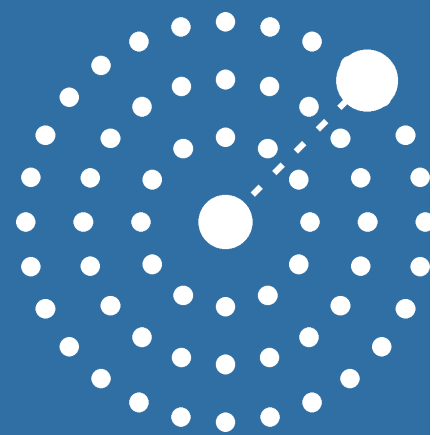




“It Doesn't Exist - Give Them Their Child Back; You're A Bunch Of Murderers.”

Tracking Aid Narratives on Social Media: Ebola Edition

08 August to 08 October 2026

Democratic Republic of the Congo

7,197

Public social media posts
mentioning Ebola in the DRC

8,056

Comments
X ≥15 / FB ≥15

136 M

Estimated reach
X + Facebook (prov.)



What happened on social media since the outbreak began

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 08 August to 08 October 2026 building on six earlier Ebola narrative analysis carried out by Insecurity Insight between 14 May to 07 August. Since August 08, social media monitoring identified 7,197 social media public posts mentioning Ebola generating 8,056 comments from accounts with an IP address in the DRC. Posts circulated predominantly on X (~74%), with Facebook secondary (~26%). Comments ran the other way, of the 8,056 analysed, ~88% were on Facebook and ~12% on X. Posts were mainly in French (~87%; English ~5%). Kinshasa City was the most common inferred location of posts (44%), followed by North Kivu.

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).

Since the 17th Ebola outbreak was declared in mid-May 2026, harmful content has stayed concentrated in comment sections rather than in posts. This suggests that harmful content spreads less through coordinated posting campaigns than through narratives that emerge and evolve in conversations across social media platforms. The "Ebola business" corruption narrative is the one constant across every social media monitoring edition since mid-May. Because of the anonymity of accounts who post comments, it remains impossible to determine the extent to which interpretations of Ebola as a pretext for corruption reflect widespread experiences and perceptions within communities, and the extent to which they are amplified by actors seeking to exploit the crisis to deepen divisions and undermine trust in public health responses.

Main developments by edition

14-18 May: Most posts were factual news updates from the media, health authorities and the WHO, indicating the extent to which relevant authorities and professional organisations were driving the introduction of Ebola-related content on social media platforms. Harmful content appeared in the comments under these posts as part of the suggested interpretation of shared information. It included claims that Ebola does not exist or was invented to attract foreign money, hate speech against Rwandans and Tutsi, and personal attacks on Dr Jean-Jacques Muyembe, who was called a fraud. There was no sign of a coordinated campaign. No calls to attack health workers were identified among the publicly available comments.

18-24 May: Ebola isolation facilities were set on fire in Rwampara (21 May) and Mongbwalu (22-23 May). Media covered both attacks factually, but some commenters presented community resistance as justified, and one threatened to burn hospitals. While incitement to violence often takes place within smaller, established closed groups on platforms such as WhatsApp, Telegram and private Facebook groups, public comments in the aftermath offer insights into the sentiments that may have contributed to the violence, as well as subsequent efforts to shape how events are interpreted. After the US Embassy suspended visa applications on 18 May, a new narrative claimed the epidemic had been invented to keep Congolese fans away from the football World Cup.

25 May-01 June: The WHO Director-General's visit to Bunia and the discharge of the first five recovered patients drew the most positive reactions since the start of the outbreak. They also raised a question that recurred in later weeks: how could patients recover if there was no treatment? This illustrates how timely social media monitoring can identify uncertainties that can be addressed through targeted, well-timed communication, helping to prevent harmful interpretations from emerging or spreading when they are rooted in a poor understanding of the context. Ebola was increasingly cited in the constitutional reform debate as evidence of government neglect, and comments hostile to the WHO began to appear under government posts. This indicates the start of a process of how a real-life crisis can be progressively appropriated and instrumentalised within an existing political narrative, with the crisis used to advance a broader cause while those directly concerned with the original issue increasingly lose their ability to shape how it is understood and discussed. A third attack, on Mongbwalu hospital, took place on 24 May.

02-08 June: The number of posts fell by about half, and Ebola was mostly mentioned as an argument in other political disputes, such as the constitution and the conflict with Rwanda and M23. No attack on facilities took place during these dates, but a doctor was assaulted in Rwampara on 11 June. This showed that quieter online discussion does not mean lower risk on the ground as perceptions exist long-term within communities. A distorted story about scientists arrested in the United States with virus samples circulated, wrongly placing the events in eastern DRC.

09-15 June: Denial of the epidemic grew and became linked to the World Cup. Harmful comments clustered under funding announcements and case figures, where about 30% of comments carried a harmful narrative. One low reach account repeatedly posted claims that Ebola was a bioweapon, adapted from international conspiracy content.

15-22 June: Politics drove most of the comments. A single statement by an opposition leader, linking the national team's World Cup success to governance failures, drew more than a quarter of all comments that week. The government rejected a health organisation's warning of "dangerous gaps" in the response as alarmist. Comments turned against the government, mostly accusing it of corruption. Six attacks on facilities and health workers were recorded in North Kivu and Ituri, and some comments stigmatised the residents of Beni and Butembo.

15 July-07 August: The main harmful narrative was the expectation that response funds would be stolen, mostly in reaction to a US\$242 million funding announcement. Of 233 critical comments under that announcement, 216 treated the theft of the funds as certain. Disputes over two suspected Ebola deaths, in Grand Équateur and in Kyaghala (Butembo), drew denial and hostile comments about the communities involved. MSF's own posts about its Ebola work drew no critical comments.

UNDERSTAND

Patterns carried into this period (08 August - 08 October 2026)

“Ebola business”. The claim that the response is a money-making scheme appeared in every analyses since the start of the outbreak. Funding announcements and case figures consistently triggered it. One comment, “Embezzlement in progress” (“Détournement en cours de téléchargement”), recurs in near-identical form across periods. This represents a persisted narrative, reflecting deeply entrenched perceptions that did not originate during the current Ebola outbreak, but rather have been reactivated from previous crises and experiences.¹

Changing forms of denial. Outright denial gave way to more specific claims. These included the epidemic as a pretext to exclude the DRC from the World Cup, revised case figures taken as proof that numbers were invented, and claims of empty coffins and organ trafficking at burials. This highlights how disease denial takes distinct forms in different contexts: while the underlying message remains a consistent concern, the claims and purported evidence used to support it continually shift and reflect emerging trends and topical issues.

