CEPI

Outbreak emergency response: R&D funding urgently needed for Bundibugyo countermeasures

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The emergency R&D response to the Bundibugyo ebolavirus (BDBV) outbreak in the Democratic Republic of the Congo (DRC) and Uganda puts the CEPI 3.0 approach into action and provides a real-world test of key elements of the 100 Days Mission. The CEPI 3.0 strategy's core priorities - advancing the viral family approach to vaccine development, strengthening the readiness of multiple technological platforms, and building ready-to-activate networks and capabilities - are critical to the urgent needs of the BDBV response today and to CEPI's wider mission to prepare for the viral threats of tomorrow.

CEPI is pursuing a multi-track strategy to bring **at least two BDBV vaccine candidates to Emergency Use Authorisation**, while simultaneously supporting the development of post-exposure prophylaxis and therapeutics. This approach could help **curtail the outbreak and save lives**, while strengthening the global pipeline of countermeasures to tackle future Bundibugyo outbreaks and making a significant **early contribution to CEPI 3.0's goal of improving preparedness and protection** against the world's most dangerous viral threats.

US$135M – US$180M is needed NOW to deliver the R&D response

- With the BDBV crisis escalating, **CEPI is making an urgent appeal to existing and new investors to step forward** with additional contributions to the emergency response.
- The immediate R&D funding need is US$270M, of which up to half is already secured.
- Therefore, CEPI is **seeking US$135M–US$180M[1] in 2026** to support critical activities over the next six - nine months (See Annex for estimated programme costs).

[1] Range based on current best estimates and subject to financial commitments under discussion.

The acute crisis situation

The BDBV outbreak in DRC and Uganda has been declared a Public Health Emergency of International Concern and a Public Health Emergency of Continental Security by the WHO and Africa CDC, triggering rapid mobilisation across the regional and global health community.

The true number of infections is unknown, but this is already the third-largest recorded Ebola outbreak, with hundreds of lives lost. Ongoing insecurity and humanitarian crisis in the affected areas are compounding the situation, and non-pharmaceutical interventions alone may not be enough to contain the outbreak.

There are no licensed vaccines or therapeutics approved for BDBV or available today to protect frontline workers or affected communities.

On 5 June, Africa CDC and WHO jointly launched the Continental Preparedness and Response Plan identifying CEPI as a key partner for the research and development of medical countermeasures. **CEPI is the lead actor on BDBV vaccine development** and has the institutional expertise, partner networks, and agility to move at speed.

Photo credit: World Bank / Vincent Tremeau

What the immediate emergency funding delivers

CEPI is urgently seeking additional funding to:

- Advance up to **six vaccine candidates into first-in-human trials** across two platform tracks (rapid response and rVSV).
- Initiate **cross-protection studies** (to assess the effectiveness of existing licensed or candidate Ebola vaccines) and **complementary trials of therapeutics** to protect frontline workers while vaccines are in development.
- Stand up the **enabling science, manufacturing technology transfer, and coordination infrastructure** that all tracks depend on.

Emergency funding need: US$270M now, within a US$525M total programme

- Total programme cost estimate: US$525M
- Near term funding need: CEPI requires US$270M in emergency funding to cover the first six-nine months of the BDBV countermeasure programme.
- **Current gap in emergency funding needs**: Some funds are already secured, US$135M – US$180M is urgently needed.

CEPI's R&D approach

CEPI has assessed that a portfolio approach is essential for Bundibugyo vaccine development. CEPI's strategy is to support multiple candidates using a range of validated vaccine technologies to increase the probability that at least two reach Emergency Use Authorisation; and to invest in development and manufacturing activities in parallel, at financial risk, to accelerate progress. CEPI's R&D approach consists of four tracks:

- **Track 1 — Rapid-response platform vaccines**: mRNA, viral vector, or other platforms with proven filovirus capabilities.
- **Track 2 — rVSV platform vaccine**: builds on the Ervebo (licensed Zaire ebolavirus vaccine) platform, leveraging existing manufacturing expertise and regulatory precedent.
- **Track 3 — Cross-protection studies**: serological studies of existing filovirus vaccines for potential BDBV cross-protection, with clinical trials considered if results are promising.
- **Track 4 — Post-exposure prophylaxis & therapeutics**: monoclonal antibodies and other therapeutics to protect frontline workers and contain the outbreak while vaccines are in development.

