"What Evidence That These Statistics Are Not Lies?": Tracking Social Media Narratives in the DRC (17th Ebola Outbreak)

29 June 2026

This briefing by Insecurity Insight analyses public social media activity between 15-22 June 2026

This briefing analyses public social media activity relating to the 17th Ebola epidemic caused by the Bundibugyo virus in the Democratic Republic of the Congo, covering 15 June 2026 at 18:00 CET to 22 June. Social media monitoring identified 1,547 public posts mentioning Ebola and 4,382 comments from accounts with an IP address in the DRC. Posts again circulated predominantly on X (~82%), with Facebook secondary (~18%); comments ran the other way, of the 4,382 analysed, ~77% were on Facebook and ~23% on X. Posts were mainly in French (~89%; English ~5%).This edition also draws on broadcast-radio monitoring supplied by Rootwise, setting the online conversation against what is being aired on local radio. View where *Attacks on Ebola Response* took place on Insecurity Insight's interactive map (zoom in and click on the yellow dots to read more about individual events).

Comment volume rose 33% from June 09-15. However, the top five posts account for 53% of all comments highlighting how a few statements can dominate the discussion and drive the framing of perceptions. The week's conversation was driven far more by politics than by the outbreak itself: almost entirely on the back of a single statement by opposition figure Martin Fayulu which linked the DRC's World Cup performance to governance failures (1,160 comments, 26.5% of the total). Against that backdrop, and far smaller in scale, the main epidemic-specific event of the week was a public confrontation between a health organisation and the government. One month into the epidemic, the organisation warned of "dangerous gaps" in the response; at a 15 June briefing and on X days later, government spokesperson Patrick Muyaya, with health minister Roger Kamba, rejected the criticism as "alarmist" and invited critical NGOs to show restraint. The comment backlash, clustering on 19 June, was overwhelmingly hostile to the government rather than the NGO and dominated by reference to corruption, alongside accusations of incompetence and misplaced spending.

Because the comment volume surge was largely dominated by political commentary rather than harmful narratives towards the Ebola response, the harmful share directly related to the health response fell in relation to the overall negative sentiment against other issues expresesd in the posts decreasing to about 2%. Harmful content remained minimal in posts and scattered in comments, concentrated under the government's funding-and-criticism statement. At the same time, Ebola-related concerns are becoming tied to existing political positions. This makes them harder to treat as technical issues linked to responders' activities and communications, and increases the risk that messages will be manipulated for political ends.

Broadcast-radio monitoring supplied by Rootwise, setting the online conversation against what is being aired on local radio, show broadcasters concentrated on correcting disease myths — denial, and the claim that Ebola is invented for money — while the online audience reacted overwhelmingly about money, accountability and politics.

Geographic distribution of posts

Kinshasa	Nord-Kivu	Eastern	S. Kivu	Katanga	Équateur	Kasaï	Maniema
885	146	81	50	38	34	11	1

1,547	57	4,382	~28M
Public posts provisional	**Posts with comments** X ≥15 / FB ≥15	**Comments analysed** manually reviewed	**Estimated reach** X + Facebook (prov.)

Period	Number of days covered by monitoring	Public posts	Comments	Est. reach	Average number of posts per day	Average number of comments per day	Est. % comments harmful
Ed. 1 · 14-18 May	4.5	819	1,246	24M	182	276	~6%
Ed. 2 · 18 -24 May	6.5	2,607	1,724	44.6M	401	265	~3%
Ed. 3 · 25 May-1 June	8	3,166	3,890	53M	395	486	~4%
Ed. 4 · 2-8 June	7	1,608	3,235	34.5M	229	462	~3%

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Ed. 5 · 9–15 June	7	1,775	3,282	13.6M	253	469	~5%
Ed 6. 16-22 June	7	1,547	4,382	28M	221	626	**~2%**

*All analysed comments were manually reviewed by analysts but, owing to time constraints, were not formally coded. Therefore, the percentages here are a uniform keyword-based estimate applied identically across editions - counting comments with an explicit harmful or misleading narrative (epidemic denial, "Ebola business", hate speech, bioweapon claims, anti-aid conspiracy). Keyword matching misses harmful content expressed through implication or sarcasm, so the figure is an approximate floor and the true share - consistent with the manual review - is likely higher.