An unanswered question about recovery. The public was told the Bundibugyo strain has no specific treatment, then patients were reported cured. From late May onward, commenters repeatedly asked how recovery was possible without a cure. This points to a weakness in communication that prioritised the pharmaceutical and medical perspective through the emphasis on the absence of a specific drug without convincingly explaining the importance of appropriate care from the perspective of affected individuals and the human care provided by health workers. Communication could have better highlighted how supportive care helps patients’ own immune systems fight the virus and how the health system plays a vital role beyond the provision of specific treatments. As reported by Swissinfo, early intensive care, including the intravenous administration of fluids containing electrolytes, can substantially improve patients’ chances of survival, even in the absence of a specific cure. By focusing on the lack of a pharmaceutical solution, messaging missed an opportunity to build understanding of the value of comprehensive care and the role of health workers in improving patients’ chances of recovery.

Politicisation. Ebola was drawn into the constitutional reform debate, and later into World Cup discussions and opposition statements. Most of this is legitimate political speech and was not counted as harmful. However, it links the response to wider distrust of the government and limits the ability of public health specialists to drive the interpretation and debate.

From ethnic hostility to community stigma. Hostile comments about Rwandans and Tutsi were most frequent in May. Later they were mostly linked to the conflict rather than to the epidemic. Stigmatising comments about affected communities appeared instead, aimed at residents of Ituri, Beni and Butembo. This highlights the added risks that any crisis brings to any existing societal tensions.

Online and offline violence do not always rise and fall together. Threatening language online eased between 02 and 08 June, yet two attacks on the response followed on 10 and 11 June. Media coverage of attacks has been largely factual, and explicit threats in comments have been rare. This underscores the value of public social media listening to understand perceptions, track changing attitudes, and analyse how narratives and interpretations evolve. However, the absence of public incitement to violence should not be taken as a reliable indicator of reduced physical risks, as calls for violence may circulate in private groups or through channels that are not visible to public monitoring.

¹ The “Ebola business” narrative was documented in each previous edition of this series: “Ebola Business” (14-18 May 2026, <https://bit.ly/14-18May2026SMMDRCBrief>); “There is no Ebola in the Congo” (18-24 May, <https://bit.ly/18-24May2026SMMDRCBrief>); “The Coffin is Empty” (25 May-01 June, <https://bit.ly/25May-01Jun2026SMMDRCBrief>); “Embezzlement in Progress” (02-08 June, <https://bit.ly/02-08Jun2026SMMDRCBrief>); “Ebola, a Disease Created by White People” (09-15 June, <https://bit.ly/09-15Jun2026SMMDRCBrief>); “What Evidence That These Statistics Are Not Lies?” (15-22 June, <https://bit.ly/15-22Jun2026SMMDRCBrief>); and “We Share it First, We Think Afterwards” (15 July-07 August, <https://bit.ly/15Jul-07Aug2026DRCSMMBrief>).

Most-discussed events on social media

Between 08 August and 08 October 2026, 7,197 public social media posts in the DRC mentioning Ebola generated 8,056 comments. Engagement concentrated on a few stories: the deaths of two doctors; a Rwandan football club's refusal to play a match in Kinshasa, which its coach justified by citing Ebola and insecurity; a mother in Butembo trying to stop health teams from taking away her child, who had tested positive for Ebola; and a rumour that the United States had refused the President a visa because of Ebola. The full list of events is in the Annex.

Deaths of health workers. Two doctors died of Ebola: Dr Charles Munyumu in Butembo in August and Dr Victor Kingombe in Kisangani in September. Their deaths drew more supportive comments than any other topic in the period, mostly condolences and tributes to health workers.

The critical content was directed at how the government managed the response and funding and the interpretive narrative was again linked to concerns around corruption often called 'the Ebola business'. Comments focused on:

- the health minister's statements that there was no Ebola in Kinshasa;
- the government's decision to take back control of the response after it reported fictitious workers on payrolls;
- unpaid responders;
- new international funding pledges.

Commenters repeatedly asked where the money had gone and said they expected new funds to be diverted.

Denial and rumours. Disease denial rarely appeared in posts: only two posts claimed that Ebola does not exist. It appeared mainly in comments, concentrated under a small number of posts rather than spreading as a repeated narrative across the period. In August, the largest cluster was under videos of a mother in Butembo shouting that Ebola did not exist as her child was taken away. In September, the most common mis/disinformation claim was that the official death figures were false. In late September, a claim spread that the United States had refused the President a visa because of Ebola. The presidency denied it and the media fact-checked it.

Ebola raised in other debates. The discussion around Ebola in connection with football continued even after the world cup ended. Between August and October, a football related story attracted the highest number of comments. The Rwandan club APR FC refused to travel to Kinshasa for a match, citing Ebola and insecurity. Comments focused on rivalry with Rwanda, and some contained threats and hate speech. Ebola restrictions also came into political debate. Opposition marches were banned on health grounds, while ruling-party marches went ahead. Commenters said the rules were being applied unequally.

Who is posting: account types and profiles

This section looks at who posted about Ebola during the period and how commenters responded to them. It also looks more closely at journalists, political and public-health figures, armed groups, and the accounts that posted critical, misleading or hostile content against the ebola response. The aim is to show who shapes the conversation about the Ebola response, and whose messages reach large audiences.

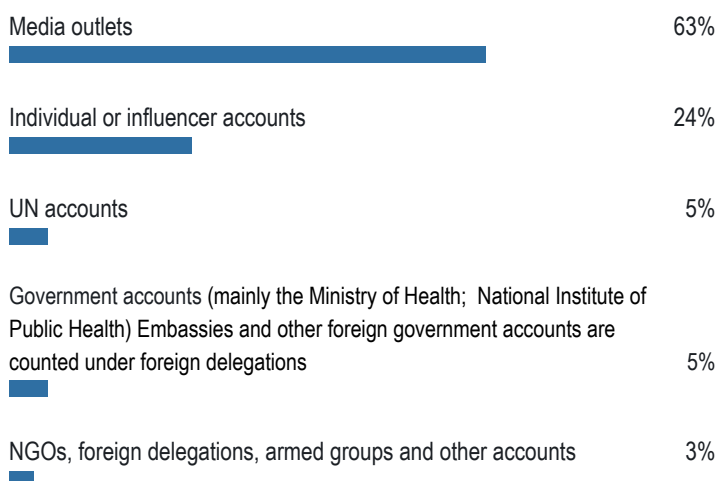
KEY FINDINGS

- Media outlets and individual accounts published most of the posts. Official bodies (government, UN, NGOs) published a small share.
- One journalist accounted for 70% of the reach of individual accounts.
- Prominent individuals mostly relayed news. Journalists and public figures largely shared official figures and statements without adding their own claims.
- Reactions followed the subject of a post rather than the person posting it. Commenters criticised the officials being quoted, supported health figures, and turned political posts towards politics.
- AFC/M23 was the only armed group whose own accounts posted about Ebola. It used the outbreak to present itself as a health authority and to blame Kinshasa. Its own posts reached few people, and its framing travelled mainly through media headlines.
- Critical, misleading or hostile posts were numerous but reached few people. Most came from accounts with very small audiences.

