



International Medical Corps coaching health staff on donning of personal protective equipment (PPE).

SITUATION UPDATE

International Medical Corps at the forefront of medical and public health research

August 12, 2019, was a memorable day. Almost half a century after the first outbreak of Ebola in history was confirmed,¹ a groundbreaking multi-center study (the PALM² Trial) identified two new pharmaceutical treatments that—when compared to standard care and other previously used treatments—demonstrated superior ability to substantially reduce death rates in Ebola patients, especially when administered early. International Medical Corps' Ebola Treatment Center (ETC) in Mangina was one of the enrollment sites of this multi-center study. During the follow up phase of the study, it enrolled the greatest number of patients.

In the coming months, International Medical Corps will continue to leverage its research experience to inform medical and public health practices. This includes leading a study on Ebola vaccine hesitancy in the DRC that seeks to understand the driving factors behind community acceptance or refusal of the Ebola vaccine, despite its proven efficacy.³ This mixed-methods study, funded by the US Centers for Disease Control and Prevention (CDC), utilizes household surveys, key informant interviews and focus group discussions, and engages health workers, communities and other stakeholders. In addition to contributing to the global discussion on vaccine hesitancy in general, the study findings will provide insights on how to

FAST FACTS

- The Ebola outbreak in the northeast of the DRC, the second-largest in world history, claimed the lives of 2,287 of the 3,324 patients affected. The new outbreak, in Équateur Province, has affected eight of the province's 17 health zones, with 117 confirmed cases and 50 deaths.
- 360,292 people have been vaccinated against Ebola (including 27,303 in Équateur).

INTERNATIONAL MEDICAL CORPS' RESPONSE

- International Medical Corps' Rapid Response Teams (RRTs) have managed more than 100 patients at Ebola Treatment Centers (ETCs) in Bikoro and Mbandaka, including more than 20 confirmed cases.
- On June 30, when the Mangina ETC was decommissioned, the facility had cared for 3,859 suspected and 422 confirmed Ebola patients.
- International Medical Corps is providing IPC support to 196 health facilities to ensure that healthcare delivery is safe, including 20 new facilities in Équateur, where there is a new Ebola outbreak.
- Since August 21, 2018, screening and referral units (SRUs) supported by International Medical Corps have provided over 1,336, 241 screenings for Ebola and 39,789 for COVID-19.

¹ In 1976.

² PALM stands for Pamoja Tulinde Maisha (Kiswahili for "Together Save Lives").

³ <https://www.fda.gov/news-events/press-announcements/first-fda-approved-vaccine-prevention-ebola-virus-disease-marking-critical-milestone-public-health>

engage communities for new vaccines, especially those targeting epidemic-prone diseases like COVID-19. This study will add to International Medical Corps' efforts to help the DRC government prepare for the introduction of potential COVID-19 vaccines. Another multi-center study (funded by the US Bureau for Humanitarian Assistance), scheduled to begin this September, seeks to understand the impact of nutritional status on patient outcomes in suspected and confirmed cases of COVID-19. This will include monitoring the clinical course of the disease, length of admission and incidence of complications. The findings from these studies not only will help strengthen outbreak response efforts in the DRC but will also support efforts to prevent outbreaks and improve patient care worldwide. They add to the comprehensive efforts International Medical Corps has been making with the support of donors over the last quarter of a century to improve healthcare and save lives in the DRC, one of Africa's most populated countries.

Tackling Ebola in Équateur Province

In addition to the support we have provided to the DRC government in tackling the COVID-19 outbreak in the country, our Rapid Response Team (RRT) has been in Équateur Province in the west of the country since June 3, supporting response efforts to an Ebola outbreak—11th in the country's history—that was confirmed on June 1. Given the access challenges, this latest outbreak has lasted longer than the 2018 outbreak in Équateur Province, which lasted two months. If it is not well controlled, it might take as long to contain as the outbreak in the northeast of the DRC, which was declared over on June 25, nearly two years since it began in August 2018.

As was the case during the 2018 Équateur outbreak, our RRT deployed quickly once it was announced. International Medical Corps is currently supporting case management of suspect and confirmed cases in two ETCs, in Mbandaka and Bikoro, the two most affected health zones. This is in addition to support we provide in infection prevention and control (IPC) to health facilities where the risk of spread of Ebola, COVID-19 and other infectious diseases is high.