Attacks on the Ebola response, and how they circulated online

The period covered by this brief, June 15 (1800 CET) to June 22 2026, saw multiple attacks on Ebola facilities and health workers across North Kivu and Ituri. They are consistent with independent reporting and with a documented pattern in this outbreak in which community mistrust, and the belief that the response exists to make money, turn into violence against treatment centres and staff. **Incidents recorded during the period**:

- **15 June 2026:** In Wanamahika Mutiri area, Butembo city, North Kivu province, Adventist (Wanamahika) Hospital was stormed by armed men carrying bladed weapons and knives, who abducted a woman and her six-year-old daughter from the facility. The child had tested positive for Ebola. The two remained missing following the incident, prompting health authorities to appeal for their return to an Ebola treatment centre and raising concerns about further transmission of the virus. The mother and daughter were later found at an Ebola treatment centre roughly 18km from Butembo. **Sources:** Actualite, AOL, BBC and Reuters

- **16 June 2026:** In Ituri province, five Ebola response workers were briefly kidnapped by armed groups. **Sources:** Namibia Daily News and United Nations

- **17-18 June 2026:** In Kabasha-Kasebere village, Beni territory, North Kivu province, the Kabasha health centre was vandalised by unidentified individuals overnight, shortly after the evacuation of an Ebola patient to a specialised facility. The facility was significantly damaged: the windows were smashed and the water supply ramp destroyed, compromising access to drinking water. **Source:** Actualité

- **18 June 2026:** In Bunia city, Ituri province, an Ebola treatment centre at Evangelical Medical Centre was attacked and destroyed by the local population. **Sources:** DW Akademie and Personal Communication

- **19 June 2026:** In Mabolio neighbourhood, Beni city and territory, North Kivu province, a male and female health worker, who had gone to disinfect the home of a person who had died from Ebola, were injured when angry residents threw stones and beat them with sticks. It is unclear if the female worker was beaten to death. The residents reportedly accused them of fabricating the disease for material gain. **Sources:** Personal Communication, Personal Communication I, Personal Communication II, Personal Communication III, Radio Okapi and The Washington Post

- **20 June 2026:** In Kanzulinzuli neighbourhood, Beni city, North Kivu province, the isolation building of Kanzulinzuli Health Centre used for Ebola treatment was attacked by the local population who attempted to set fire to the facility, at around 0200hrs. **Sources:** Kisangani News 24/7 and Personal Communication

See map of Ebola-related violent incidents, zoom in for details and click on yellow event descriptions for details.

How the incidents circulated online: The six incidents were analysed by Insecurity Insight against established news agency reporting. Separately, Insecurity Insight examines how they circulated on social media, where the posts are a mix of largely unverified incident claims: some accounts report what they have seen or heard without verifying it, while others may deliberately spread false claims about alleged attacks. Initial examination shows a small network of accounts through which the claims spread: a few primary posts alleging an attack appear first, some are then widely reshared — including a video of uncertain provenance — and a further layer of accounts comments on or quote-posts that material, reframing it in a particular direction. Such footage is commonly circulated on private WhatsApp groups before reaching X, though this cannot be confirmed from the present data.

For more information on accounts, please contact us directly: info@insecurityinsight.org

CATEGORIES OF HARMFUL CONTENT

Directly harmful content in the main posts covering Ebola was again minimal; the large majority of posts were factual and operationally neutral, and harmful narratives were concentrated in comment sections, where they remained scattered and uncoordinated. Each category below is presented as a chain — **the triggers of harmful narratives, the grievances it draws on, and the intervention opportunity for aid actors** at the trigger or grievance stage.

1 · Corruption and "Ebola Business"

▸ *Continuity — the dominant harmful frame this period.*

Trigger. On 19 June, days after a health organisation warned that major gaps in surveillance, diagnosis and contact tracing were undermining the response, government spokesperson Patrick Muyaya posted on X — recapping his and the health minister's reply to a journalist's question about NGO criticism.