1. Who posted: overview by account type

Understanding who posts is critical to understanding who drives the narratives and reach. Yet, data on this vital information remains limited. This section discusses what can be observed with respect to posts by journalists, accounts re-posting official updates, communication by political and public-health figures, and armed groups.

The users behind social media accounts can be classified by four categories: media outlets, individuals or influencers, UN accounts (mainly WHO, followed by UNICEF, MONUSCO, and WFP), official DRC government accounts, as well as NGOs, other governments outside the DRC, armed groups and others. Account types are recorded for about 60% of the post links in this period (4,327 of 7,191). As 40% of accounts could not be classified, a large proportion of posting accounts remains unidentified. The figures by account type below therefore cover only the posts with a verified type and may not represent all posts. By comparison with media outlets, which published 2,716 posts from at least 86 accounts, only 16 accounts were attributed to NGOs (13 national NGO or civil society accounts and three international NGO accounts), eight to foreign delegations, two to armed groups and 11 to others, these are grouped due to the low overall number within each category.

Of the 4,327 posts with a verified account type:

2. Journalists relaying news

Who: four journalist accounts on X, all posting in French, selected because they are among the individual accounts with the highest estimated reach in the period. They are not necessarily the only journalists who posted about Ebola. They were among the most active individual accounts of the period, together they posted 315 times about Ebola, with about 8.4 million estimated reach, around 80% of the reach of all individual accounts (about 10.6 million). Where location information is available, they appear to be based in Kinshasa, Goma and Butembo. Few of their posts drew comments. Other accounts with similar reach may also belong to journalists, but their roles could not be confirmed.

What they posted: mainly news relays, covering official case and death figures, ministers' statements, attacks on response teams, and responders' pay.

How commenters responded: few comments were captured under these posts. Where there were comments, criticism was aimed at the officials whose statements were being relayed, not at the journalists. For example, under the health minister's statement "Il n'y a pas Ebola à Kinshasa", some comments criticised the minister not the journalist.

3. Accounts re-posting official updates

Who: three accounts on X, not named here, posting mostly in French and sometimes in English. One was among the most active accounts of the period, posting almost daily. None of these accounts could be identified or verified, and no location information is available for them. Together, their posts reached an estimated 550,000 users.

What they posted: daily case and death figures, updates on the response across the affected provinces, government statements on the outbreak, and news on the start of the school year and on vaccination. All their posts were on X.

How commenters responded: no comments were captured under their posts. These accounts carry official outbreak information to audiences beyond government and media pages. One of them had the second-largest reach of any individual account in the period.

Content assessment: almost none of their posts were coded as critical or misleading. The exception is one post presented as a rebuttal of "fake news", which itself denied the reported scale of the outbreak: "Il n'y a PAS d'épidémie d'Ebola touchant 8 000 personnes en RDC" ("There is NO Ebola epidemic affecting 8,000 people in the DRC")

4. Influential individuals

Who: a Congolese doctor, human rights activist and Nobel Peace Prize laureate (2018) and a prominent figure in the opposition to President Félix Tshisekedi's government, both posting a single post about Ebola in French that drew a large number of comments. The doctor posted the same statement on X and Facebook, and the account of the opposition figure posted on X. Accounts in the names of other political figures also posted about Ebola, but their posts drew no comments on Ebola, or their identity and roles could not be confirmed.

Doctor and activist

- **What he posted:** one statement, posted on both X and Facebook on 28 September, on his participation in events during the UN General Assembly, including on pandemic prevention, preparedness and response. He wrote that the toll paid by women and children in eastern DRC caught between armed violence, hunger and the Ebola virus was increasing.
- **How commenters responded:** the posts drew many comments, most of them praising the doctor personally. Only one mentioned Ebola, describing it as a bacteriological war aimed at reducing the population, so most of the comments neither supported nor questioned the health messages in his statement. Political comments focused on the war in the East and the role of Rwanda, on the Congolese authorities neglecting him, and on his possible future role, as UN Secretary-General or as president in 2028. A few criticised him. Corruption, the handling of the Ebola response and the constitutional debate were not raised.

Opposition figure

- **What he posted:** one post on X on 21 August calling on the government to deliver results on the epidemic.
- **How the media reported it:** a media post the following day reported that he had set the government four priorities: restoring community trust, moving resources to the field, returning operational leadership to technical staff, and anticipating the risks of the epidemic persisting and resurging.
- **How commenters responded:** about half of the comments under his post echoed his call, demanding concrete action and results from the government. Several used very similar wording. A few attacked him personally or asked why he said nothing about M23. With 22 comments, this shows support among those who commented, but not how widely his criticism was shared on social media.

5. Public-health representatives

Who: Jean-Jacques Muyembe and Mohamed Janabi.

What they posted:

- Dr Muyembe, a leading Congolese virologist and public health scientist, internationally recognised for his work on Ebola and other emerging infectious diseases, posted about his arrival in Bunia to meet the response teams.
- Dr Janabi, the WHO Regional Director for Africa, posted about the death of a patient in Kenya, the end of Uganda's outbreak, and funding.

How commenters responded: Most comments under Dr Muyembe's post were supportive. Dr Janabi's post on the patient in Kenya drew a different reaction. Most replies, mainly in English, were critical. Some dismissed the case as a ploy by Kenya's government to raise money. This applies the "Ebola business" framing, common in DRC comments, to another government.

How official and expert communication was received. Official and expert accounts mainly shared factual information, and it was not systematically questioned. Government and UN accounts published about 460 posts with a combined estimated reach of about 5.5 million, but few of their posts drew comments: the Ministry of Health, the INSP and WHO, the most active official accounts, posted only on X, where few comments were collected. Where comments were captured under government posts, they were rarely about the Ebola response: 3% criticised the response and none spread misinformation.

Reactions depended on the message rather than the messenger. Expert posts such as Dr Muyembe's visit to Bunia drew support, and the deaths of health workers drew the strongest support of the period. Criticism focused on statements seen as downplaying the epidemic, such as the health minister's reported remark on social media "Il n'y a pas Ebola à Kinshasa" ("There is no Ebola in Kinshasa"), on funding announcements made without explaining how the money would be used, and on unpaid response workers. Official communication worked well when it was factual and showed the work of health staff. It drew criticism when it appeared to play down the epidemic, or when money was announced while responders went unpaid.

6. Armed groups

AFC/M23

AFC/M23 was the only armed group whose own accounts took part in the Ebola conversation on public social media platforms. Its official and spokesperson accounts posted about ten times, though they reached few social media users. Through these posts, and through statements by its leaders relayed by another account, the movement presented itself as a health authority in the areas it controls and blamed Kinshasa for weaknesses in the response.

On 04 September, the movement's official account posted that a "AFC/M23 Health Crisis Task Force" had detected a new case at Kayna (Lubero) on 02 September, confirmed on 03 September. Several other accounts, including media and journalists, relayed the announcement and cited the movement as the source.

On 02 October, its "political and military authorities" met on the resurgence, and its spokesperson announced six cases at Alimbongo and Kayna.

