 2026](#) — one of the fastest PHEIC declarations in WHO history — determining the outbreak does not yet meet the threshold of a pandemic emergency but constitutes a Public Health Emergency of International Concern under IHR Article 12. The index case was a nurse with symptom onset on 24 April 2026 who died at the [Evangelical Medical Center in Bunia](#); the first alert via social media came 5 May 2026, and confirmed alert was documented 8 May 2026 ([Reuters/YouTube, 17 May 2026](#)). As of 16 May 2026, Uganda confirmed [two imported Bundibugyo cases in Kampala](#) — a 59-year-old Congolese male who died at Kibuli Muslim Hospital on 14 May 2026, and a second unlinked confirmed case — representing the first documented international spread of BVD from DRC. One confirmed case was also reported in Kinshasa.

## 1. Health Facilities

### 1.1 Health Zone Structure

Ituri Province has **36 health zones (zones de santé)**, 34 general reference hospitals (HGR), 37 reference health centres (CSR), and 544 health centres (CS), distributed across 5 territories plus Bunia city ([CAID, 2022](#)):

Territory	Health Zones	General reference hospitals	Reference health centres	Health centres
Bunia (city)	1	1	1	19

Territory	Health Zones	General reference hospitals	Reference health centres	Health centres
Aru	6	6	10	110
Djugu	13	11	11	116
Irumu	5	5	3	65
Mahagi	7	7	8	136
Mambasa	4	4	4	48
<b>TOTAL</b>	<b>36</b>	<b>34</b>	<b>37</b>	<b>544</b>

Source: [CAID](#); [PMC/Liverpool University](#); [MSF March 2025 Report](#)

**Outbreak health zones:** Mongbwalu (Djugu), Rwampara (Bunia/Irumu), Bunia city. Africa CDC confirms the urban/semi-urban context of Rwampara as a key amplification risk factor ([Africa CDC, 15 May 2026](#)).

**DATA GAP:** CAID confirms 36 zones but open sources name only ~28–30 distinctly. The DPS Ituri or MSP registers are required for the complete list.

## 1.2 Named Hospitals

Hospital	Territory / Health Zone	Status / Notes
HGR Bunia (Bunia FRH)	Bunia city	Main provincial referral hospital; primary case-referral and IPC-strengthening site; WHO airlifting IPC supplies here ( <a href="#">WHO AFRO, 15 May 2026</a> )
Evangelical Medical Center (CME) Bunia	Bunia city	Index case site — nurse who died here after symptom onset 24 April 2026; CEPAC/evangelical network; has GeneXpert but only Zaire-detecting ( <a href="#">Science.org</a> )
Clinique Salama (MSF-supported)	Bunia city	MSF surgical, post-surgical, orthopaedics, mental health; surge capacity deployed Jan 2026; overcrowded ( <a href="#">MSF Sept 2025</a> )
Centre Médical Bienvenu (CMB)	Bunia city	ASBL non-profit; authorised April 2025; never-refuse policy ( <a href="#">Myriad Canada, 2026</a> )
Regional Health Centre Bunia	Bunia city	Houses GeneXpert machines used for initial testing; Bundibugyo samples tested negative here before INRB Kinshasa confirmed BVD ( <a href="#">Science.org</a> )
MONUSCO Level II Hospital, Bunia	Bunia city	UN personnel / peacekeeper emergency care; emergency surgery, ICU, stabilisation. DATA GAP: bed

Hospital	Territory / Health Zone	Status / Notes
		count and specialist capacity not in open sources ( <a href="#">Wikipedia/MONUSCO</a> )
HGR Mongbwalu	Djugu / Mongbwalu HZ — EPICENTRE	Only main hospital serving large mobile mining population; no bed count, staffing, or operational status confirmed in open sources; road access 3–4 days in current rains ( <a href="#">Boston Globe, 16 May 2026</a> )
HGR Rwampara	Irumu / Rwampara HZ — EPICENTRE	Inaugurated two new buildings 2 May 2025 (new operating block, 35-bed internal medicine wing); no ambulance as of inauguration; Medical Director Dr. John Muhito ( <a href="#">Bunia News, 4 May 2025</a> )
HGR Fataki	Djugu / Fataki HZ	MSF-supported since Feb 2026 (trauma surgery, nutrition); 10,000+ consultations by April 2026; 7 of 14 health centres in zone shut due to armed groups ( <a href="#">MSF, 30 April 2026</a> )
HGR Drodro	Djugu / Drodro HZ	MSF-supported since 2019; attacked and looted 6 March 2024 (patient killed in bed); 9 of 19 health centres destroyed/relocated since 2020; 200,000 people left without access when closed ( <a href="#">MSF March 2025</a> )
HGR Angumu	Mahagi / Angumu HZ	MSF maternal, paediatric, malaria support; some areas inaccessible to humanitarians ( <a href="#">MSF March 2025</a> )
CME Nyankunde (Nyankunde Hospital)	Irumu / Nyankunde HZ	~150-bed mission hospital (evangelical/CME network); partnership with Serge international mission since Jan 2024; maternity, paediatrics, malnutrition, surgery ( <a href="#">Serge, 2024</a> )
HGR Komanda	Irumu / Komanda HZ	Access disrupted in 2018–2020 outbreak; Samboko and Mandibe health areas were inaccessible ( <a href="#">Immunology Research Journal, 2023</a> )
HGR Mambasa	Mambasa / Mambasa HZ	Field laboratory established and functional during 2018–2020 outbreak ( <a href="#">CDC EID, 2022</a> ); UNHAS repaired airfield 2024
HGR Mahagi	Mahagi	Zonal HGR, Mahagi territory
HGR Ariwara	Aru	Zonal HGR, Aru territory
HGR Logo	Mahagi	Listed as among best hospitals in region pre-2010 ( <a href="#">PMC/Pan African Medical Journal, 2015</a> )

### 1.3 CTE / Treatment Centre Status

As of 17 May 2026, **no named, operational Ebola Treatment Centre (CTE) specifically designated for Bundibugyo BVD** has been publicly confirmed in the epicentre areas of Mongbwalu or Rwampara. The [WHO PHEIC declaration](#) explicitly calls for establishing specialised treatment centres close to outbreak epicentres.

WHO has airlifted 5 metric tonnes of supplies to Bunia including case management tents and IPC materials ([WHO AFRO, 15 May 2026](#)), representing the first step towards tented isolation capacity in Bunia. The access constraint at Mongbwalu (no functional road) means any CTE there depends entirely on confirmed air access.

**Historical precedent (2018–2020):** ETC Itave (Ituri) was destroyed by Mai-Maï militia; MSF ETCs in Katwa and Butembo were burned 27 February 2019 and subsequently abandoned; Biena ETC was attacked 14 March 2019 ([Amacad, 2020](#)). These precedents are material to current MSF CTE deployment decisions.

**DATA GAP:** Whether MSF has formally committed to operating a CTE in the current outbreak is not confirmed in open sources as of 17 May 2026.

### 1.4 MSF, ALIMA, IMC, Médair, ICRC, MONUSCO Level II

**MSF:** One of the main humanitarian organisations in Ituri with 20+ year continuous presence. Active sites: Clinique Salama Bunia (surgery), HGR Drodoro, HGR Angumu, HGR Fataki. Supports 15 health zones with ambulance referrals and mobile kits ([MSF Sept 2025](#)). MSF confirmed mobilising resources for Ebola response ([Wikipedia 2026 outbreak](#)).

**ALIMA:** Confirmed at Bunia Logistics Cluster meeting November 2025 ([ReliefWeb Bunia Meeting, November 2025](#)). Primary DRC focus is Goma/Kivu. **DATA GAP:** ALIMA presence specifically in Mongbwalu/Rwampara epicentre not confirmed.