Grievance. Verifiable, repeatedly stated frustrations in the comments: frontline health workers reportedly five to six months unpaid, and a perception that public money goes to the wrong things — for example, commenters contrasted the response with World Cup tickets for the diaspora and political leadership as evidence that the epidemic ranks low among the government's priorities.

Narrative. The grievances feed the standing "Ebola business" narrative, that money tied to the response is being diverted by those running it. However, in this instance though the government's statement, meant to deflect criticism onto the NGOs, it drew most of the accusation straight back to the government. Comments included allegations of embezzlement and lying aimed at the government. The absence of support among commenters for criticism of NGOs suggests that social media users exposed to these posts were more likely to support the fact that criticism of the response had been made public.

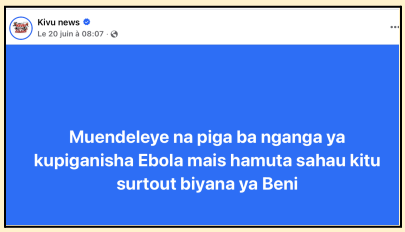
> **"@PatrickMuyaya It's your duty – how much have you embezzled so far?"** *("@PatrickMuyaya C'est votre devoir, comhien aviez vous déjà detourné?")*

Intervention. For on the ground responders the challenge is to find the right balance between voicing criticism where it is needed to improve the efficiency of the response, the need to maintain trust from the authorising authority as well as the population they serve, who may experience real grievances.

- In the context of embedded 'Ebola business' narratives, communication about funding is a risk trigger. One approach could be to avoid reference to broader policies set by authorities, which often remain opaque and unverifiable on the ground, but focusing instead on communication describing concrete measures that illustrate immediate and concrete benefits such as better nutrition for patients or better protection and compensation for staff.
- Grievances, such as structural neglect and poor payment practices, are strong trigger points that are also likely to drive potential escalation risks in real life.

A 20 June post by Kivu news, a verified Goma-based media page (reach ~14,700), is written in Congolese Swahili. The post appears to address the population of Beni around the community's relationship with the Ebola response, and warns that there will be consequences against those who attack health care workers. .

"'Keep attacking the doctors who are fighting Ebola, but know that you won't forget anything—especially you young people in Beni"



This is a different register from the corruption and political narratives that dominate the period: a media actor posting a single sentence, and an audience divided between stigmatising the affected community, even linking it to armed violence, and defending it. Regional stigma toward the epicentre is distinct from disinformation about the disease, and can harden hostility toward the very communities the response depends on, which makes it worth watching even at low volume.

Of 22 analysed comments, mainly written in Swahili and Lingala, the largest group stigmatised the people of Beni and Butembo rather than discussing the epidemic, describing them as undisciplined and, in several cases, conflating the whole community with the ADF armed group. A smaller current pushed back with solidarity, arguing that Beni has been left to fend for itself, that people are

dying, and that the suffering is not the population's fault. A couple dismissed the outbreak as fake.

> **"The filthy village of fools"** *("Tabiya muchafu ya bushenzi")*
>
> **"They failed against / were defeated by the ADF"** *("Bana shindwa ADF")*
>
> **"You keep insulting the people of Beni — but have you seen what Beni has gone through, more than anywhere in this country? Leave them with their 'savagery' and their stubbornness/fatigue — the suffering of Beni can't be compared to anywhere else in the east of the DRC"** *("Muko nachamba batu ya Beni esque mushakaona kubienye Beni ulishaka onako mwaiyi pays, mubaache na busenzi yabo nabu mbute yabo , mateso ya Beni hamuta ipimanisha Naya fasi ingine mwaiyi Est ya RDC")*

2 · Epidemic Denial

▸ *Residual and diffuse — present but far below the political volume.*

Trigger. Recovery and case-update posts, and the reported cancellation of a music concert "because of Ebola," which prompted comments treating the epidemic as a convenient excuse.

Grievance. A genuine information void: the public was told the strain has no treatment, then told patients had recovered — leaving "recovered from what, if there is no cure?" unanswered.