Publicising contact with humanitarian actors. AFC/M23's official account publicised two meetings with aid organisations. In both, it presented the visitors as coming to the movement's "Coordination politique" and itself as the authority facilitating humanitarian work in the areas it controls.

- **MSF Belgium, Goma, 21 August.** The post opened: "A working visit was organised at the Political Coordination with a delegation from Médecins Sans Frontières (MSF) Belgium, as part of discussions on the humanitarian situation and the continuity of medical activities in the areas of intervention." It listed staff movements, border crossings, the delivery of medical supplies, and movements between the "Grand Nord" and the "liberated areas" under Ebola-related restrictions.
- **UN humanitarian delegation, Bukavu, 17 September.** The post, which tagged the UN Humanitarian Coordinator, listed humanitarian access, protection of civilians, notification procedures, sexual violence, the Ebola response, the movement of humanitarian staff and the identification of aircraft, and ended: "À l'issue de la rencontre, la Coordination politique a réaffirmé sa volonté de maintenir un dialogue régulier, transparent et pragmatique avec la communauté humanitaire afin de faciliter l'assistance et de renforcer la protection des populations civiles." ("At the end of the meeting, the Political Coordination reaffirmed its willingness to maintain regular, transparent and pragmatic dialogue with the humanitarian community in order to facilitate assistance and strengthen the protection of civilians.")

No post by MSF or the UN about them was found. By contrast, UN accounts publicised the Humanitarian Coordinator's visit to Beni a week earlier (8 to 11 September), and media widely reported his calls there for humanitarian access and more Ebola treatment centres.

One prominent account did criticise this kind of engagement. On 22 September, five days after the Bukavu meeting, an account with about 84,000 followers on X, not named here, wrote:

"The M23-AFC-RDF is illegally occupying a Congolese city. I remain firmly opposed to this approach of legitimisation, which consists of making these thugs into interlocutors, in particular by allowing meetings with UN delegations and other regional partners...." ("Le M23-AFC-RDF occupe illégalement une ville congolaise. Je reste fermement opposé à cette approche de légitimation qui consiste à faire de ces voyous des interlocuteurs, en permettant notamment des rencontres avec les délégations onusiennes et autres partenaires régionaux....")

The post had an estimated reach of about 7,000 and drew no captured comments. It shows that meetings between aid actors and AFC/M23 can be read as conferring legitimacy on the movement, even when the meetings concern access and the Ebola response. Beyond this post, the data does not show how audiences judged these meetings.

Blaming Kinshasa. The movement's leaders also claimed success against the outbreak. An account belonging to a self-described journalist quoted the deputy political coordinator on X, Bertrand Bisimwa, on 22 August:

"Goma has defeated Ebola. And not only in Goma, but in the whole liberated area, we have won the war against Ebola virus disease." ("Goma a vaincu Ebola. Et pas seulement à Goma, mais dans tout l'espace libéré, on a gagné la guerre contre la maladie à virus Ebola")

The same account quoted the movement's political coordinator, Corneille Nangaa, from a communication on Ebola on 19 August. Almost all of this account's posts in the dataset relay AFC/M23 statements and activities. In one quote, Nangaa attributed a bioweapon claim to "many compatriots". In another, he said Kinshasa had blocked donor funds for the response in Goma and Bukavu.

"For many of our compatriots, the Kinshasa regime prefers to use Ebola as an unexpected biological weapon to decimate the populations of the East, suspected of being the most hostile to its plan to change the Constitution" ("Pour beaucoup de nos compatriotes, le régime de Kinshasa préfère utiliser Ebola comme une arme biologique inespérée en vue de décimer les populations de l'Est, soupçonnées d'être les plus hostiles à son projet de changement de la Constitution")

Different accounts of where the case came from. Some posts stressed that the patient came "from Butembo, an area under Kinshasa's control". Others described Kayna as "under AFC/M23 occupation" or as a "so-called liberated zone". One individual account compared a small number of cases and no deaths in AFC/M23-held Goma with several thousand cases in government-held areas.

The AFC/M23's involvement in the Ebola response illustrates how non-state armed actors seeking to establish or consolidate territorial authority may engage in public health provision as part of a broader effort to legitimise their authority. By participating in health responses, these actors can position themselves as providers of essential public services and reinforce their claims to governance and political authority. Such involvement may contribute to public health programmes and generate positive health outcomes, while also highlighting how the provision of health care can acquire political significance in contexts where competing actors seek to assert authority.

Other armed groups

Other armed groups were mentioned only in other accounts' posts. No account presenting as ADF, Wazalendo, CODECO or FDLR was identified in the dataset.

- **ADF.** Posts listed the ADF among the threats facing the East. Many of these mentions were in news digests. One post contrasted the lack of resistance to ADF killings with attacks on efforts to stop Ebola.
- **Wazalendo.** Several posts covered displacement caused by fighting between AFC/M23 and Wazalendo in Masisi, with civil society warning of a higher Ebola risk for displaced people.
- **CODECO and FDLR.** These appeared only in passing: in lists of armed groups, statements by members of parliament, and coverage of the UN Secretary-General's report.

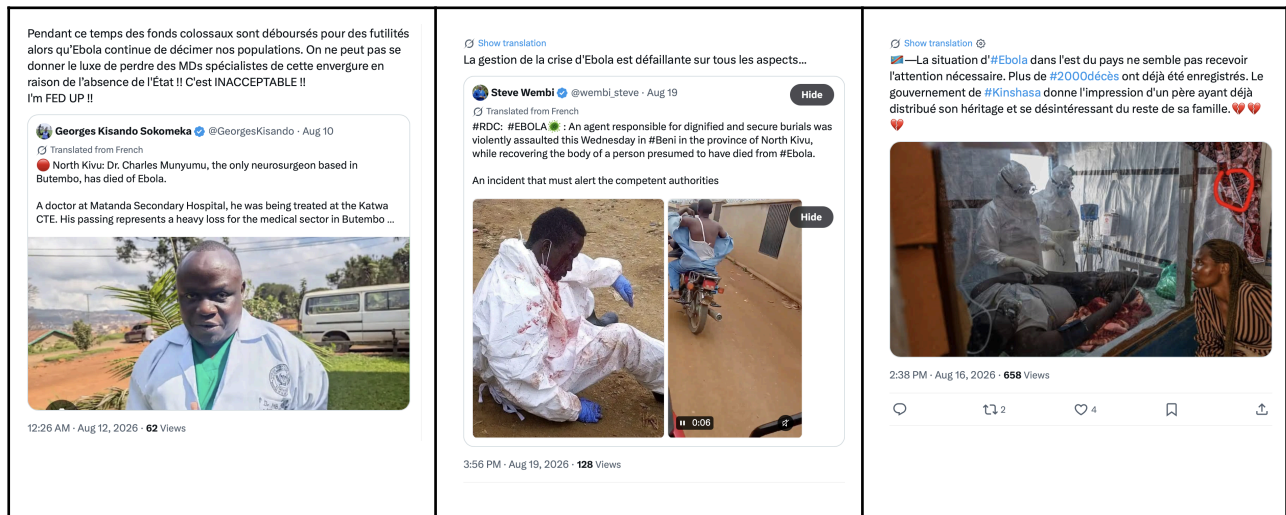
The absence of public health posts by these armed groups suggests that they place considerably less emphasis on demonstrating their legitimacy through the provision of services to local populations.