**IMC (International Medical Corps):** Historic Bunia presence (2018: 3 health centres, 36,000+ displaced served); 30+ health centres/hospitals across 4 DRC health zones as of 2025 ([IMC DRC](#)). **DATA GAP:** Post-2018 Ituri health zone presence not individually specified.

**Médair:** DRC-wide presence (65 health facilities in 2022); geographic focus in Ituri not specified in open sources ([Médair DRC](#)).

**ICRC:** Since January 2025, ICRC evaluated 240 healthcare facilities in DRC; over 71% treated weapon-wounded patients ([ICRC Facebook, Oct 2025](#)). Specific health facility operations in the Ebola-affected Ituri zones are not detailed in open sources.

**MONUSCO Level II Hospital (Bunia):** Emergency surgery, ICU, medical stabilisation for UN/peacekeeper personnel. Unlikely to serve as civilian Ebola response facility but may provide medevac support. **DATA GAP:** Bed count and specialist capacity unconfirmed.

## 1.5 Logistics / Cold Chain / UNHAS

**UNHAS DRC** (WFP-managed): transported 39,528 passengers and 488.7 metric tonnes of cargo in 2024 in DRC; conducted infrastructure repairs at Mambasa airfield in 2024; delivered vaccines and deployed surveillance teams for Ebola and Mpox responses ([UNHAS 2024 Annual Report](#)).

**Cold chain:** During 2018–2020, the Beni field lab had 40,000-specimen capacity using refrigerators (+2 to +8°C), freezers (–20°C, –40°C, –80°C), and three 14-kva backup generators ([CDC EID, 2022](#)). The Bunia field lab had similar (smaller) setup. WHO's initial airlift to Bunia included laboratory sample transport equipment, implying a cold-chain gap for field-to-Bunia transport. No approved Bundibugyo vaccine exists, but remdesivir and investigational mAbs require standard +2 to +8°C cold chain. **DATA GAP:** Cold chain capacity at Mongbwalu and Rwampara zonal HGRs is unknown; likely power constraints (no confirmed grid in Mongbwalu).

## 1.6 Critical Diagnostic Gap

**The GeneXpert Xpert Ebola assay targets Zaire strain only. It cannot detect Bundibugyo virus.** This caused false-negative results at Bunia's Regional Health Centre:

- Aru samples (28 April–1 May): negative at Bunia and initially at INRB, before correct test applied
- Rwampara samples (3–7 May): negative in Bunia; positive at INRB Kinshasa ([Science.org, 16 May 2026](#))

Bundibugyo detection requires advanced molecular/PCR testing, available only at INRB Kinshasa or a mobile advanced laboratory. Sample transport Bunia → Kinshasa (~1,600 km) is a critical bottleneck. The WHO PHEIC calls for decentralised laboratory capacity for Bundibugyo as a priority ([WHO PHEIC, 17 May 2026](#)).

## 2. Public Health Planning and Management

### 2.1 DPS Ituri and MOH Structure

**Division Provinciale de la Santé de l'Ituri (DPS Ituri):** Based in Bunia; subnational arm of the Ministry of Public Health (MSPHP-PS); coordinates all 36 BCZ (Bureau Central de Zone de Santé). Operating under chronic under-resourcing in a province where security crises displaced 122,000 in Djugu and 50,000 in Irumu as of late 2025 ([IFRC Operation Update, Nov 2025](#)). **DATA GAP:** Name of current head (Médecin-Inspecteur Provincial) not in available open sources.

#### Ministry of Public Health (MSPHP-PS):

- **Minister:** Dr. Samuel Roger Kamba Mulamba — announced epidemic declaration 15 May 2026 ([Reuters/YouTube](#))
- **INSP DG:** Dr. Dieudonné Mwamba — confirmed Rwampara and Mongbwalu as primary affected zones ([Africanews, 15 May 2026](#))

#### National Coordination:

Body	Role
MSPHP-PS	Outbreak declaration; international notification
COUSP	National Emergency Operations Centre; coordinates all response pillars ( <a href="#">WHO AFRO Q1 2026 bulletin</a> )
INRB (Kinshasa)	National reference lab; confirmed Bundibugyo; full genome sequenced by 17 May; headed by Dr. Jean-Jacques Muyembe-Tamfum, Dr. Placide Mbala (epi/global health)
INSP	National public health institute; co-leads after-action reviews
DPS Ituri	Provincial coordination; BCZ liaison
BCZ Mongbwalu, Rwampara, Bunia	Zonal surveillance, IPC, safe burials

### 2.2 WHO

- **WHO DG:** Dr. Tedros Adhanom Ghebreyesus declared PHEIC 17 May 2026; released \$500,000 from WHO Contingency Fund for Emergencies ([WHO CFE](#))
- **WHO AFRO RD:** Dr. Mohamed Janabi issued statement 15 May 2026 ([WHO AFRO](#))

- WHO mission (Representative + EPR team) deployed to Ituri from 5 May 2026 — before formal declaration
- **Immediate actions:** 5 metric tonnes supplies airlifted to Bunia; IPC materials, lab transport equipment, case management tents; additional experts in epidemiology, IPC, lab, clinical care, logistics, RCCE being mobilised
- Maria van Kerkhove confirmed no approved Bundibugyo vaccine exists ([CIDRAP](#))

### 2.3 Africa CDC

- **DG:** Dr. Jean Kaseya stated: "Given the high population movement between affected areas and neighbouring countries, rapid regional coordination is essential" ([Africa CDC, 15 May 2026](#))
- Convened urgent high-level regional coordination meeting (15 May 2026) with DRC, Uganda, South Sudan, WHO, UNICEF, FAO, US CDC, ECDC, China CDC, PHAC Canada
- Activated **Incident Management Support Team (IMST)**; approved 72-hour Incident Action Plan
- Deployed multidisciplinary surge teams to DRC and Uganda
- Established medical countermeasures workstream (diagnostics, PPE, therapeutics, vaccines, cold chain)
- Escalated to AU political level; engaged President Ramaphosa and AU Commission ([Africa CDC, 16 May 2026](#))

### 2.4 Other International Partners

Actor	Role / Status
UNICEF	Child-focused RCCE, WASH, supply procurement; part of Africa CDC emergency coordination; \$22M urgent appeal for eastern DRC children ( <a href="#">Africa-Newsroom, January 2025</a> )
IFRC / DRC Red Cross	Safe and Dignified Burials (SDB) — highest-risk response activity; community health services ( <a href="#">IFRC, Nov 2025</a> )
US CDC	Technical support through country offices in DRC and Uganda; confirmed by Acting Director Jay Bhattacharya ( <a href="#">Al Jazeera, 16 May 2026</a> )
USAID	Near-absent — virtual elimination noted; no announced financial commitment as of 17 May 2026, representing a significant gap vs. 2018–2020 ( <a href="#">Global Biodefense, 15 May 2026</a> )

Actor	Role / Status
Direct Relief	Offering medical support through Africa CDC, IOM, Jericho Road CHC in eastern DRC ( <a href="#">Direct Relief, 15 May 2026</a> )

## 2.5 Lab Capacity

**INRB Kinshasa:** National reference laboratory; confirmed BVD in 8/13 samples 14 May 2026; full genome sequenced by 17 May 2026 ([Science.org](#)). Uses multi-species molecular/PCR tools capable of detecting Bundibugyo.

**Bunia field laboratory (2018–2020 residual):** GeneXpert-based; functional as of 2022 ([CDC EID, 2022](#)). Cannot detect Bundibugyo. Advanced molecular PCR capability not present in Bunia; must be deployed as mobile lab or samples continue shipping to Kinshasa.

Q1 2026 preparedness: WHO/DRC trained 4,236 frontline responders and 105 rapid response team members in 7 health zones; 2,304 community actors (RECOs, traditional practitioners) trained ([WHO AFRO Q1 2026 bulletin](#)).