GAPS FOR WHICH SUPPORT IS NEEDED

- Support is needed to strengthen International Medical Corps' Ebola outbreak response in Équateur province, including case management, surveillance, IPC and wrap around-like activities that reinforce community trust.
- Support is needed to enable International Medical Corps to strengthen the outbreak response and resilience of DRC's health system, including through:
 - establishing holistic programs to monitor the health of survivors and support them after they leave care, which includes testing for the persistence of the virus in their bodily fluids and monitoring the transmission of the disease to their partners and contacts (a process known as ring surveillance), as well as providing clinical and mental health care and livelihood support for survivors and their dependents;
 - providing programs to support and protect children orphaned by the Ebola outbreak, as well as other vulnerable-affected persons, such as widows, widowers with young children and families of survivors;
 - providing protection programs, especially for women and children, who are at higher risk of contracting Ebola and other contagious diseases such as COVID-19;
 - strengthening access to clean water and waste management in health facilities and communities, which is indispensable for IPC and the prevention of water-borne diseases;
 - establishing disease surveillance and health system-strengthening programs, because strong health systems are needed to rapidly control disease outbreaks;
 - providing interventions to facilitate access to primary healthcare and referrals, especially for vulnerable groups; and
 - providing support to the DRC's post-Ebola transition plan for the northeast, which is still recovering from the impact of a two-year long Ebola outbreak, the most complex in the country's history.
- Support also is needed to enable the organization to further leverage structures set up during the Ebola response to help control the COVID-19 outbreak in the DRC.

INTERNATIONAL MEDICAL CORPS' PREVIOUS EXPERIENCE IN RESPONDING TO DISEASE OUTBREAKS

International Medical Corps has extensive experience responding to Ebola and other infectious disease outbreaks. In 2014, International Medical Corps responded to the largest outbreak of the disease in history, in Guinea, Liberia, Sierra Leone, Mali and Guinea-Bissau. With a team of more than 1,500 tireless staff, International Medical Corps treated nearly 460 Ebola-positive patients and helped support longer-term efforts to prevent transmission of the virus. The organization's five Ebola treatment units in Liberia and Sierra Leone cared for more than 2,500 suspected and confirmed patients. In Liberia, Sierra Leone and Guinea, its SRUs screened tens of thousands of health facility users on Ebola.

International Medical Corps supplemented medical care and screening with psychosocial support and community engagement efforts, including workshops and person-to-person contacts, to explain the need for proper hygiene, dispel myths surrounding Ebola and encourage survivor families and community residents. And because strengthening local healthcare systems to lift the overall level of care is essential to improve quality of life in the region and reduce public health risks globally, International Medical Corps also worked to support and rebuild local health systems through training and re-equipping healthcare facilities.

Before its response in the 10th outbreak, International Medical Corps conducted multi-sectoral efforts in the wake of the previous EVD outbreak in the DRC, which began in Équateur Province in April 2018. Working from locations in Kinshasa and Mbandaka, the team provided critical IPC training to 516 health staff (nurses, laboratory technicians, doctors and hygienists) in six health zones—Bikoro, Ikobo, Wangata, Mbandaka, Ntongo and Bolenge—with the knowledge and skills to protect themselves and their facilities from Ebola transmission. In addition, International Medical Corps provided PPE and basic WASH supplies to 65 health facilities.

INTERNATIONAL MEDICAL CORPS IN THE DEMOCRATIC REPUBLIC OF THE CONGO

For more than 20 years, International Medical Corps has delivered lifesaving healthcare, food security, nutrition and WASH support for those in need in the DRC. International Medical Corps has increased access to reproductive health and maternal healthcare, including training staff on emergency obstetric care and the clinical management of rape. As part of global efforts to declare Africa polio-free by 2020, International Medical Corps has implemented community-based disease surveillance programming in North Kivu and is currently focusing on Tanganyika Province. In response to brutal, ongoing violence, International Medical Corps provides training and technical supervision to strengthen the capacity of local organizations that provide holistic support to survivors of sexual and gender-based violence in both North and South Kivu, and is working to provide lifesaving healthcare via mobile medical units and nutrition services in Tanganyika Province. International Medical Corps is looking toward funding in support of health system strengthening post-Ebola and toward providing care to survivors as a means of building the resilience of affected communities.

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Activity Spotlight:



International Medical Corps donated four-wheel drive ambulances equipped with medical equipment to health zones in the northeast of the DRC.



International Medical Corps' protection program mobilized in Masereka to rehabilitate a building that will serve as a women and girls' safe space.