7. Accounts criticising how the ebola response is run

Who: 71 accounts on X. Most posted about Ebola only once during the period, and almost all wrote in French. Most could not be identified, and none was a verified account. Where information on location and gender is available, most appear to be based in Kinshasa, followed by North Kivu, Katanga and Équateur, and most appear to be run by men. Their posts reached small audiences. The group is also likely to include some politicians. One account, which appears to a national deputy from Ituri,² posted six times. It criticised the government's handling of the outbreak, delays in safe burials, alleged fraud in response payrolls and slow disbursement of funds. As most accounts in this group have not been identified, others may also belong to public figures.

What they posted: criticism of how the authorities are managing the response rather than of the health response itself. Recurring points were:

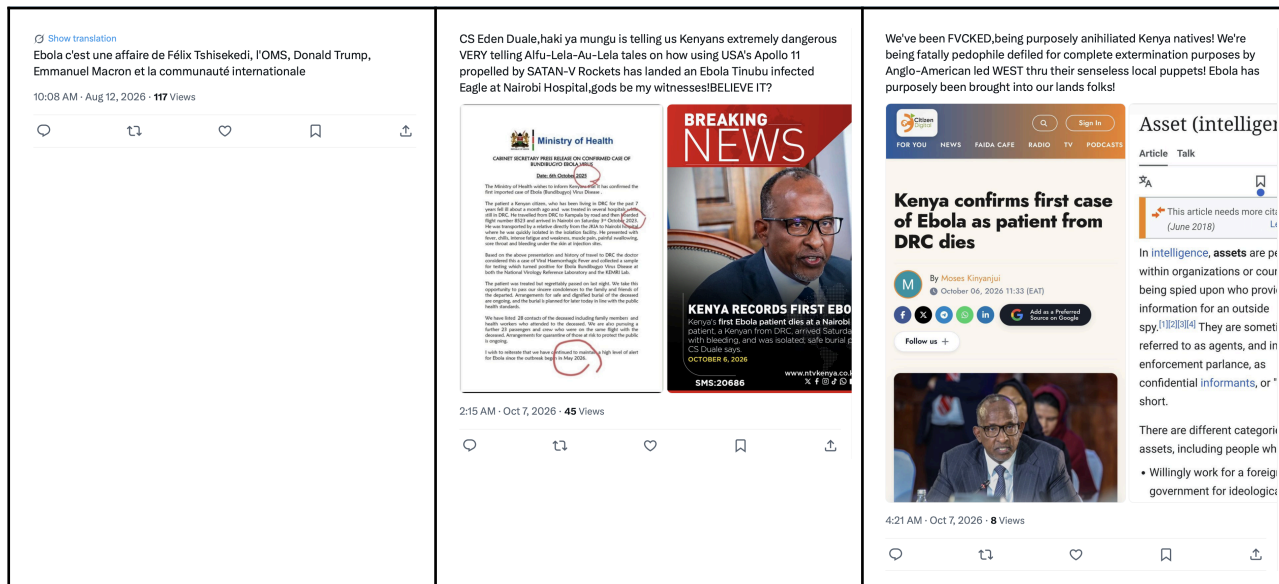
- poor governance and slow action;
- funding not reaching the response, or diverted;
- health workers not being paid or supported;
- late public communication;
- delays in testing.



Accounts commenting in this way largely shape how, and to what extent, a public health emergency such as Ebola becomes linked to wider societal and political concerns. They can frame the outbreak as an example of poor government performance, corruption, strained labour relations, or other broader grievances. The fact that most only posted once about Ebola suggests that the Ebola response remains a marginal example in the political debate about these wider issues.

8. Accounts posting misleading information or hate speech

- **Who:** The monitoring identified 24 accounts on X that posted content identified as misleading or as hate speech. Most posted only once during the period, and about half wrote in French and half in English. Where location information is available, a few appear to be based in Kinshasa or eastern DRC, but most give no location. Their posts show no signs of coordination: no two accounts posted the same text.
- **What they posted:** most of these posts were replies in conversations with other users rather than original posts.
 - The most common misleading claim was that Ebola was deliberately introduced or is a biological weapon, followed by claims that Ebola is a business or money-making scheme.
 - A few posts repeated the false claim that the United States refused the President a visa because of Ebola, or claimed that Ebola does not exist.
 - Single posts made claims about vaccine harm, a miracle cure and the outbreak being already under control.
 - Hate speech was rare. Most of it came from one account posting in English, which mocked Kenyans as diseased after Kenya's first imported case. The remaining posts were racist insults in personal exchanges that referred to Ebola.
- **Reach:** these posts reached fewer than 8,000 users in total, and most drew no reactions.



The relatively low number of accounts posting false information, their low reach and apparent uncoordinated posting, does not support a coordinated disinformation campaign. The risk lies in such claims being picked up by accounts with larger audiences.

PREPARE · RESPOND

What this means for the ebola response

Messages from health actors, journalists and officials reach the largest audiences, and commenters respond mainly to the content and the officials quoted. Critical and misleading framings come mostly from small accounts. They become a risk when larger accounts or media headlines relay them. There were only limited examples of cases where the Ebola health concerns became proxies for broader political grievances. While this contributed to undermining the legitimacy of public health measures by associating them with particular political causes or controversies, it was more sporadic than widespread. AFC/M23 uses the outbreak to present itself as a functioning authority and to blame Kinshasa. Health actors' messages about cases in AFC/M23-held areas are therefore likely to be read in that light, which makes neutral, location-based wording important.

Security events affecting the Ebola response, and how social media covered them

Since the latest outbreak on 17 May and 30 September, **over 80 attacks on ebola response measures were recorded**, including 19 incidents of damage to Ebola treatment centres through attacks, arson and vandalism. Health workers and burial team members were repeatedly threatened and physically assaulted, while mob violence fuelled by misinformation, mistrust and resistance to public health measures disrupted response efforts. These incidents endanger staff safety and wellbeing, increase psychological stress and fear among frontline responders, disrupt access to treatment, delay case detection and contact tracing, and increase the risk of further transmission.

Between 08 August and 08 October, social media posts also reported attacks on health workers and facilities treating ebola patients, violent incidents during burials, and strikes by response workers over unpaid pay. Coverage came mainly from media outlets and journalists and was factual in tone. Most incidents drew no comments. Where comments were captured, attacks on health workers drew condemnation and support for the teams as the largest reaction.