## 2.6 Vaccine and Therapeutics Status

### NO APPROVED VACCINE FOR BUNDIBUGYO.

Vaccine	Target	Approved	2026 Status
Ervebo (rVSV-ZEBOV, Merck)	Zaire only	Yes	<b>NOT applicable</b>
Zabdeno/Mvabea (J&J)	Zaire only	Yes (EMA)	<b>NOT applicable</b>
Investigational Bundibugyo candidates	Bundibugyo	No	Pre-clinical/early trials only

### NO APPROVED THERAPEUTICS FOR BUNDIBUGYO.

Therapeutic	Zaire approval	Bundibugyo status
Inmazeb (REGN-EB3, Regeneron)	FDA 2020	Not demonstrated
Ebanga/ansuvimab (mAb114)	FDA 2020	Not demonstrated
Remdesivir	No (Ebola)	Partial in vitro/NHP data; investigational
<b>MBP134</b>	No	Protected macaques from Bundibugyo, Sudan, Zaire (single dose) — investigational; BARDA-funded Phase 1 ( <a href="#">ScienceDaily, 2019</a> )
<b>MBP431 + remdesivir</b>	No	80% macaque survival in Sudan EVD model; investigational ( <a href="#">JCI Insight, 2022</a> )

Pharmaceutical companies engaged: Gilead, Merck, J&J, Regeneron, Roche, BioNTech, Moderna ([Global Biodefense, 15 May 2026](#)). Supportive care (fluid balance, haematological support, oxygen, secondary infection treatment) remains primary treatment modality.

## 2.7 RCCE — Lessons from 2018–2020 and Current Risks

Key documented findings from the 10th Ebola outbreak (2018–2020, 3,481 cases, 2,299 deaths):

- 43% of surveyed respondents were **hostile to vaccination** ([International Alert, 2020](#))
- 77% **unwilling to be treated at ETCs**
- 50% would **not report suspected cases**
- In Bunia: 23% refused vaccination due to lack of information on eligibility ([World Bank CASS survey, 2020](#))
- Community leaders played a positive role when engaged early ([International Alert, 2020](#))

**Specific 2026 risk factors in Ituri:**

1. Deep community mistrust of international responders — persistent from 2018
2. Mining population dynamics: highly mobile artisanal workers in Mongbwalu make contact tracing operationally complex
3. Security-driven fear: as of 30 April 2026, patients too afraid to travel to facilities at night ([MSF, 30 April 2026](#))
4. Over 900,000 IDPs in Ituri; displacement disrupts community structures

**Safe and Dignified Burials:** SDB teams faced serious threats in Mandima and Komanda health zones in 2018–2020; bodies were sequestered; burial team members were injured ([Immunology Research Journal, 2023](#)). Cultural adaptation while maintaining safety is essential.

## 2.8 Health Cluster Funding

As of Q1 2026:

- **Partners:** 43 active partners with projects
- **Beneficiaries reached:** 412,034 with emergency health services
- **Funding requirement:** USD 105 million
- **Funding mobilised:** ~8% — **critical gap**

([WHO AFRO Q1 2026 bulletin](#))

WHO's 2026 Health Emergency Appeal notes 7.5 million people require urgent health assistance in DRC, particularly in conflict-affected eastern provinces ([WHO Health Emergency Appeal 2026](#)).

## 3. Border Crossings with Uganda and South Sudan

### Official Border Posts

Post	DRC Side	Uganda/SS Side	Status / Notes
Mahagi/Goli	Mahagi territory, Ituri	Nebbi/Zombo district, Uganda	PRIMARY ITURI–UGANDA POST. TradeMark Africa \$1.18M OSBP upgrade (2019–2026): modern admin block, paved truck parking, Nyibola River bridge rehabilitation, CCTV, ICT for real-time

Post	DRC Side	Uganda/SS Side	Status / Notes
			customs data exchange. PNHF (health service) listed as implementation partner. Only two operational and legal Uganda–DRC trade border points are Mpondwe/Kasindi and Goli per <a href="#">June 2025 reporting</a> . Trade volumes doubled 2019–2022 ( <a href="#">TradeMark Africa</a> ). DATA GAP: Post-PHEIC screening status (thermal scanners, IOM staff, hours of operation) unconfirmed.
Vurra/Lia	Aru territory, Ituri	Arua district, Uganda	Connects Aru territory to Arua City and Koboko–Oraba South Sudan axis. Uganda sub-posts: Vurra, Odramachaka, Arua Airstrip, Lia. 2015 standoff added 3 days travel to Kibali gold mine. UPDF dominated crossing in 2018–2019 with reports of "ad hoc taxation" ( <a href="#">SSHAP, 2018</a> ). Cross-border crime meeting Arua, Nov 2024 ( <a href="#">UPDF, November 2024</a> ). DATA GAP: No confirmed 2025–2026 health screening infrastructure.
Mpondwe/Kasindi	Kasindi, Nord-Kivu (not Ituri)	Kasese district, Uganda	Technically Nord-Kivu but key Bunia–Beni–Kampala corridor. Bridge substantially complete March 2026 ( <a href="#">MoWT Uganda, March 2026</a> ). Up to 20,000 crossings/day on market days in 2018–2019. Revenue UGX 8.7 billion 2024/25 ( <a href="#">AllAfrica, Sept 2025</a> ).
Aba/Kaya	Aru territory, Ituri	Morobo County, Central Equatoria, South Sudan	Principal Ituri–South Sudan crossing; connects to Kaya–Oraba–Arua axis. Trade resumed Nov 2024 after 4-year hiatus ( <a href="#">Radio Tamazuj, November 2024</a> ). "Extremely limited" civilian authority presence. Insecure (SPLA-IO). South Sudan included in Africa CDC 16 May coordination meeting. DATA GAP: Current screening at Kaya/Aba for 2026 outbreak unconfirmed; isolation capacity at western South Sudan border likely minimal.

**WHO PHEIC guidance on screening (17 May 2026):** Calls for exit screening at all international airports, seaports, and major land crossings using questionnaire,

temperature measurement, and fever-based risk assessment. Simultaneously warns against border closures: "border closures push movement to informal border crossings that are not monitored, thus increasing the chances of the spread of disease" ([WHO PHEIC](#)).

**2018–2019 baseline:** WHO documented 71 points of entry on DRC–Uganda border; 64 actively screening by December 2018. IOM operated screening in 44 DRC PoEs with 200+ border health staff trained ([IOM, 2018](#)). The 2018–2019 screening network was concentrated on Nord-Kivu/South Kivu border, **not the Ituri–Mahagi axis**.

## 4. Cross-Border Traffic Outside Official Posts

### 4.1 Lake Albert Boat Crossings

Lake Albert (Mwitanzige) is shared between Ituri Province and Uganda's western districts. Border demarcation on the lake is contested ([SSHAP, 2018](#)).

#### Key DRC departure points:

- **Tchomia (Chomia):** Military and cross-border trading hub ~35 miles SE of Bunia; FARDC operations north of Tchomia against CRP; active boat crossings to Uganda ([ISW/Critical Threats, May 2025](#)). In June 2025, UPDF occupied Tchomia to prevent inter-ethnic fighting ([New Vision, June 2025](#)).
- **Mahagi-Port:** Main lake port for Mahagi territory; fishing and informal trade
- **Ubugwa (Mahagi territory):** Documented bribery of Congolese security forces (USD 81/week) to fish on the lake ([Watetezi, June 2025](#))
- **Kasenyi:** Landing site with direct lake access

#### Key Uganda receiving points:

- **Ntoroko district / Kanara:** IOM maintained FMP during 2018–2019; Ntoroko opposite Kasenyi
- **Ssebagaro transit → Kyangwali refugee settlement:** Receives lake-crossing arrivals ([IFRC, August 2025](#))

**Volume:** February 2018: over 22,000 Congolese refugees crossed Lake Albert in a single week using "small canoes or overcrowded rickety fishing boats, often carrying more than 250 people, taking up to ten hours" ([UN News, February 2018](#)). During 2018

Djugu violence, displaced people paid ~10,000 CFA francs/person to cross by boat to Uganda from Tchomia ([MSF, March 2018](#)).

