Trials of medical countermeasures to begin in DR Congo

Three drugs for Bundibugyo virus treatment and prevention are set to be tested in DR Congo under a previously established protocol for an adaptive platform trial. Esther Nakkazi reports.

Lancet Infect Dis 2026
Published Online
July 1, 2026
https://doi.org/10.1016/S1473-3099(26)00365-8

As the largest recorded outbreak of Ebola virus disease due to Bundibugyo virus (BDBV) unfolds in DR Congo and Uganda, researchers are preparing to test three potential medical countermeasures through an adaptive platform trial (the WHO-sponsored PARTNERS trial) whose core protocol was established during a meeting held in Kampala, Uganda, in February 2024.

"One of the unique aspects of this response is the speed with which we've been able to launch a clinical trial because we already had an existing treatment platform and protocol … Within 3 days, we were working with WHO and researchers at the University of Oxford and scientists in the DRC and Uganda to adapt the protocol. We also accelerated the ethics and regulatory approvals", said Mosoka Fallah, Director for Science and Innovation at the Africa Centres for Disease Control and Prevention (Africa CDC).

The trial is expected to begin in the week commencing June 29. It will test remdesivir, a broad-spectrum nucleoside analogue antiviral, and MBP-134, a monoclonal antibody cocktail of two antibodies isolated from Ebola virus disease survivors, as therapeutics. Obeldesivir will be tested as post-exposure prophylaxis for contacts of confirmed cases.

"Remdesivir has a well established safety profile. It's a broad-spectrum antiviral that has been studied for years, including for filoviruses, and has been used in outbreaks in Rwanda and Uganda. The same applies to obeldesivir. It was first tested in vitro and has since been evaluated during the COVID-19 pandemic", said Fallah. MBP-134 has shown broad neutralising activity across *Orthoebolavirus* species (Zaire, Sudan, and BDBV) and full protection in ferrets and some protection in non-human primates after a single dose.

"The patients eligible for the treatment trial will be those admitted to treatment centres, who will be randomly assigned to receive remdesivir, MBP-134, or standard care", Fallah said. "Our target is to enrol between 80 and 100 participants. Because these are new candidate therapeutics, the data and safety monitoring board will conduct an interim analysis after the first eight patients have been enrolled", he said. "We also have a second protocol for prophylaxis using … obeldesivir, for contacts of confirmed cases. We aim to enrol about 1200 participants, with an interim analysis planned after 600."

According to Fallah, "There was a slight delay in getting the therapeutics into the country, but remdesivir has now arrived, and we are working towards the arrival of MBP-134".

Jean Kaseya, Director-General of the Africa CDC, said: "For obeldesivir, that is mostly for the post-exposure prophylaxis, it's already in DRC. The trials will be in Bunia, the epicentre of the outbreak."

"I am a strong supporter of these rapid adaptive trials because Ebola outbreaks come and go", Salim Abdool Karim, Director of the Centre for the AIDS Programme of Research in South Africa (CAPRISA), who had just returned from Bunia, Ituri province, DR Congo, told *The Lancet Infectious Diseases*. "In a few months, we could be dealing with the end of the epidemic, and we do not know when that will happen. You have to seize the opportunity to generate evidence while cases are occurring. Having a trial that is pre-prepared and ready to go is the best way to do that."

Placide Mbala, Head of Epidemiology and Global Health at the National Institute of Biomedical Research in Kinshasa, DR Congo, described the ongoing BDBV outbreak as an opportunity to test potential countermeasure tools in crisis conditions. He noted that trials done during the 2014–16 West African outbreak and 2018–20 outbreak in DR Congo led to approval of a vaccine and therapeutics for the Zaire Ebola virus species, but "we have nothing for other Ebola strains such as Sudan and Bundibugyo".

As of June 25, 2026, the number of confirmed cases in DR Congo was 1138, with deaths totalling 293 (representing a case fatality rate of 26%). In Uganda there have been 20 confirmed cases and two deaths. Ituri province remains the epicentre of transmission in DR Congo, accounting for approximately 91% of confirmed cases. The main hotspots in Ituri include Bunia, the capital city; Rwampara, a health zone located just outside Bunia; and Mongbwalu, a gold-mining town and health zone. North Kivu and South Kivu provinces are also affected, with North Kivu in particular showing a high case fatality rate.

The outbreak response has been hampered by rumours, mistrust, and fear, but Mbala is convinced the trials will happen seamlessly if they are "conducted by local people who can explain very well the process and respond clearly to participants' questions".

"We've learned the importance of having pre-existing protocols and scientists ready before an outbreak. That's why we're moving much faster. This is going to be the fastest we've responded in terms of launching a clinical trial", said Fallah.

Esther Nakkazi