> **"What medicine are those who recover given? Why try to wipe out the population when you already have the solution to eradicate this disease?"** *("Ceux qui guérissent on leur donne quel médicament ?? Pourquoi chercher à exterminer la population alors que vous avez déjà la solution pour éradiquer cette maladie ?")*

Narrative. Two linked strands: outright denial and a suspicion that the outbreak's timing or reappearance is "too convenient." Volumes are low this period and not anchored to a single amplifier.

Intervention. Health message focused communication should fill the information void before it is filled for others: answer the supportive-care logic directly and repeatedly through trusted channels, since social listening exists precisely to surface such unanswered questions early. Where appropriate and supported by the cured patients, give affected individuals the opportunity to tell their personal story of illness and recovery based on real experiences.

3 · Bioweapon narrative

▸ *Near-dormant this period — scattered insinuation, no anchor.*

Trigger / Narrative. No single event; isolated comments under case-update and government posts cast the reappearance as "more than suspect" or as manipulation, without the engineered by "whites" construction seen in past editions.

Intervention. Monitor rather than amplify. The recommended posture for dormant-but-recurring frames is prebunking, not rebuttal: because corrections lag viral spread, the aim is to inoculate audiences against this narrative before a higher-reach account "re-posts" it.

4 · Politics and Government-Negligence

▸ *Largest category by volume — but mostly football and partisan chatter rather than epidemic grievance; legitimate political speech, not counted in the harmful share.*

Trigger. The country's qualification for the football World Cup, and three widely shared posts that turned it against the government: an opposition leader who argued the team's success should not paper over governance failures; another opposition figure who accused President Tshisekedi of celebrating while Ebola kills; and the Catholic bishops' conference (CENCO), which warned that the nation was in peril.

Grievance / Narrative. In the posts themselves, opposition and church figures used the World Cup moment to argue the government is preoccupied with image while the country's problems, Ebola among them, go unaddressed. In the comment threads, that argument largely gave way to football celebration and partisan exchange: only a small share engaged the epidemic at all. The substantive

spending and unpaid-staff grievances sit in the corruption thread above, not here. This category inflates comment volume more than it surfaces new grievances.

> **"Let no one use the Léopards' exploits to mask governance failures."** *("Que personne ne récupère les exploits des Léopards pour masquer les échecs de la gouvernance.")*

Intervention. Limited. Because the epidemic barely features in these threads, there is little to respond to directly — the actionable grievances are those in the corruption section. The main implication is interpretive: most of this period's comment surge is political and football engagement, and should not be read as rising public concern about the outbreak. At the same time, there are risks that technical disease response approaches are politicised because they become anchored into a larger political debate.

The community-stigma risk (Mercy Corps / CAT-DRC)
A June 2026 field analysis by Mercy Corps' Crisis Analysis Team (CAT-DRC), drawing on monitoring and information collected in Bunia, reaches conclusions that closely match this edition's from a different vantage point, on the ground rather than online. It records the same "Ebola business" narrative, that the outbreak is sustained by authorities, aid actors or health workers to capture funding.

It also adds a dimension which is not as reflected on social-media data : an ethnic one. CAT-DRC reports rumours in Mongbwalu, Rwampara, Nyankunde and Komanda blaming the **Hema or Nande communities** for introducing or spreading Ebola — with no epidemiological basis — echoing the tenth outbreak (2018–20), when the disease was cast as a tool to target communities. CAT-DRC's central recommendation is to **de-ethnicise Ebola communication**, avoid any link between the disease and a community identity, and message instead on transmission chains, risk behaviour and protection, delivered jointly by leaders from different communities.

Why this matters beyond communications. Rumour and stigma are not a side-issue but an operational one: stakeholders may start to conceal cases, delay care, refuse transfer and turn on responders. Protecting affected people, ensuring non-discriminatory access to care, and avoiding messaging that inflames intercommunal tension are humanitarian-principle obligations, not optional communications work. *Source: CAT-DRC / Mercy Corps, "Ebola in Ituri and North Kivu: Managing Rumours, Stigma and Community Tensions," Fifth edition, June 2026 (rdc-analyse.org).*

BROADCAST RADIO MONITORING

Station	Radio CONAFOD	Top Congo FM	Radio Okapi	UDPS Radio	Radio Moto	Radio Maendeleo	Total
Clips (15-22 Jun)	230	90	70	41	39	38	**508**

Scope. With access provided by Rootwise, this edition sets broadcast radio against the online conversation. The 508 radio clips weigh toward station staff, invited experts and officials, and scripted spots; the dataset samples what affected communities were told, not how they received it. One pattern holds throughout: on-air actors worked to counter misinformation rather than spread it. False claims appear only as reported community beliefs that hosts, health experts, NGO representatives, clergy and survivors relay in order to correct.