**Critical incident (13–14 May 2026):** A FARDC mixed naval patrol was fired upon near Rukwanzi (DRC side), reportedly by the Uganda Navy. The next day (14 May), a UPDF anti-illegal-fishing detachment on Lake Albert was ambushed; Corporal Edwin Chelimo (age 24, Pakwach district) was captured with his rifle, 120 rounds, and patrol boat ([Africa Security Analysis, May 2026](#)). These incidents occurred days before the PHEIC declaration and severely complicate joint health surveillance on the lake.

## 4.2 300+ Smuggling Routes

Over 300 smuggling routes are operational on the Uganda–DRC border in north-western Uganda alone, per UN experts' report cited in the 2018 SSHAP brief ([SSHAP, 2018](#)).

Key informal crossing zones:

- Paths between Mahagi–Paidha–Zombo crossing the escarpment above Lake Albert
- Mahagi-Port lake shore and bush tracks to Ugandan fishing villages
- Aru–Ariwara market area to Ugandan border near Vurra/Lia
- Aru–Oraba (South Sudan) triangle via **panya roads** (informal dirt tracks) to avoid tax checkpoints

**COVID-19 precedent:** Daily pedestrian flows at Mahagi–Goli collapsed from 376 (Jan/Feb 2020) to 19 in June 2020, directly driving shift to informal crossings. At Kasindi–Mpondwe, flows dropped from 1,268 to 28 ([World Bank, 2021](#)). Ebola-related closures carry the same risk.

## 4.3 Gold Smuggling (Mongbwalu → Kampala)

Traders use "a variety of vehicles (trucks, jeeps, motorbikes), or canoes to cross Lake Albert, making the most of a total absence of controls at the Congolese border" to move gold from Mongbwalu to Kampala ([Global Policy Forum, 2005](#)). The UN Group of Experts estimated **at least 1.1 tonnes of gold smuggled from Ituri province alone in 2019** versus official declared production of just 60 kg ([Daily Sabah/Reuters, June 2020](#)). Over 95% of Uganda's gold exports (25+ tonnes/year worth ~USD 3.5 billion by 2024)

were estimated to be of non-Ugandan origin, largely from Ituri via Ariwara/Aru/Vurra ([Daily Sabah, 2020](#)).

In April 2026, DRC's Minister of Mines ordered closure of illegal mining sites in Mahagi territory ([Ascendance Strategies, April 2026](#)). Gold traders and miners moving the Mongbwalu → Bunia → Goli/Arua → Kampala route constitute a high-mobility contact network with **no paperwork trail** to support contact tracing.

#### 4.4 Refugee Flows

As of May 2025, Uganda hosted **approximately 627,000 Congolese refugees** (33% of Uganda's 1.9M refugee total) ([WFP FSNA, February 2026](#)); [Mixed Migration Centre](#) reports 575,961. An average of **600 Congolese per day** were crossing into Uganda in early 2025 ([IFRC, August 2025](#)). Ituri-origin IDPs (903,282 tracked in June–July 2025; IOM DTM Round 13) displaced from Djugu (622,000+) and Irumu (191,000) use Lake Albert crossings and Goli crossing. Refugees arriving via Lake Albert transit through Ssebagaro → **Kyangwali settlement** (Kikuube district), a direct Ituri connection.

#### 4.5 Armed-Group Cross-Border Activity

**CODECO (Lendu, Djugu/Mahagi):** Killed ~70 people near Pimbo, Djugu, 28 April 2026 ([AFP/Instagram, May 2026](#)). Operation Shujaa (UPDF–FARDC) expanded to Ituri specifically against CODECO in 2025; Ugandan commanders met CODECO leaders April 2025 ([ISW/Critical Threats, May 2025](#)). CODECO attacks displaced 122,000 in July–August 2025.

**ADF (IS-ISCAP, Mambasa/Irumu):** UPDF/FARDC liberated 200+ ADF-held captives at River Epulu camp, April 2026 ([Al Jazeera, April 2026](#)). ADF members have historically crossed into Uganda to seek healthcare at trusted facilities ([SSHAP, 2018](#)).

**Zaire-FPAC / CRP (Hema/Lubanga, Djugu/Lake Albert):** Thomas Lubanga **based in Uganda since July 2024**; UN reports training centres in Ituri and Uganda, supervised by instructors from Ituri, Uganda, and Rwanda ([ADF Magazine, September 2025](#)). Zaire-FPAC has militarised boats and surveillance drones on Lake Albert ([ISW/Critical Threats, May 2025](#)).

**South Sudanese cross-border incursions:** Suspected South Sudanese soldiers looting, cattle-raiding, and abducting Congolese civilians in Aru territory's Kakwa chiefdom as recently as May 2026 ([HumAngle, May 2026](#)).

**UPDF–FARDC naval clash (13–14 May 2026):** As described in §4.1 above — occurred days before the PHEIC and severely complicates joint health surveillance. ([Africa Security Analysis, May 2026](#))

## 4.6 Cattle and Informal Trade

Cattle trade between Ituri and Uganda (Aru territory, northern Mahagi) and cattle raiding on DRC–South Sudan border (documented May 2026) confirm active livestock cross-border movement. **DATA GAP:** No volume or route data for this corridor available in open sources. FAO pastoral tracking is the recommended source.

## 5. Local Government Offices

### 5.1 État de Siège

Ituri Province has been under continuous **état de siège** since **6 May 2021** (Ordinance-Law 21/015, declared simultaneously for Ituri and North Kivu). As of May 2026, the measure has been renewed **90+ times** in 15-day increments. Most recent prorogation in this record: 17 January 2026 ([Actu26, January 2026](#); [Radio Okapi, October 2025](#)).

Structural consequences:

- Provincial Assembly (**Assemblée Provinciale**) **effectively non-functional** — civilian elected assemblies suspended; powers replaced by military administration ([BTI 2026](#))
- Civilian Governor and provincial government replaced by military authority
- Assembly, association, and independent media powers restricted
- Civilians can be tried in military courts
- 76 Catholic priests publicly demanded lifting of état de siège in late 2025 ([Radio Okapi, October 2025](#))
- A May 2026 analysis describes the measure as "transformed into a permanent governance framework" with little security improvement ([Mediacongo.net, May 2026](#))

## 5.2 Military Governor

### Lieutenant-General Johnny Luboya N'Kashama

- Simultaneously civilian provincial authority and military commander of operations; serving since état de siège was declared (May 2021) — 5 years as of May 2026 ([Actu26](#), [January 2026](#))
- March 2026: presided over adoption of **Stratégie provinciale des solutions durables en Ituri (2026–2030)**, developed jointly with UN system and Team Europe Initiative ([Actualite.cd](#), [March 2026](#))
- Previous vice-governor assassinated **January 2025**. **DATA GAP:** Current vice-governor name and status unconfirmed.