AT A GLANCE

- The most widely covered attack was on an Ebola response convoy sent to collect suspected Ebola cases from a health centre in Aru (Ituri) in August.
- Strikes by Ebola response workers over unpaid bonuses drew a larger share of critical comments than any attack. Commenters asked where the money for the Ebola response had gone.
- Some comments under posts about attacks on Ebola response teams approved of the violence or used stigmatising language about local populations.
- A court case reached many more people than the attack it concerned. In Mungamba (Ituri), three people were convicted of inciting disobedience linked to attacks on an Ebola centre in August.
- Several Ebola-related incidents are cases where bodies or suspected patients were taken from Ebola treatment centres and other health facilities.

Attacks on health workers and facilities

Aru, Ituri, 17 August: Ebola response convoy attacked and health centre vandalised

What happened:

A Red Cross Ebola response convoy was attacked by unidentified motorcyclists, injuring an ambulance driver and vandalising three ambulances, used to evacuate and provide rapid care to people suspected of having Ebola, with stones. The ambulance driver was airlifted to specialised medical care in Uganda but tragically died from his injuries in October 2026.

A health centre was vandalised and health workers were threatened by community members amid tensions related to the Ebola response, forcing almost all patients to leave the facility, including recently operated patients and pregnant women. Only a few health workers returned to provide minimal emergency services, while the medical director returned to the facility under protection from the police.

How the incident was reported on social media: the convoy had been sent to collect suspected Ebola cases from the Kandoy health centre. Most posts report one ambulance burned and others damaged, and a few describe the driver as Ugandan. No post reports the driver's death, highlighting how social media posts are snapshots from a moment.

Coverage: the widest-reaching incident of the period, with 25 posts (mostly media) and about one million estimated reach.

How commenters responded: the largest group of comments, though not a majority, condemned the attack, called for police or army protection of health facilities, or urged people to cooperate with health services. Several comments used stigmatising language about the local population.

[“La population a mal fait d’incendier l’ambulance car elle travaille pour tous”](#) (“The population was wrong to burn the ambulance because it works for everyone”)

A few comments blamed the violence on the way the Ebola response is run. They said it is managed by people from Kinshasa without local involvement, or that awareness funds had been diverted (based on a smaller subset of comments).

“@radiookapi Voilà ce qui arrive quand la population locale n’est pas associée dans la riposte..Vous vous attendiez à quoi quand vous amener les kinois pour gérer cette crise” (“That’s what happens when the local population isn’t involved in the response.. What did you expect when you bring Kinois to manage this crisis”)

One comment called for the attackers to be shot.

“La solution est simple, laisser Ebola évoluer jusqu’au bout ou tirer à bout portant sur ces voyous de motards.” (“The solution is simple: let Ebola run its course, or shoot these motorcycle thugs at point-blank range.”)

Beni, North Kivu, 19 August: Ebola burial team member assaulted

What happened :

Two Red Cross volunteers conducting an Ebola burial were attacked and injured by local community members and later were evacuated for medical care.

How the incident was reported on social media: a member of a safe burial team was violently assaulted on 19 August while recovering the body of a person presumed to have died of Ebola.

Coverage: 13 posts, about 80,000 estimated reach.

How commenters responded: a few comments condemned the assault or asked why the government could not protect Ebola response teams, and some described those involved as “savages”. Others were laughter or unrelated remarks. One comment approved of the assault.

“Le gouvernement est devenu impuissant pour protéger les équipes de la riposte ?” (“Has the government become powerless to protect the response teams?”)

“Le peuple s libère” (“The people are liberating themselves”)

Kisangani, Tshopo, 06 October: health team assaulted during Ebola contact tracing

What happened :

“An Ebola response team, including doctors, who had arrived to provide health assistance, was threatened and pelted with stones by 12 youths. The youths were arrested.”

How the incident was reported on social media: the chief medical officer of the Kabondo health zone and his team were assaulted on 6 October while tracing the contacts of a person who had died in the context of Ebola.

Coverage: 3 posts, about 14,000 estimated reach. Despite the small number of posts, this was one of the most-commented incidents.

How commenters responded: the largest group of comments expressed sympathy for the doctor, some describing the attack as caused by “ignorance”. A few said the team should not have gone in person, and one approved of the assault.

“Vraiment l'ignorance tue gloire à Dieu vous êtes vivant.” (“Truly, ignorance kills; glory to God you are alive.”)

“Avec ma bénédiction !” (“With my blessing!”)

Butembo, North Kivu, 17-18 August and 01 September: arson attacks on health facilities amid Ebola rumours

What happened:

“August 2026: A health centre was set on fire by unidentified perpetrators following the confirmation of an Ebola case at the facility. One of the centre’s three active buildings was completely burned, including laboratory equipment, while all healthcare workers and patients fled the facility. The confirmed Ebola patient had already died.”

“Septemebrr 2026: A health post was set on fire by unidentified perpetrators amid rumours surrounding the Ebola response.”

How the incidents were reported on social media:

- The Bora Maisha hospital centre in Vulamba was set on fire on 18 August after the “notification” of an Ebola case.
- The Poste de santé de l’Espoir was set on fire on the night of 31 August to 1 September.
- In early September, posts reported “A fifth health center has been set on fire in just a few weeks amid rumors about Ebola” (“un cinquième centre de santé incendié en quelques semaines sur fond de rumeurs liées à Ebola”).

Coverage: about 20 posts across the series, mostly media.

How commenters responded: few comments were captured. They called for the perpetrators to be punished or for the area to be isolated. One blamed diverted awareness funds, and one denied that Ebola exists.

Mungamba (Irumu), Ituri, 19 August: Ebola response team attacked

How the incident was reported on social media: posts reported that an Ebola response team was attacked in Mungamba and that the military administrator had announced an investigation. About 19,000 estimated reach. No comments were captured.

From attack to court case

On 5 October, a court sentenced three people to 30 months in prison for inciting disobedience of the law, in a case that several posts linked to “les attaques contre le centre Ebola en août”. The verdict was covered by 14 posts with about 720,000 estimated reach, many times the reach of the posts on the attack itself.

Beni, North Kivu, 24 September: shooting during an Ebola burial

What happened:

The coffin of an Ebola victim was forced open by young people during a safe and dignified burial. Police officers and soldiers fired bullets to disperse the resulting crowd, killing at least one person and injuring two others.

How the incident was reported on social media: most posts report one person killed and three report two. Posts also name different cemeteries.

Coverage: 14 posts, about 290,000 estimated reach. No comments were captured.

Butembo, North Kivu, late September: party official killed after an Ebola awareness broadcast

What happened:

A member of a political party was beaten to death by residents after taking part in a radio programme to raise awareness about the Ebola outbreak. His belongings were stolen and his home set on fire.”

How the incident was reported on social media: according to his party, he had called on the population to respect Ebola prevention measures during the radio programme.

Coverage: 5 posts, about 8,000 estimated reach. No comments were captured. The killing of someone who had promoted Ebola measures received little coverage.

