

DEMOCRATIC REPUBLIC OF THE CONGO – EBOLA OUTBREAK

FACT SHEET #2, FISCAL YEAR (FY) 2019

SEPTEMBER 10, 2019

NUMBERS AT A GLANCE

3,084

Total Confirmed and Probable Cases
MoH – September 9, 2019

2,071

Total EVD-Related Deaths
MoH – September 9, 2019

168

New Confirmed Cases in Last 21 Days
MoH – September 9, 2019

29

Total Health Zones Affected to Date
MoH – September 9, 2019

17

Number of Health Zones With Confirmed EVD Cases in the Past 21 Days
MoH – September 9, 2019

HIGHLIGHTS

- Health actors record no new cases in Goma since August 1
- EVD spreads to three new health zones in eastern DRC, including a health zone in previously unaffected South Kivu Province
- Beni remains transmission hotspot, accounting for 28 of the 168 new confirmed cases recorded during past 21 days

HUMANITARIAN FUNDING

FOR THE DRC EBOLA OUTBREAK RESPONSE IN FYs 2018–2019

USAID/OFDA ¹	\$127,098,475
USAID/FFP ²	\$12,000,000
USAID/GH ³	\$9,000,000
USAID in Neighboring Countries	\$9,800,352
\$157,898,827⁴	

KEY DEVELOPMENTS

- In mid-August, the Government of the Democratic Republic of the Congo’s Ministry of Health (MoH) confirmed Ebola virus disease (EVD) cases in three previously unaffected health zones in eastern Democratic Republic of the Congo (DRC), including six cases in South Kivu Province’s Mwenga Health Zone—a health zone in a previously unaffected province. Meanwhile, the MoH recorded four confirmed EVD cases in North Kivu Province’s capital city of Goma—a city of 2 million located on the DRC–Rwanda border—from July 14 to August 1; however, following the conclusion of the 21-day incubation period for all contacts of the EVD patients, no additional cases or active transmission had been detected in the city to date.
- Insecurity continued to disrupt response efforts during August, with community protests against armed group violence prompting MoH and UN World Health Organization (WHO) response teams to suspend activities in North Kivu’s Beni, Butembo, and Oicha health zones—where health actors continue to record high numbers of new confirmed EVD cases—from August 19 to 20.
- Since the beginning of the outbreak in August 2018, USAID has provided nearly \$148.1 million to support EVD preparedness and response activities in the DRC, and more than \$9.8 million to bolster preparedness in neighboring countries. USAID funding provides critical assistance—including infection prevention and control (IPC) activities, training for health care workers, community engagement interventions, promotion of safe and dignified burials, strengthening of screening at borders, and food assistance—to EVD-affected communities.

¹ USAID’s Office of U.S. Foreign Disaster Assistance (USAID/OFDA)

² USAID’s Office of Food for Peace (USAID/FFP)

³ USAID’s Bureau for Global Health (USAID/GH)

⁴ This total includes \$148.1 million in USAID funding through USAID/FFP, USAID/GH, and USAID/OFDA for EVD preparedness and response activities in the DRC and \$9.8 million in USAID funding through USAID/GH, USAID/OFDA, and USAID/Rwanda for EVD preparedness activities in Burundi, Rwanda, South Sudan, and Uganda.