## 5.3 Five Territories: Operational Status

Territory	Area	Admin Seat	Operational Status (May 2026)
Djugu	8,184 km <sup>2</sup>	Fataki	Epicentre of CODECO–CRP–FARDC fighting. 100,000+ newly displaced Dec 2025–Jan 2026. MONUSCO mobile bases at Tshumbu, Lopa, Lodha (since March 2026). Mongbwalu and Rwampara health zones (Ebola epicentre) in or adjacent to Djugu. ( <a href="#">MONUSCO</a> , <a href="#">March 2026</a> )
Irumu	8,730 km <sup>2</sup>	Irumu	ADF active in Mambasa/south Irumu; CODECO, Zaïre, CRP also active; MONUSCO bases at Bavunkutu, Boga, Taliaba. FARDC–UPDF Ops Shujaa ongoing. Military Administrator: Colonel Robert Mande. ( <a href="#">P-DDRCS</a> , <a href="#">November 2025</a> )
Mahagi	5,221 km <sup>2</sup>	Mahagi	Relatively calmer; MSF in Angumu HZ; ~55,000 IDPs in Angumu camps. MONUSCO base in Amee closed December 2025 with positive stability assessment. ( <a href="#">MONUSCO</a> , <a href="#">March 2026</a> )
Mambasa	36,783 km <sup>2</sup>	Mambasa	ADF active; Chinese-owned Kimia Mining at Muchacha site (Okapi Wildlife Reserve, Ituri River). FRPI (Lendu Bindi) present. 130+ civilians killed March–May 2026. ( <a href="#">Xinhua</a> , <a href="#">May 2026</a> )
Aru	6,740 km <sup>2</sup>	Aru	Relatively stable; Caritas and RRMP active along Ugandan border; Aru I and II peace dialogues 2023–2025. Cross-border cattle raids from South Sudan, May 2026. ( <a href="#">HumAngle</a> , <a href="#">May 2026</a> )

Sources: [Wikipedia – Ituri Province](#); [MONUSCO](#), [March 2026](#)

## 5.4 MONUSCO in Ituri

MONUSCO mandate renewed to **20 December 2026** by UNSC Resolution 2808 (19 December 2025); area of operations limited to North Kivu and Ituri ([Security Council Report, March 2026](#)).

- **Troop strength (October 2025):** 12,400+ personnel total (DRC-wide); ~9,177 troops, 926 police from 50+ countries; authorised ceiling ~11,500 ([UN News, February 2026](#))
- **South Africa withdrawal:** 700+ SANDF peacekeepers in phased withdrawal; South African Composite Helicopter Unit (CHU) — 4 Oryx helicopters — returned by 1 July 2025; Rooivalk attack helicopters already returned earlier ([Defence Web, December 2025](#)). This reduces heavy-lift capacity significantly.
- **Operation Nyundo II (Feb 2026):** 6 mobile military bases deployed since 22 March 2026 in Djugu (Tshumbu, Lopa, Lodha) and Irumu (Bavunkutu, Boga, Taliaba)
- MONUSCO prevented CODECO attack on displaced persons at Ndachulu, Maze, Largu (Djugu), October 2025 ([MONUSCO, October 2025](#))
- **DATA GAP:** Ituri-specific troop numbers not publicly disaggregated from combined North Kivu + Ituri authorised strength

## 6. National and International NGOs

### 6.1 UN Agencies in Ituri

Agency	Sector / Role	Key 2026 Notes
WHO	Health, epidemiology, Ebola response lead	Mission deployed 5 May 2026; 5t supplies airlifted to Bunia; \$500K CFE released ( <a href="#">WHO AFRO</a> )
OCHA	Humanitarian coordination, 3W/4W, access monitoring	Leads COHP Bunia; tracks 48 organisations; manages COHP ( <a href="#">OCHA 3W, May 2025</a> )
WFP	Food security, Logistics Cluster lead, UNHAS (air)	Inaugurated Bunia–Entebbe UNHAS route 14 March 2026 (EU-funded); focal points: Esther Novere / Fabien Rashidi ( <a href="#">Visibilité Média Pro, March 2026</a> )
UNICEF	Child protection, nutrition, WASH, education, vaccines	\$22M urgent appeal for eastern DRC (282,000 children); CCCM cluster lead ( <a href="#">Africa-Newsroom, January 2025</a> )

Agency	Sector / Role	Key 2026 Notes
UNHCR	Refugee protection, IDP response, RRMP co-lead	Position paper on returns to Ituri (April 2025) cited continued risk factors ( <a href="#">UNHCR, April 2025</a> )
IOM	DTM displacement tracking, CCCM, emergency shelter	DTM Round 13 (June–July 2025): 903,282 IDPs tracked in Ituri ( <a href="#">IOM DTM, August 2025</a> )
UNFPA	Sexual/reproductive health, GBV	Active eastern DRC
FAO	Food security, agriculture	Confirmed at Bunia logistics cluster November 2025 ( <a href="#">ReliefWeb Bunia Meeting, November 2025</a> )
UNDP	Stabilisation, governance, livelihoods	Part of UN mission Bunia 2–6 March 2026; Durable Solutions Strategy 2026–2030 ( <a href="#">Actualite.cd, March 2026</a> )
MONUSCO	Peacekeeping, civilian protection	See §5.4

Source: [OCHA 3W Ituri, May 2025](#) — 48 humanitarian organisations, 109 initiatives, targeting 675,000+ individuals.

## 6.2 International NGOs

Organisation	Sectors	Notes
<b>MSF</b> (Belgium/France/Holland sections)	Health, surgery, GBV, mental health, WASH, nutrition	20+ year continuous Ituri presence; Clinique Salama Bunia, HGR Drodoro, HGR Angumu, HGR Fataki (since Feb 2026); 425 GBV victims treated 2024; mobilising for Ebola response ( <a href="#">MSF March 2025</a> )
<b>IRC</b>	Protection, WASH, RRMP emergency response	RRMP consortium; confirmed Bunia logistics cluster Nov 2025 ( <a href="#">ReliefWeb, November 2025</a> )
<b>NRC</b> (Norwegian Refugee Council)	Education, shelter, ICLA, emergency response, WASH, cash	459,229 people assisted DRC 2025; RRMP consortium ( <a href="#">NRC DRC</a> )
<b>ACF / Action Contre la Faim</b>	Nutrition, health, food security, WASH	Severe acute malnutrition treatment, food fairs; programmes partially suspended 2025 (US funding cuts), relaunched 2026 ( <a href="#">ACF, April 2026</a> )
<b>ALIMA</b>	Health, nutrition	Confirmed Bunia Nov 2025; primary DRC focus is Goma/Kivu; <b>DATA GAP:</b> Ituri

Organisation	Sectors	Notes
		epicentre deployment unconfirmed ( <a href="#">ReliefWeb, November 2025</a> )
<b>COOPI</b>	Multi-sector	Confirmed Bunia logistics cluster Nov 2025
<b>Solidarités International (SI)</b>	WASH, food security	"Prime responder" when Djugu crisis began 2018; confirmed Bunia Nov 2025 ( <a href="#">Belgian DGD, 2019</a> )
<b>AVSI</b>	Nutrition, education, child protection, livelihoods	Bunia office (Av. Manzikolo 115, Quartier Bankoko); nutrition project since 2017; shifting to returnee communities from Jan 2025 ( <a href="#">AVSI DRC</a> )
<b>Save the Children</b>	Health, nutrition, education, child protection, WASH	Ituri one of 3 priority eastern provinces; 13 local partners ( <a href="#">Save the Children DRC</a> )
<b>Oxfam</b>	WASH, food security	Active Aru, Djugu, Mahagi, Irumu; RRMP; Caritas–RRMP border axis ( <a href="#">Belgian DGD, 2019</a> )
<b>CARE International</b>	Multi-sector	Confirmed Bunia Nov 2025
<b>IMC (International Medical Corps)</b>	Health, nutrition	Historic Bunia presence 2018; 30+ health centres/hospitals in DRC 2025; <b>DATA GAP:</b> post-2018 Ituri zones not specified ( <a href="#">IMC DRC</a> )
<b>Mercy Corps</b>	Food security, livelihoods	Active eastern DRC
<b>Tearfund</b>	WASH, shelter, faith-based	Active eastern DRC through local church partners
<b>Première Urgence Internationale (PUI)</b>	Health, nutrition, food security	Active eastern DRC
<b>DRC / Danish Refugee Council</b>	Shelter, CCCM, protection, ICLA	Active IDP response eastern DRC
<b>World Vision</b>	Child protection, food security, WASH, health	Active eastern DRC; among World Vision's largest country programmes
<b>INSO</b>	Security information, humanitarian access	Confirmed Bunia logistics cluster
<b>AIRD</b>	Logistics, multi-sector	Confirmed Bunia Nov 2025

Organisation	Sectors	Notes
<b>Plan International</b>	Child protection, education, GBV	Eastern DRC presence confirmed

**DATA GAP:** Médair and Concern Worldwide specific Ituri operations not fully confirmed in recent open sources. MSF Holland and Spain section footprint vs. Belgium/France not disaggregated in public sources.