Since the outbreak was declared in mid-May, the misinformation radio works against has changed character. Early broadcasts mostly answered supernatural explanations, that Ebola was witchcraft, a curse, or divine punishment. As cases and deaths mounted and recoveries were reported, that framing receded, and this week it was nearly absent on air. The doubt moved instead from the nature of the disease to the people behind it: broadcasts increasingly countered claims of a man-made virus, an illness brought by outsiders, and an epidemic invented by organisations for money.

What aired last week. Flat denial still held: guests on CONAFOD's "Focus on Health" described communities calling Ebola a myth or an invented disease, and some asserting the virus does not exist. The profiteering claim — that organisations invented the disease to raise money (17 and 19 June) — is the one narrative that directly mirrors the "Ebola business" frame dominating the social-media comments, though on air it appears only as something professionals rebut. A Deutsche Welle segment on Top Congo FM described people treating Ebola as a spiritual illness or witchcraft and consulting traditional healers or religious leaders instead of a hospital, and

believing the disease was caused by "dark forces" or brought by outsiders. Another guest traced the mistrust to past experience and a lack of confidence in the authorities.

The response on air leaned toward dialogue. Rather than one-way correction, CONAFOD guests described a two-way method that asks communities what they believe and stresses messaging in local languages. An Ebola survivor urged others to accept the disease is real, recalling that she had once believed it did not exist. Radio Moto aired a question-and-answer segment on why families should not open a coffin. Several guests urged WhatsApp group administrators to monitor those spreading false information.

Criticism of the response was mild and constructive. Where social-media comments carried sharp corruption and unpaid-staff grievances aimed at the government, guests on radio stations called on the government to activate the response mechanisms it had announced, while the harmful online narratives — embezzlement, misdirected spending — were essentially absent on air. Community mistrust was reported largely as receding, with repeated news items describing populations in Mungwalu and Mambasa (Ituri) moving from weeks of mistrust and resistance to voluntarily seeking care.

Practical implication. Radio is already doing much of what the communications evidence recommends, two-way engagement, trusted survivor voices, local languages, and direct answers on recovery and burial. The remaining value is consistency and reach: sustaining these formats, and pairing them with the funding-transparency messaging that the corruption narrative online makes urgent.

Supply and demand: Setting the broadcasts against the social-media comments shows radio concentrated on correcting disease myths, denial, supernatural explanations, the man-made and invented-for-money claims, but several of these are no longer what the online audience is exercised about: outright denial and conspiracy made up barely one to two percent of comments this period. The dominant online reaction was about money and accountability — the corruption and "Ebola business" grievance, unpaid staff, misdirected public spending, hostility to the government.

This report provides a snapshot of publicly visible social media activity between 15-22 June 2026 and should be understood as a continuation of the early assessment begun on 14 **May**. Online discourse remains fluid, and continued monitoring is necessary to assess whether current hostile associations remain marginal or develop into broader narratives affecting humanitarian acceptance, access, or staff **safety**. Past reports in **English** and **French**.

Data Use and Privacy Disclaimer

This report includes analysis of publicly available social media content collected from open platforms. All data has been anonymised to remove or obscure identifying details, and no content from closed groups was used. The analysis was conducted in the public interest and in line with the EU General Data Protection Regulation (GDPR), under a legitimate interest basis. The purpose of this analysis is to support humanitarian dialogue, inform policy, protect aid workers and those they help, and contribute to public interest research. This document is published by Insecurity Insight - a Humanitarian to Humanitarian (H2H) organisation committed to the Humanitarian Principles.

We welcome questions and feedback. Email: **info@insecurityinsight.org**. Find more resources at the Social Media Monitoring website.

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