CURRENT EVENTS

- Since the detection of EVD in Goma in late July, Government of Rwanda border authorities have intermittently refused entry to Congolese nationals and non-governmental organization (NGO) staff suspected of residing in EVD-affected areas of eastern DRC, according to international media reports. WHO and other international response actors continue to advocate against the implementation of cross-border movement restrictions to limit the spread of EVD, underscoring the economic and political implications of such measures. For example, a temporary border closure in early August contributed to a surge in food prices in Goma and Rwanda's border town of Gisenyi and hindered the movement of NGO staff conducting response activities in Goma, international media report. WHO cautions that additional border closures may also prompt populations to increase their use of informal border crossings, allowing them to evade screening at established points of entry (PoEs) and thereby increasing the risk of cross-border EVD transmission.
 - Although the MoH has confirmed four EVD cases in Goma to date, health actors had not detected active transmission in the city to date. To strengthen local capacity to respond to additional cases in Goma and prevent the further spread of EVD into the city, U.S. Centers for Disease Control and Prevention (CDC) staff are providing technical support to MoH and WHO contact tracing, IPC, risk communication, safe burial, surveillance, and vaccination teams. Additionally, CDC staff and USAID/OFDA partners are monitoring screening activities at points of control and PoEs in Goma—including at Goma International Airport—in an effort to strengthen screening procedures. Health actors, including USAID/OFDA partners, are also working to bolster IPC standards in health facilities located in and around Goma and conducting community engagement campaigns to improve EVD awareness and dispel misconceptions about the disease.
 - Separately, health actors confirmed a new EVD case in Uganda's Kasese District— which is located along the DRC–Uganda border—on August 29. The case is the fourth EVD case originating from the DRC to be detected in Kasese since June. In response, health actors are working to bolster screening procedures at PoEs located along the border between the DRC and Uganda. Government of Uganda health teams are also conducting critical response activities, including contact tracing and vaccination, to further reduce the risk of cross-border EVD transmission, WHO reports.
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OUTBREAK OVERVIEW

- The EVD outbreak has continued to spread to new health zones in recent weeks, indicating the urgent need to strengthen case investigation, contact tracing, and disease surveillance in EVD-affected and at-risk health zones, particularly given high population mobility in EVD-affected areas, health actors report. In August, the MoH recorded the first confirmed EVD cases in Ituri Province's Lolwa Health Zone, North Kivu's Pinga Health Zone, and Mwenga—a health zone in previously unaffected South Kivu Province. Notably, although the initial case-patient in Mwenga had been identified as a known contact of an EVD patient in Beni and vaccinated against EVD, she was not under consistent monitoring, enabling her to travel from Beni to Mwenga—through Goma and South Kivu's capital city of Bukavu—undetected.
 - In response to the detection of EVD in Lolwa, Mwenga, and Pinga, the MoH deployed rapid response teams, which included CDC personnel in Mwenga, to conduct critical response activities—including contact tracing, community engagement, IPC, surveillance, and vaccination—in the three health zones. A multi-agency mission—including staff from CDC, Médecins Sans Frontières, and several UN agencies—also traveled from Goma to Bukavu on August 17 to meet with political leaders and preparedness partners and determine response needs in areas located in and around the city.
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INSECURITY

- Persistent insecurity, including community protests in response to violence against civilians, continued to disrupt critical response activities—including contact tracing and vaccination—during August. Following armed group attacks in mid-August, community members in Beni, Butembo, and Oicha conducted general strikes and protests that resulted in the

temporary suspension of EVD response activities on August 19, WHO reports. Although response activities resumed on August 20, the UN agency notes that additional protests will likely continue to intermittently hinder response activities in the coming weeks.

- In early August, community protests against armed group attacks prompted the temporary suspension of response activities in Beni, the MoH reports. Although response actors have since reported relative improvements in security conditions, many anticipate that the volatile security situation in Beni—where the majority of new EVD cases recorded since mid-June—may continue to periodically limit humanitarian access to EVD-affected populations.