### 6.3 Faith-Based Organisations

Organisation	Role
<b>Caritas Bunia</b> (Diocese of Bunia)	Food security, WASH, protection; prime responder Djugu crisis; active Aru–Mahagi border axis ( <a href="#">Belgian DGD, 2019</a> )
<b>Caritas Mahagi-Nioka</b>	Diocese-level humanitarian coordination and distribution, northern Ituri ( <a href="#">Caritas Mahagi</a> )
<b>Evangelical Medical Center / CEPAC</b> (Bunia)	Site of <b>index case</b> of current outbreak; CEPAC/CME network ( <a href="#">Science.org</a> )
<b>CME Nyankunde / Serge mission</b>	150-bed hospital; maternity, paediatrics, nutrition, surgery; Serge partnership since Jan 2024 ( <a href="#">Serge, 2024</a> )

### 6.4 National NGOs / Civil Society

Organisation	Sector / Notes
<b>ALDI</b> (Association pour le Développement Intégral)	Multi-sector; Bunia logistics cluster Nov 2025
<b>Mwangaza Peace</b>	Peacebuilding; P-DDRCS Irumu workshop Nov 2025
<b>Synergie des jeunes filles de l'Ituri</b>	GBV prevention; Aru II dialogue, June 2025
<b>OVDA</b>	Agriculture; Bunia logistics cluster
<b>CDERU-KIBUTUTU</b>	Community development/livelihoods
<b>PADI</b>	Development, multi-sector
<b>OMI</b> (Organisation des Mamans de l'Ituri)	Women's protection
<b>ADSSE</b>	Environment/multi-sector

Source: [ReliefWeb Bunia Logistics Cluster, November 2025](#)

**DATA GAP: Forum des ONG Ituri and SAFDF** — referenced in older literature but May 2026 operational status and contact information could not be confirmed. A formal registry of all active local NGOs is maintained by OCHA Bunia / COHP.

## 7. International Companies in the Province

### 7.1 Gold Mining

Entity	Structure	Key Facts
Mongbwalu Gold Mine / Adidi-Kanga JV	Vector Resources (ASX: VEC) 60% / Fimosa Capital (Mongbwalu Goldfields Investments) 26.22% / SOKIMO 13.78%	JV completed January 2026 ( <a href="#">Investing News, January 2026</a> ). Located at outbreak epicentre. JORC resource <del>3.2 Moz gold (15 Mt at 6.6 g/t); wider target 4.7–6.8 Moz.</del> Originally AngloGold Ashanti concession (\$520M spent 2005–2013 before care and maintenance; sold to Fimosa 2015) ( <a href="#">MiningMX, 2019</a> ). Mining worker mobility is explicitly cited as Ebola transmission driver by Africa CDC.
SOKIMO	100% DRC state-owned	Legacy Kilo-Moto concession ~83,000 km <sup>2</sup> across Ituri and Haut-Uélé; created 1926, nationalised 1966, reverted to SOKIMO 2010; 13.78% Adidi-Kanga stake; P-DDRCS workshops call for SOKIMO to reactivate legal operations as stabilisation measure ( <a href="#">HRW, 2005</a> )
Kimia Mining (Chinese-owned)	Foreign company	Muchacha site, Okapi Wildlife Reserve, Mambasa; permits to 2048; accused of toxic pollution and illegal use of cooperatives by Ituri civil society ( <a href="#">ADF Magazine, January 2025</a> ; <a href="#">CopperbeltKatangaMining, February 2025</a> )
Barrick (Kibali JV)	Barrick 45% / SOKIMO / others	Kibali mine is in Haut-Uélé (not Ituri) but has strong logistical and supply-chain linkages through Bunia
Artisanal/ASM sector	Unregulated	Armed militias earned \$140M in mineral revenues in 2024 in Ituri ( <a href="#">Genocide Watch, June 2025</a> ); ~20,000 diggers at peak in Mongbwalu area alone

### 7.2 Lake Albert Oil (Albertine Graben)

No production has commenced on the DRC side despite estimated ~2 billion barrels.

Block	Status (May 2026)
Block I	Transferred to Sonahydroc (DRC state oil company) April 2025 by Council of Ministers — "lack of interest from the majors" ( <a href="#">Africa Intelligence, April 2025</a> )
Block II	Transferred to Sonahydroc April 2025
Block III	TotalEnergies — stated it would not proceed due to security concerns; no active operations ( <a href="#">Energy Capital Power</a> )

**DATA GAP:** No evidence of actual exploration activity at Blocks I/II post-April 2025 handover. DRC environmental NGOs (15 May 2026) called for suspension of new Lake Albert agreements pending impact assessment of Ugandan-side EACOP/Tilenga projects on shared ecosystems ([Friends of the Congo, May 2026](#)).

### 7.3 Telecoms

All four national MNOs have presence in Bunia; coverage degrades sharply in rural and conflict areas ([CAT/rdc-analyse.org, August 2025](#)):

Operator	Mobile Money	Ituri Coverage	National Share
Vodacom DRC	M-Pesa	Urban Bunia (3G/4G confirmed) ( <a href="#">nPerf</a> )	~51% mobile money subscriptions
Airtel DRC	Airtel Money	Urban Bunia and secondary towns; revenue share 35.5% nationally	~31%
Orange DRC	Orange Money	Bunia urban	~17%
Africell DRC	Afrimoney	Limited; <1% national share	<1%

North Kivu, South Kivu, and Ituri combined: **6.5 million mobile money subscriptions** (22.5% of national total). Rural areas have very poor or non-existent coverage — critical gap for Ebola contact tracing and community surveillance. **No fibre backbone** in Bunia; internet served via VSAT/4G. Nearest high-capacity fibre: Paratus G2M route terminates in Goma, 500+ km from Bunia ([Paratus, 9 February 2026](#)). Airtel Africa–SpaceX Starlink partnership for DRC may extend reliable internet to rural Ituri ([Bankable Africa, August 2025](#)). **DATA GAP:** Mobile coverage in Mongbwalu and Rwampara health zones specifically unconfirmed.

## 7.4 Banking

Bank	Bunia Presence	Notes
Equity BCDC	Confirmed — listed in BCC official registry	Only bank explicitly confirmed in <a href="#">BCC Banques Agréées registry</a> with Bunia branch
Rawbank	Highly probable	Largest private DRC bank; noted for digital wage payments in eastern DRC ( <a href="#">Bankable.africa, March 2025</a> ); not explicitly confirmed in BCC registry
TMB (Trust Merchant Bank)	Likely	Eastern DRC operations; not explicitly confirmed for Bunia
Ecobank	Likely	Pan-African network; not explicitly confirmed for Bunia

**DATA GAP:** Bank closures in conflict periods disrupt humanitarian operations acutely; this risk applies during the Ebola outbreak.