All four product development tracks require enabling science, operational support, technical expertise, and significant coordination and collaboration with ecosystem partners.

Equitable access is embedded throughout the programme including agreed paths to licensure and commitments to affordable pricing and timely supply of vaccines to respond to procurement requests from public health agencies that serve Low- and Middle-Income Countries.

Implementation approach and partner coordination

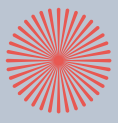
- CEPI's contribution to the BDBV response is focused on accelerating medical countermeasure development. It complements, and is closely aligned with, the broader emergency response.
- CEPI is harmonising this appeal with the Africa CDC and WHO-led Continental Preparedness and Response Plan to secure additional R&D resources and to protect funds urgently needed for on-the-ground operations.
- CEPI is in constant dialogue with partners through external coordination platforms including i-MCM-Net and its own structures to plan procurement as well as community input and readiness for clinical trials and rollout of vaccinations.
- CEPI is working closely with Gavi, Africa CDC, WHO, UNICEF and others on pathways for development, access, and deployment, including collaboration to advance appropriate candidates that meet affordability and accessibility considerations for outbreak use, designing financing and other pull incentives that can be mobilised in a timely manner based on individual manufacturer requirements, and coordinating push and pull incentives to enable sufficient supply for outbreak response needs.
- The Governments and health authorities of the DRC and Uganda are leading frontline containment, treatment, and community engagement.
- WHO and Africa CDC provide critical coordination; UNICEF, IFRC, and international and local NGOs support sanitation, contact tracing, and logistics and provide pathways to community engagement.

What CEPI has done so far

- Activated the organisation's highest level of outbreak response to accelerate vaccine R&D and manufacturing readiness in concert with country, regional and global partners.
- Invested in a diverse portfolio of investigational vaccines designed to maximise speed and increase the likelihood that one or more safe and effective vaccines can be developed.
- Simultaneously supported the development of post-exposure prophylaxis and therapeutics, including the WHO-led PARTNERS trial.
- Conducted a Call for Proposals to identify and evaluate additional promising vaccine candidates which will be added to the portfolio shortly.
- Launched a Call for Proposals to generate evidence for BDBV R&D decisions including strengthening epidemiology and modelling, assessing cross-reactive immunity from licensed Zaire and Sudan ebolavirus vaccines, and exploring strategies to protect frontline workers during the outbreak.

How to contribute

Additional investment to support the BDBV emergency response will be managed within CEPI's existing financial systems, enabling transparent tracking and reporting of BDBV-specific contributions and expenditures.



CEPI will provide regular reporting on the BDBV progress in an agreed format, including progress against funding targets, investor engagement, funding commitments, funds received, and available resources.

Investors supporting the BDBV response only will be invited to participate in the CEPI Investors Council for the duration of their commitment, in accordance with CEPI's governance framework.

ANNEX

Estimated programme costs by track and milestone (figures in US$)

Track	Activities	Emergency funding costs (investment now)	Currently estimated medium-term costs (subsequent phase)	Total costs
Track 1: Rapid-response platforms	*First-in-human studies conducted (4 candidates)*	$80M	-	$80M
	Ready for late-stage trials, clinical trial material and trial preparations	$10M	-	$10M
	Phase 3 trials + EUA	$63M	$50M	$113M
Track 2: rVSV platform	*First-in-human studies conducted (2 candidates)*	$40M	-	$40M
	Ready for late-stage trials, clinical trial material and trial preparations	$8M	-	$8M
	Phase 3 trials + EUA	-	$57.5M	$57.5M
Track 3: Cross-protection studies	*Serological studies*	$3M	-	$3M
	Clinical trials	$15M	-	$13M
Track 4: Post-Exposure Prophylaxis and Therapeutics	*Clinical trial support*	$5M	-	$5M
	Monoclonal antibody technology transfer	$20M	-	$20M
	Monoclonal antibody manufacturing scale-up	$24M	$56M	$80M
Enabling activities	*Enabling science, operations, coordination, embedding equitable access throughout the programme*	$2M	$6.5M	$8.5M
Technology transfer & post-authorisation studies	*Transfer to African manufacturer + post-authorisation studies*	-	$85M	$85M
Total		**$270M**	**$255M**	**$525M**

Version History

Version	Date	Page	Description of Change
1	3rd July 2026		First version
2	20th July 2026	1-3	Funding figures updated; summary of CEPI's R&D work to date updated

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