Strikes and protests by response workers

On social media, posts reported strikes in Ituri, North Kivu, Tshopo and Sud-Ubangi. These drew a larger share of critical comments than any attack on the ebola response.

Kasenyi and Nizi, Ituri, mid-August: treatment centres slowed or stopped after staff stopped coming to work over unpaid pay and bonuses (14 posts). Comments asked where the response funding had gone, and some supported the workers’ demands.

“Les millions de dollars financés sont où ? Détournés ?” (“Where are the millions of dollars of funding? Embezzled?”)

“Méritent leur droit. C’est un service de risque” (“They deserve what is owed to them. It is a risky job.”)

Kisangani, Tshopo, August: staff at the treatment centre threatened to strike and release patients over non-payment (14 posts, about 300,000 estimated reach). Most comments criticised the authorities, and several asked where the funds had gone.

“Pourquoi tout ça. Une maladie qui ravage la communauté ; mais le personnel soignant est négligé alors que le fond a été débloqué ? Ce fonds est où ?” (“Why all this? A disease that is ravaging the community, but the health staff are neglected even though the funds have been released? Where is this money?”)

Sud-Ubangi, from 16 September: doctors in several health zones went on strike over not being officially registered and paid. Posts reported that they were asking to be included in the Ebola response. With 57 comments, this was the most-commented strike.

- Several comments said the demand had been misreported: the doctors were asking to be registered by the provincial health division, not to join the response.
- Others accused the doctors of seeking a share of the “Ebola business”.
- A few blamed the health minister.

“Ils réclament leur intégration dans Ebola business 😊” (“They are demanding their integration into the Ebola business 😊”)

Beni, North Kivu, 21 September: response workers in the community engagement pillar went on strike over four months of unpaid bonuses and salaries, and lit a fire outside the zonal coordination office (10 posts, about 260,000 estimated reach). No comments were captured.

Butembo, North Kivu, 11 August: a mother stops an ambulance

Seven posts showed a mother in Butembo trying to stop the vehicle taking away her child, who had tested positive for Ebola, while shouting that Ebola does not exist. With 450 comments, this was the most-commented incident of the period.

- **Criticism of the response:** about a quarter of the comments criticised the Ebola response.
- **Mis/disinformation:** about one in six spread mis/disinformation, most often that Ebola does not exist, followed by claims that it is a money-making scheme. A few claimed that treatment centres kill patients.

“Et exactly ça n'existe pas remettez l'enfant d'autrui vous n'êtes we des ass\$ssins” (“It doesn't exactly exist—give someone else's child back; you're a bunch of murderers”)

- **Supportive comments:** very few comments supported the health workers.
- **Threats:** three comments in Swahili were read as threats.² Two were aimed at the ambulance driver and one called on people to revolt.

WHAT THE SOCIAL MEDIA COVERAGE OF SECURITY INCIDENTS SHOWS

- **Many incidents passed almost unnoticed.** Several attacks on the health response identified by Insecurity Insight had little or no social media coverage, including the killing of two response workers in September and the abduction of UN and NGO staff in August. Incidents in which bodies or patients were taken also drew little attention, and the Isiro case was covered mainly through the authorities' warning.
- **Emotive incidents drew the most reactions.** The exception was Butembo, where a child being taken away from its mother attracted more attention than reports of other patients being taken into Ebola isolation tents. The video became a focus of denial and of accusations that the Ebola response is a money-making scheme. This underlines the importance of treating families affected by the disease with compassion. Necessary medical procedures can appear harsh when set against a mother's wish to stay with her sick child.
- **Health responders rarely condemned violence publicly.** Apart from a Red Cross Movement statement on violent incidents against its volunteers, relayed by other accounts (15 posts, about 420,000 estimated reach), no posts were found from the health bodies whose health workers had been attacked.
- **Condemnation of the attacks and sympathy for those attacked was the largest single reaction among commenters,** though not a majority of comments. Some comments called on the security forces to protect response teams or for those responsible to be punished. Stigmatising language about local populations appeared in a number of these comments, which described residents as “sauvages” or “Une population primitive”. Approval of violence was rare, but present under the Beni and Kabondo coverage.
- **Pay disputes fed the “Ebola business” narrative.** Strikes over unpaid bonuses drew questions about where the funding had gone. Under the Sud-Ubangi strike, some comments accused health workers themselves of seeking to profit (based on a smaller subset of comments).

² using AI-assisted translation
insecurityinsight.org

Recommendations

1. Use social media insights to strengthen public health responses

- Address information gaps through targeted communication. Use insights from social media monitoring to identify questions and misconceptions that public health messaging may not adequately address. For example, explain how patients can recover from Ebola even when no specific cure is available.
- Anticipate and address associations between health measures and wider concerns. Monitor how the outbreak and response are linked to other issues, and adapt communication accordingly. For example, where Ebola is repeatedly associated with decisions concerning football, address avoid any context that could further strengthen such assumed associations.

2. Social media and the protection of health workers

- Humanise the health response. Complement technical and medical information about infection, prevention and treatment with communication that highlights the people delivering care, their experiences, their commitment to patients and the challenges they face. This can help build understanding of health workers' roles and strengthen public trust in them.

3. Strengthen communication practices to address public concerns

Donors:

- Make financial support transparent and contextualised. Explain what funding will support, how resources will be used and how they contribute to the response. Avoid presenting funding amounts without sufficient context, as this may reinforce perceptions that Ebola has become a source of financial gain for responding organisations, a narrative sometimes referred to as “Ebola business.”

Public health responders:

- Make the value of care more visible. Balance communication about pharmaceutical interventions, infection control and response procedures with greater recognition of the care, compassion and support provided by health workers to patients and their families.
- Demonstrate compassion and respect for patients. Ensure that communication and public-facing practices convey empathy, dignity and respect. This can help counter perceptions that the response is uncaring, coercive or authoritarian.
- Prioritise staff welfare and fair treatment. Ensure timely payment of salaries and appropriate care and support for health workers who are injured or otherwise affected by their work. Visible failures to meet these responsibilities risk reinforcing perceptions that response organisations are uncaring or exploitative, potentially escalating staff grievances and undermining trust in the response.

International aid agencies negotiating access for public health responses:

- Use armed groups' social media activity as an additional source of insight when developing access strategies. Assess whether armed groups publicly present themselves as providers of health services or supporters of public health measures as part of their claims to political authority. Groups that emphasise this role may be more receptive to engagement around public health activities, although any cooperation may also be used to reinforce their claims to legitimacy and governance. By contrast, groups that do not publicly promote a role in providing health services may be more likely to respond to health incidents affecting their own armed fighters than to the needs of the wider population. However, the lower visibility of public health engagement on their social media channels may also reduce the risk of such engagement being publicly portrayed as evidence of their authority or cooperation with aid agencies. These patterns should inform, but not determine, access strategies; they need to be considered alongside other contextual and operational factors.

Annex: most-discussed events on social media

Deaths of health workers

Death of Dr Charles Munyumu and Dr Victor Kingombe.