## 7.5 Aviation Companies

Operator	Type	Notes
CAA (Compagnie Africaine d'Aviation)	Commercial	Main commercial operator at Bunia; first jet demo flight 20 April 2026 on upgraded runway; routes to Beni, Bukavu, Goma, Isiro, Kalemie, Kisangani, Lubumbashi
MAF (Mission Aviation Fellowship)	Humanitarian	Main humanitarian aviation, Bunia base; fleet: Cessna 206 (×3), Cessna 208 (×4), Pilatus PC-12 (×1); serves Nyankunde and northeast DRC remote areas; medical evacuation capacity ( <a href="#">MAF Canada</a> )
UNHAS (WFP)	Humanitarian	Regular scheduled flights from Bunia (see §9); inaugurated Bunia–Entebbe route 14 March 2026
Busy Bee Congo	Regional	Serves DRC interior ( <a href="#">Busy Bee Congo</a> )
Ituri Air	Local	First Fokker 50 acquired October 2025 ( <a href="#">ch-aviation, October 2025</a> ); routes unconfirmed
MONUSCO	Military/peacekeeping	Uses Bunia as logistics hub; Nepalese contingent organic aviation after SANDF withdrawal

## 8. State of Roads

Route	Length	Type	Current Condition	Normal Travel	Wet Season Travel	Main Threats
RN27 Bunia– Mahagi	180– 185 km	Unpaved earth	Critical — near- impassable in wet season; Tchulu Bridge–Jina section (40 km N of Bunia) is a "quagmire"; 450 trucks stranded Nov 2025	~4 hours	4+ days	CODECO, CRP, ADF; poor drainage
RN4 Beni– Komanda– Bunia	~310 km	Unpaved earth	Poor–fair; ADF conducted 78 attacks on/along RN4 in 2021; civilian convoys require FARDC/MONUSCO escort	~4.5 hours	Variable	ADF, FARDC checkpoints
Bunia– Mongbwalu	85 km	Dirt/gravel	Critical — OUTBREAK EPICENTRE ROAD; Babu–Kobu–Kilo bottleneck (25 km); drainage absent; failed rehabilitation drainage works; round-trip formerly 1 day, now 2 days one- way	~3 hours	3–4 days	CODECO, CRP, road deterioration
Bunia– Kasenyi	55 km	Dirt	Impassable in heavy rain (Kisenge River overflow, Sept 2025)	~1 hour	Impassable	Flooding
Bunia–Aru– Ariwara	200+ km	Dirt/earth	Poor–fair	4–5 hours	Variable	Armed groups
Bunia– Fataki– Mahagi	~100+ km	Dirt	Poor	2–3 hours	Variable	CODECO, CRP

Sources: [Bankable Africa, Nov 2025](#); [ACP, December 2023](#); [ACP, May 2024](#)

Only **3% of DRC roads are paved nationally** ([BTI 2026](#)); the Ituri network is almost entirely unpaved and poor to critical.

#### Rehabilitation pipeline:

- **RN27 BOT concession (signed 12 February 2026):** 25-year, \$1.54 billion Build-Operate-Transfer concession for Komanda–Mahagi section (258 km) awarded to Good News Africa Sarl / Office des Routes; \$408.3M investment (~\$1.58M/km); 5-year construction + 20-year operations; asphalt plant (180 t/hr) and crushing facility (200–300 t/day) commissioned at Tsere. **As of 17 May 2026, construction has not yet begun.** ([Bankable Africa, 17 February 2026](#))
- **RN4 (World Bank Pro-Routes):** Rehabilitated as engineered-earth road 2006–2009; maintained under performance-based FONER contracts; six worn-out bridges replaced; signs of rapid deterioration from 2011 onward ([World Bank, October 2010](#))

**Security overlay — CODECO April 2026 massacre:** CODECO attacks killing 69+ civilians near Pimbo (Djugu territory), 28 April 2026, targeted areas along the Bunia–Mongbwalu and RN27 corridors ([GlobalR2P, May 2026](#)). The MSF Fataki report (30 April 2026) documents 7/14 health centres in Fataki zone shut down; armed groups control movement along secondary roads ([MSF, 30 April 2026](#)).

## 9. Other Transport Infrastructure

### 9.1 Bunia Airport (BUX / FZKA)

**Location:** Bunia (Murongo), provincial capital

**IATA:** BUX | **ICAO:** FZKA | **Runway:** Heading 10/28

**Major upgrade completed April 2026:** \$48M+ rehabilitation (June 2022–April 2026):

- Runway extended to **2,500 metres** (from 1,850 m); widened; surface: asphalt
- New apron, new terminal, new control tower
- First demonstration flight: CAA jet flight 20 April 2026 — just weeks before the Ebola declaration
- Now **jet-capable (Airbus-class):** dramatically improves Ebola response cargo capacity

- Contractor: Mont Gabaon SARLU; Supervision: BCECO; Funding: DRC Finance Ministry

([Bankable Africa, 24 April 2026](#); [Wikipedia](#))

WHO used this airport for the initial 5-tonne supply airlift ([WHO AFRO, 15 May 2026](#)).

## 9.2 UNHAS Routes from Bunia

**Bunia–Entebbe route inaugurated 14 March 2026** (EU-funded; critical given spread to Kampala) ([Visibilité Média Pro, March 2026](#))

**Scheduled intra-Ituri routes (effective 10 February 2025; updated April 2026 schedule not fully extractable):**

Route	Frequency	Flight Time
Bunia ↔ Beni	4×/week (Mon, Tue, Thu, Fri)	25 min
Bunia ↔ Mahagi	3×/week (Mon, Tue, Thu)	30 min
Bunia ↔ Aru	2×/week (Mon, Wed)	40 min
Bunia ↔ Mambasa	4×/week (Mon, Tue, Wed, Thu)	30 min
<b>Mongbwalu</b>	<b>NOT on schedule</b>	—

Source: [UNHAS DRC Weekly Schedule, 10 February 2025, Logistics Cluster](#)

Aircraft: Cessna 208B (5Y-MHO) and Embraer ERJ-135 (5Y-BVY). Logistics Cluster coordination meeting scheduled in Bunia **21 May 2026** ([Logistics Cluster DRC](#)).

## 9.3 Mongbwalu Airstrip — Critical Data Gap

The SOKIMO/AngloGold Ashanti mining project historically maintained an airstrip at Mongbwalu. AngloGold suspended operations 2013; current operational status is **unconfirmed**. JetMate lists it as a small airport ([JetMate](#)) but whether it can receive even a Cessna 208 is unknown. MAF does not currently list Mongbwalu as a regular destination. **WHO/UNHAS must assess Mongbwalu airstrip as the single highest-priority transport action for the outbreak response.** Contact: UNHAS DRC ([drc.unhas@wfp.org](mailto:drc.unhas@wfp.org)), MAF Bunia base.

## 9.4 MAF Base — Bunia

Mission Aviation Fellowship main base in eastern DRC: Bunia. Fleet: Cessna 206 (×3), Cessna 208 (×4), Pilatus PC-12 (×1). Serves Nyankunde, Isiro, Dakwa, Banda, Beni, and other remote northeast DRC locations. Provides emergency medical evacuation, medical supply transport, NGO/mission support ([MAF Canada](#); [MAF Congo vision trip](#)).

## 9.5 MONUSCO Aviation Post-SANDF Withdrawal

South Africa's Composite Helicopter Unit (CHU) — 4 Oryx helicopters — repatriated by 1 July 2025; Rooivalk attack helicopters returned earlier ([Defence Web, December 2025](#)). MONUSCO retains tactical aviation through the Nepalese contingent. Growing use of offensive drones and GPS jamming/spoofing in eastern DRC noted by MONUSCO March 2026 ([UN News, 26 March 2026](#)). **DATA GAP:** Specific helicopter types and numbers retained for Ituri after SANDF drawdown not confirmed.

