8 June 2026,Geneva

Principles for equitable access to medical tools for Ebola disease caused by Bundibugyo virus

A critical moment to ensure access and strengthen future research & development

Médecins Sans Frontières (MSF) is deeply concerned by the impact of the outbreak of Ebola disease caused by the Bundibugyo virus (BDBV), officially declared on 15 May 2026 by the Ministry of Health of the Democratic Republic of the Congo (DRC), and identified by the World Health Organization (WHO) as a public health emergency of international concern (PHEIC) on 17 May 2026 following cross-border transmission to Uganda. MSF has rapidly scaled up its medical response in the DRC and Uganda.

This outbreak once again exposes persistent failures to ensure that accessible medical tools for diseases disproportionately affecting low- and middle-income countries (LMICs) are prioritised, funded, and produced as part of research and development (R&D) processes. This is reflected in the current absence of tested and validated therapeutics and the limited availability of diagnostic tools, the latter gap occurring despite experts clearly having identified the need for broader diagnostics for Ebola disease following the Bundibugyo virus outbreaks of 2007 and 2012.

In this context, rapid initiatives, resources and actions are being mobilised at national, regional and international levels in response to the current Ebola disease outbreak. It's now critical to not only to respond swiftly but also to apply lessons learned from past epidemics, including COVID-19 and previous Ebola disease outbreaks, and ensure that transparent, accountable and enforceable access arrangements are embedded in R&D from the outset so that priority medical tools reach the most affected communities in a timely and equitable manner.

MSF, therefore, urges donor agencies, governments and research institutions to consider the following principles to ensure equitable access to medical tools for BDBV:

1. **Affected people, communities and countries must be at the front and centre of R&D and access decisions.**

To strengthen preparedness for future outbreaks, R&D initiatives and investments need to continue beyond an initial emergency response period and build with and upon the collective knowledge and support from affected people, communities and countries.

R&D initiatives, especially clinical trials, should therefore be bound by robust access conditions. These should include prohibiting the unilateral suspension of clinical trials so that participants have continued and safe access to medical tools; providing timely access to medical tools through compassionate use or emergency use mechanisms; guaranteeing continued and affordable access to medical products by trial participants and at-risk communities after trial completion; ensuring priority registration of trial products in host countries and regions most at-risk; and, supporting continued R&D beyond an initial emergency response period.

2. Ensure enforceable access conditions across R&D governance.

To achieve equitable access, consistent and enforceable access conditions should be applied throughout R&D governance. These conditions can be applied along different pathways, including public and philanthropic funding and the sharing of pathogens, samples and data.

- **Public and philanthropic funding:** Public and philanthropic investment in R&D for BDBV diagnostic, therapeutic and vaccine development should be accompanied by binding measures to ensure equitable access. Additionally, funders can retain legal rights over the technologies, enabling them to step in and set up access arrangements directly – using measures such as march-in rights – in cases where the funding recipient does not comply with access conditions.
- **Pathogen and data sharing:** When sharing pathogens, samples, specimens, biological materials and related data needed for R&D, Access and Benefit Sharing[ii](ABS) principles could be used. Public institutions and governments in affected countries can leverage ABS to tie rapid sharing of pathogens, samples, specimens, biological materials, as well as related sequencing data, clinical, laboratory and epidemiological data to enforceable benefit-sharing obligations for recipients, ensuring that those contributing materials have access to the final medical products developed.

Public or philanthropic funding agreements and ABS arrangements should, where applicable, incorporate conditions such as non-exclusive or open source licensing, including open platform developments for diagnostics; transparent and affordable pricing (a cost-plus-reasonable-margin or no profit-no loss model); technology transfer with adequate financial support to potential manufacturers in LMICs; priority product registration in affected and endemic countries; compliance with ABS principles and obligations; timely access to end products needed for comparative studies, regulatory approvals and ongoing R&D; transparent clinical trial costs and outcomes; and reliable supplies to meet international or regional stockpiling needs.

3. Transparency and accountability should guide publicly funded response and coordination.

Transparency and accountability should remain central to BDBV R&D and response efforts, particularly in relation to public and philanthropic investments. This includes enabling public access to key terms and conditions of R&D funding, research and procurement agreements, clinical trial costs and protocols, subsequent intellectual property licensing and sub-licensing, technology transfer agreements, prices and costs of production, and information on supply capacity and delivery schedules, so that access considerations can be adequately assessed, embedded and implemented. These measures remain essential to achieving measurable, equitable and sustainable access to medical tools for the most affected populations.

---

[i] Médecins Sans Frontières Access Campaign. Ensuring access to new treatments for Ebola virus disease [Internet]. Available from: https://msfaccess.org/ensuring-access-new-treatments-ebola-virus-disease.

[ii] The ABS mechanism was first introduced under the Nagoya Protocol of the Convention on Biological Diversity. In the global health framework, this system can be applied using the WHO Pandemic Influenza Preparedness Framework (PIP Framework) and through the proposed Pathogen Access and Benefit Sharing System under the WHO Pandemic Agreement (which is still under negotiation).