EVD PREPAREDNESS AND PREVENTION

- The improper or inconsistent implementation of IPC protocols has increased the risk of EVD exposure for health care workers, as well as additional transmission in health facilities, since the beginning of the outbreak, WHO reports. As of September 7, more than 157 health care workers—comprising more than 5 percent of confirmed cases—were likely to have contracted EVD through health facility-based transmission, according to WHO.
- To support efforts to halt EVD transmission in health care facilities, USAID/OFDA partners are working to strengthen IPC procedures and improve water, sanitation, and hygiene (WASH) infrastructure in health facilities located in EVD-affected areas. For example, with USAID/OFDA funding, one NGO is training health workers to safely screen, isolate, and refer suspected EVD case-patients in more than 40 priority health facilities across North Kivu's Beni, Lubero, and Mabalako health zones, as well as Ituri's Mandima Health Zone. To facilitate behavior change among health care workers and ensure USAID/OFDA-supported facilities are meeting IPC standards, the NGO is also conducting regular mentoring and supervisory visits to monitor IPC and WASH activities in health facilities, conducting nearly 80 monitoring visits, as well as additional follow-up visits with 50 previously trained health workers, from July 29 to August 4. Following the visits, the NGO noted that all individuals exhibiting symptoms that met the case definition of EVD were appropriately isolated and reported as suspected cases by health facility staff during the reporting period.
- A USAID/OFDA partner is also supplying more than 50 health facilities in North Kivu with chlorine, disinfectant, soap, and personal protective equipment (PPE), including disposable face masks, gloves, goggles, and gowns. USAID/OFDA funding enables the NGO to distribute sufficient quantities of USAID/OFDA-procured PPE to respond to EVD alerts across the supported facilities monthly.
- Meanwhile, CDC continues to bolster local capacity to respond to the current, as well as any future, EVD outbreaks. In collaboration with the MoH and WHO, and through the DRC Field Epidemiology Training Program, CDC trained 40 senior health workers from Ituri and North Kivu on topics such as case reporting, contact tracing, community engagement, IPC, surveillance, and EVD risk communication from July 22 to 28. The training was part of the Surveillance Training to Enhance EVD Response and Readiness (STEER) program, which aims to build transferrable knowledge and skills among at least 5,000 Congolese health workers in EVD-affected areas. The STEER program also provides mentorship to health workers trained through the program for a period of three months. With supervision from CDC and WHO personnel, among others, the final training session—co-facilitated by former trainees of the program and directed towards community health workers—concluded on August 15.

COMMUNITY ENGAGEMENT

- Combatting misinformation regarding EVD remains critical for reducing community mistrust of the EVD response; as such, USAID/OFDA has continued to support community engagement efforts in EVD-affected and at-risk areas of Ituri and North Kivu in recent months, with one USAID/OFDA partner reaching more than 850 people in North Kivu's Katwa Health Zone with information on the benefits of receiving the EVD vaccine from August 19 to 25. The information sessions—which included testimonials from individuals vaccinated against EVD—aimed to dispel misinformation regarding the vaccine, including rumors that the vaccine causes EVD. Following the sessions,

participants expressed increased acceptance toward vaccination teams and indicated a desire to be vaccinated against EVD.

- Similarly, a USAID/OFDA partner reached more than 76,000 people in North Kivu’s Beni, Butembo, Goma, Kalunguta, and Katwa health zones with essential information on EVD prevention—including how to recognize EVD symptoms and where to seek treatment for EVD—between mid-July and mid-August. The partner has established more than 10 women and youth associations in Beni, Butembo, Kalunguta, and Katwa to raise awareness of risks associated with EVD, including the importance of adhering to IPC and WASH standards in health facilities.
- To encourage community acceptance of and involvement in safe and dignified burials, another USAID/OFDA partner provided nearly 1,800 community leaders in nine health zones across Ituri and North Kivu with information on the importance of safe burials from July 15 to 31. Through community dialogues, the NGO also disseminated information on EVD transmission to promote health awareness and prevent disease spread in EVD-affected and at-risk communities.

CONTEXT

- EVD is endemic to some animal species in the DRC, resulting in periodic human disease outbreaks; the country has experienced 10 recorded EVD outbreaks since 1976. The MoH recognized the current outbreak—the second largest recorded globally—on August 1, 2018.
- The current EVD outbreak is the first to occur in Ituri and North Kivu, conflict-affected provinces with high-density population areas, highly transient populations, significant insecurity-related access constraints, and porous borders to adjacent countries. Decades of conflict—coupled with limited corresponding international attention—have also resulted in the increasing politicization of EVD, which has contributed to the spread of misinformation about the disease, as well as persistent community mistrust of government- and UN-led response efforts.
- On September 5, 2018, U.S. Chargé d’Affaires, a.i., Jennifer Haskell declared a disaster in eastern DRC due to the magnitude of the EVD outbreak. Subsequently, the USG deployed a field-based Disaster Assistance Response Team (DART) on September 21, 2018, and established a Washington D.C.-based Response Management Team to support the DART. The DART—which includes disaster response and technical experts from USAID and CDC—is coordinating USG efforts to support the EVD response.
- Chargé d’Affaires Haskell redeclared a disaster in eastern DRC for FY 2019 due to ongoing humanitarian needs resulting from the EVD outbreak on October 4, 2018.