What happened: posts reported the death from Ebola of Dr Charles Munyumu, described as the only neurosurgeon based in Butembo (North Kivu). Dr Victor Kingombe died at the Ebola treatment centre in Kisangani (Tshopo).

Reaction: comments were mostly condolences and tributes. Some said that health workers were not protected.

Government measures and funding

Health minister's statements on Kinshasa.

What happened: Health Minister Dr Roger Kamba said "Il n'y a pas Ebola à Kinshasa" ("There is no Ebola in Kinshasa"). He also said "C'est notre excès de transparence qui donne l'impression d'une grosse épidémie" ("It is our excess of transparency that gives the impression of a big epidemic"). Other posts in this group covered government meetings on the response.

Reaction: many comments were critical. A recurring objection was that the minister focused on Kinshasa while people were dying in the East.

Distance learning in high-risk zones.

What happened: Education Minister Raïssa Malu announced distance learning in 18 health zones considered high risk, from the start of the school year on 1 September.

Reaction: critical comments mainly asked how distance learning could work without internet, electricity or devices.

Unpaid responders and the government's payroll controls.

What happened:

- Early in August, posts reported unpaid health workers in Kisangani threatening to release patients.
- Ebola treatment centres in Kasenyi and Nizi (Ituri) were working at reduced capacity after staff stopped coming to work over unpaid bonuses.
- Around 20 August, posts reported that the government was taking back control of the response to stop what one post called the "Ebola Business". The government criticised the lack of transparency of NGOs and unkept promises. It also said that 15 to 20% of workers on response payrolls were fictitious ("agents fictifs").

Reaction: comments were mostly critical. Commenters asked where the money had gone, claimed the fictitious workers were in Kinshasa offices, and complained that responders on the ground were not paid.

Start of the school year in affected areas.

What happened: teachers' unions in Beni, Butembo and Lubero (North Kivu) asked for health measures in schools before classes resumed. On 11 September, posts reported four Ebola cases, including one death, among pupils at two schools in Bunia (Ituri). Uganda required pupils arriving from the DRC to complete a 21-day supervised quarantine.

Reaction: most comments were not about the response. The most common theme was the teachers' strike and pay demands.

New international funding pledges.

What happened: on 23 September, the United States announced an additional US\$267 million for the response. Posts also reported funding commitments from a G20+ ministerial meeting in New York on the same day. The posts give two figures: "environ 3 milliards de dollars" (citing Africa CDC) and "2,9 milliards USD". Other posts covered the deployment of 60 Ugandan staff to Butembo and World Bank support.

Reaction: comments were mostly critical, and most expected the money to be diverted.

Visit of French Foreign Minister Jean-Noël Barrot.

What happened: the minister visited Kinshasa and Bunia. Posts said the visit was mainly about the Ebola response, and France said it would mobilise additional funding.

Reaction: critical comments rejected French aid. Some cited France's perceived support for Rwanda or M23 (based on a smaller subset of comments).

Outbreak figures, rumours and denial

A Butembo mother refuses to let her child be taken away.

What happened: outside the Matanda general referral hospital in Butembo, a mother tried to stop the vehicle carrying her child, who had tested positive for Ebola. She shouted “Ebola haiko wee”, which posts translate as “Ebola n'existe pas” (“Ebola does not exist”). Some posts describe the child as sick; one says health teams were taking away the child's body.

Reaction: these posts drew the largest cluster of denial comments in the period, and many comments were critical of the response.

Death toll passes 3,000.

What happened: posts reported the Ministry of Health's announcement that Ebola deaths had passed 3,000, with six provinces affected.

Reaction: many comments under situation updates were critical. The most common mis/disinformation claim was that the figures were false.

Rumour that the US refused the President a visa because of Ebola.

What happened: on 20 September, an account claimed that President Tshisekedi was barred from the United States because of Ebola. It linked this to his absence from the UN General Assembly. Presidency spokesperson Tina Salama denied the claim and said he had stayed for urgent matters in the DRC. Media fact-checks confirmed there had been no visa refusal.

Reaction: comments debated the denial, and a small number restated the visa claim (based on a smaller subset of comments).

Kenya's first imported case.

What happened: Kenya's health minister announced Kenya's first Ebola case. The patient was a Kenyan citizen living in the DRC who returned through Nairobi's main airport on 3 October and died while being treated. Posts also reported Nigeria strengthening surveillance.

Reaction: critical comments, all under one WHO post, mostly dismissed the Kenyan case as fabricated or as a government ploy (based on a smaller subset of comments).

Politics, restrictions and sport

APR FC refuses to travel to Kinshasa.

What happened: the Rwandan club APR FC was drawn against the Congolese club Aigles du Congo in the CAF Champions League preliminary round. The club refused to play in Kinshasa. Its coach cited Ebola and the war and asked CAF for a neutral venue. CAF rejected the request on 23 August.

Reaction: comments were mainly about football rivalry. Some contained threats towards Rwandan players or Rwandans, and some were coded as hate speech.

Opposition criticism of the response.

What happened: opposition figure Jean-Marc Kabund said the government had “lamentablement échoué” (“failed miserably”) on Ebola. Former human rights minister Marie-Ange Mushobekwa called the management of the crisis “calamiteuse” (“calamitous”) and said the authorities were “dans la distraction” (“distracted”).

Reaction: comments mostly reacted to the politicians themselves, and few were critical of the response (based on a smaller subset of comments).

Ban on the 15 September opposition march.

What happened: the governor of Tshopo, Paulin Lendongolia, banned the opposition march planned across the country for 15 September, citing the risk of Ebola spreading. A similar ban was reported in Kamina. One post describes the march as against any change to the constitution.

Reaction: comments debated the ban, and none were critical of the response.

Ruling-party marches despite Ebola restrictions.

What happened: on 19 September, a march in support of the national dialogue took place in Kisangani despite a ban on mass gatherings. One post described this as “deux marches, deux traitements” (“two marches, two treatments”). On 22 September, parties of the ruling Union sacrée held marches in support of the institutions in several provinces. The opposition called this “deux poids, deux mesures” (“double standards”).

Reaction: comments were mostly about the marches and party politics. A small number mentioned Ebola, some sarcastically pointing out unequal enforcement (based on a smaller subset of comments).

ABOUT THIS BRIEF

Insecurity Insight monitors public social media activity to identify emerging narratives that may affect the acceptance, safety and operations of aid agencies. Monitoring briefs are produced in response to incidents and campaigns, and shared with aid agencies operating in the country concerned. [Add one or two sentences on the project and funder.]

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USE OF ARTIFICIAL INTELLIGENCE

Artificial intelligence (AI) tools were used to support parts of this analysis. Social media posts and comments were collected and initially coded by Insecurity Insight analysts. An AI tool was then used to apply additional coding to the dataset. For each item, the tool recorded a confidence level and a rationale, and flagged where its coding differed from the original coding. AI coding was used to support, not replace, human judgement.