## 9.6 Lake Albert Ports

Port	Territory	Status / Notes
Kasenyi	Irumu	Principal Lake Albert port on DRC side. TradeMark Africa completed \$972K jetty rehabilitation (2017–2021): 112 m reinforced concrete, new capstans and rails ( <a href="#">TradeMark Africa</a> ). UPDF occupied Kasenyi in June 2025 to prevent inter-ethnic fighting ( <a href="#">New Vision, June 2025</a> ). Road to Kasenyi from Bunia (55 km) was impassable Sept 2025.
Tchomia	Djugu	Active boat crossings to Uganda; used in UNHCR returns operations; UPDF occupied June 2025.
Mahagi-Port	Mahagi	Northern port; fishing and informal trade

Uganda-side ports: Ntoroko (opposite Kasenyi), Buliisa, Hoima. No formal ferry operator identified; trade uses fishing boats and informal cargo vessels. When both RN27 and Kasenyi road are simultaneously compromised, Bunia faces effective supply isolation ([Bankable Africa, September 2025](#)).

## 9.7 No Rail

No railway in Ituri Province or any adjacent DRC province. Nearest DRC railhead: Kisangani–Ubundu (125 km, 1,000 mm gauge; infrequent; \$257M rehabilitation launched July 2025 ([Bankable Africa, July 2025](#))). Bunia–Kisangani: ~1,075 km, ~4 days by road — not a viable logistics route for the Ebola response. Uganda's Tororo–Gulu–Pakwach meter-gauge line (Ugandan side only) provides limited rail access to Arua region, requiring onward road transport across the border.

## 9.8 Power

**Budana Hydropower Plant** (River Shari / near Bunia):

- Built 1930s; commissioned 1940; installed capacity: 12 MW (3 turbines)
- Current output (June 2025): **7 MW** after second turbine restored by Greentech Energy 17 June 2025 (previously 3–3.5 MW)
- Modernisation: \$16M total; operator Greentech Energy (joint venture: Elektokimo/SOKIMO subsidiary 60% + Southern Energy DRC 40%), holding 25-year exclusive rights to Bunia power infrastructure
- New prepaid meter system (April 2025); subscriber complaints about \$280 kit costs ([Radio Okapi, April 2025](#))

([Bankable Africa, 20 June 2025](#))

**Nuru/BGFA 8 MW solar mini-grid (Bunia):** Announced June 2024; 125,000 beneficiaries, 10,500 connections; explicitly to supply telecom towers, health facilities, water services ([NEFCO, June 2024](#)). Complements Budana hydro.

**Mongbwalu power:** AngloGold Ashanti operated mine-linked hydropower for the Mongbwalu area; with operations suspended since 2013, this infrastructure may be non-functional. Grid electricity status in Mongbwalu health zone is **unconfirmed** — likely diesel generators only, with attendant cold-chain implications.

## 9.9 Telecoms Infrastructure

No fibre backbone connects Bunia. Internet served by VSAT/4G only. Nearest fibre: Paratus Goma–Mombasa (G2M, activated 9 February 2026; terminates 500+ km from Bunia in Goma) ([Paratus, 9 February 2026](#)). EIB-funded Lake Albert submarine cable

project (~1,000 km undersea fiber) could bring capacity to the DRC shore, including potentially Bunia region, but deployment status and timeline are unclear (EIB, 2022).

Mobile network reliability in Bunia depends on stable power (tower uptime); NEFCO solar mini-grid targets this dependency. Airtel–Vodacom infrastructure-sharing agreement (August 2025) aims to extend coverage to underserved areas (Bankable Africa, August 2025). Airtel–SpaceX Starlink partnership may extend satellite broadband to Mongbwalu and rural Ituri.

## 12. Data Gaps and Caveats

### Critical operational gaps (as of 17 May 2026):

- **CTE/isolation facility status:** No named, operational Ebola Treatment Centre confirmed at Mongbwalu or Rwampara epicentre as of PHEIC declaration. WHO airlift to Bunia (case management tents) is first-step only.
- **Mongbwalu airstrip operational status:** Unknown runway length, load-bearing capacity, and whether light aircraft can land. MAF and UNHAS must confirm before air resupply to epicentre can proceed. This is the single highest-priority transport data gap.
- **Post-PHEIC border screening status:** No confirmed data on thermal scanners, IOM staff deployment, or hours of operation at Mahagi/Goli, Vurra/Lia, or Aba/Kaya as of 17 May 2026. The 2018–2019 PoE network did not cover the northern Ituri–Mahagi axis.
- **Exact travel route of Kibuli case:** Not disclosed in public sources; critical for contact tracing; under investigation by Uganda Ministry of Health.
- **Forum des ONG Ituri contact:** Operational status and contact information unconfirmed in May 2026 open sources; OCHA Bunia / COHP is the recommended contact.
- **Vice-governor name:** Previous vice-governor was assassinated January 2025; current status of post unconfirmed.
- **DPS Ituri head (Médecin-Inspecteur Provincial):** Name not in available open sources.
- **Mongbwalu power and cold chain:** Grid electricity status unconfirmed; likely diesel generators only; cold chain for sample transport and any investigational therapeutics is a critical unknown.

- **USAID funding gap:** No announced US financial commitment to the response as of 17 May 2026, a sharp contrast to 2018–2020 when USAID/OFDA was a major funder ([Global Biodefense, 15 May 2026](#)).
- **Therapeutics emergency authorisation:** No DRC/WHO emergency use authorisation for remdesivir, MBP134, or MBP431 announced yet.
- **Rawbank/TMB Bunia branches:** Highly probable but not explicitly confirmed in BCC registry.
- **Sonahydroc exploration activity:** No evidence of actual exploration at Lake Albert Blocks I/II post-April 2025 transfer.
- **MONUSCO Ituri-specific troop strength:** North Kivu + Ituri combined figure only; Ituri-specific not disaggregated.
- **Mobile coverage in Mongwalu / Rwampara health zones:** Not confirmed in available sources; likely very poor or absent.
- **IOM DTM flow monitoring at northern Ituri border:** 2018–2019 FMP network was concentrated on Nord-Kivu/South Kivu border, not the Ituri–Mahagi axis; 2026 deployment unconfirmed.
- **Catholic BDOM facility list (Bunia / Mahagi-Nioka):** No comprehensive facility list in open sources; BDOM Bunia / BDOM Mahagi-Nioka must be consulted directly.
- **RN27 BOT construction start:** Concession signed February 2026; construction had not commenced as of 17 May 2026.

#### **Recency caveats:**

- Epidemiological figures (246–336 suspected cases, 65–88 deaths, 8–11 confirmed) reflect data from 15–17 May 2026 and are changing daily; WHO AFRO and INRB situation reports are the primary update sources.
- Response deployments — CTEs, NGO Ebola commitments, laboratory deployments — are being established in real time and will evolve within 72 hours of PHEIC declaration.
- Security situation in Ituri (CPR/FARDC clashes, Djugu armed groups) could change rapidly and directly affect access to the epicentre.

## **13. Sources Note**

All factual claims in this document carry inline markdown link citations. Anchor text names the publication, organisation, or a natural descriptive phrase. No separate

references section is provided. The primary source documents are: [WHO PHEIC Declaration 17 May 2026](#); [Africa CDC outbreak statements \(15–16 May 2026\)](#); [WHO AFRO confirmation \(15 May 2026\)](#); [MSF Ituri Report March 2025](#); [OCHA 3W Ituri May 2025](#); [SSHAP cross-border dynamics brief \(2018\)](#); [Bankable Africa transport and infrastructure reporting \(2025–2026\)](#); [CAID health zone statistics](#); [MONUSCO situation reports](#); [IFRC DRC/Uganda operation updates](#); [Science.org Bundibugyo outbreak analysis \(16 May 2026\)](#).