USAID FUNDING FOR THE DRC EVD OUTBREAK RESPONSE IN FYs 2018–2019

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
FUNDING TO THE DRC FOR EVD RESPONSE AND PREPAREDNESS			
USAID/OFDA⁵			
Implementing Partners (IPs)	Economic Recovery and Market Systems, Health, Protection, Risk Management Policy and Practice, WASH	Ituri, North Kivu	\$85,899,944
International Organization for Migration (IOM)	Health	Ituri, North Kivu	\$3,440,280
UN Children’s Fund (UNICEF)	Health, Protection, WASH	Ituri, North Kivu	\$5,258,622
UN Department of Safety and Security (UNDSS)	Humanitarian Coordination and Information Management (HCIM)	Ituri, North Kivu	\$649,981

⁵ In addition to the funding listed, USAID/OFDA also supports additional relief partners implementing emergency health programming in EVD-affected areas that are undertaking enhanced IPC measures and risk education in health facilities under these programs. This funding is accounted for separately under the DRC Complex Emergency.

UN Humanitarian Air Service (UNHAS)	Logistics Support	Ituri, North Kivu	\$7,105,000
UN Humanitarian Response Department (UNHRD)	Logistics Support	Ituri, North Kivu	\$4,882,228
UN Office for the Coordination of Humanitarian Affairs (OCHA)	HCIM	Ituri, North Kivu	\$2,254,834
WHO	Health	Ituri, North Kivu	\$15,000,000
	Program Support		\$2,607,586
TOTAL USAID/OFDA FUNDING			\$127,098,475
USAID/FFP			
UN World Food Program (WFP)	Local and Regional Food Procurement	Ituri, North Kivu	\$12,000,000
TOTAL USAID/FFP FUNDING			\$12,000,000
USAID/GH & USAID MISSIONS			
UNICEF	Health, WASH	Ituri, North Kivu	\$4,000,000
WHO	Health	Ituri, North Kivu	\$5,000,000
TOTAL USAID/GH & USAID MISSIONS FUNDING			\$9,000,000
TOTAL USAID FUNDING TO THE DRC EVD RESPONSE			\$148,098,475
FUNDING TO NEIGHBORING COUNTRIES FOR EVD PREPAREDNESS			
IPs	HCIM, Health, Protection, WASH	Rwanda, South Sudan, Uganda	\$3,425,470
IOM	Health	South Sudan	\$3,000,000
OCHA	HCIM	South Sudan	\$975,282
UNICEF	Health, WASH	Rwanda	\$399,600
WHO	Health	Burundi, Rwanda, Uganda	\$2,000,000
TOTAL USAID FUNDING TO NEIGHBORING COUNTRIES			\$9,800,352
TOTAL USAID FUNDING TO THE DRC AND NEIGHBORING COUNTRIES FOR EVD RESPONSE AND PREPAREDNESS			\$157,898,827

PUBLIC DONATION INFORMATION

The most effective way people can assist relief efforts is by making cash contributions to humanitarian organizations that are conducting relief operations. A list of humanitarian organizations that are accepting cash donations for disaster responses around the world can be found at www.interaction.org.

USAID encourages cash donations because they allow aid professionals to procure the exact items needed (often in the affected region); reduce the burden on scarce resources (such as transportation routes, staff time, and warehouse space); can be transferred very quickly and without transportation costs; support the economy of the disaster-stricken region; and ensure culturally, dietary, and environmentally appropriate assistance.

More information can be found at:

- USAID Center for International Disaster Information: www.cidi.org.
- Information on relief activities of the humanitarian community can be found at www.reliefweb.int.

USAID/OFDA bulletins appear on the USAID website at <http://www.usaid.gov/what-we-do/working-crises-and-conflict/responding-times-crisis/where-we-work>