



*An informal settlement of more than 1,000 returnees have set up huts made from tarpaulin and other improvised materials after their homes in Goma were destroyed by the eruption of the Nyiragongo Volcano in May.*

***International Medical Corps is battling rumors and community concerns in an effort to generate demand for COVID-19 vaccination in the DRC***

The Democratic Republic of Congo was among the first countries to obtain approval for its COVID-19 vaccine application to the [COVAX initiative](#). However, a few days before the vaccination campaign could begin in March, the government of the DRC—like several other countries—suspended the rollout of the AstraZeneca vaccine (which currently is the only COVID-19 available in the DRC) due to reports of a number of cases of blood clotting among persons who had received the vaccine. The investigations that followed confirmed that the advantages of receiving the vaccine outweigh the risk of the potential side effects, considering how unlikely they are to occur. Despite these reassurances from several governments and international bodies that monitor and regulate medical supplies, including vaccines, people have remained cautious about getting vaccinated against COVID-19 in general, and the AstraZeneca vaccine in particular. Vaccinations finally began on April 19.

International Medical Corps has been providing ongoing support to the Ministry of Health (MoH) in the DRC in its efforts to implement the national COVID-19 vaccine demand-generation plan, which was developed together with other partners in March of this year. This support has been largely informed by findings from two vaccine hesitancy studies conducted by International Medical Corps in the DRC. Though the demand generation activities conducted by International Medical Corps are restricted to three provinces (North Kivu and South Kivu provinces, in the east of the country, and the capital, Kinshasa), the communication tools developed as part of these efforts also will be used in other provinces.

The tools include picture boxes that serve as communication aids for community health volunteers and health workers, aiding in their efforts to raise awareness about COVID-19, as well as posters, billboard messages, banners, radio and TV spots, and short text messages (SMS). Given the key role played by social media in information sharing, International Medical Corps is

### FAST FACTS

- On February 7, new cases of Ebola resurfaced in the northeast of the DRC, less than a year after the 10th Ebola outbreak claimed the lives of 2,287 of the 3,324 patients confirmed in this region. Since 2018, four Ebola outbreaks have broken out in the DRC, each within one to six months of the previous one. This, in addition to other ongoing outbreaks in the country, such as anthrax and COVID-19, highlight the need for reinforcing global health security agenda (GHS) initiatives in the country.
- 62,378 people have received the COVID-19 vaccination in the DRC, with almost half of these in three provinces where we support demand-generation activities.

### INTERNATIONAL MEDICAL CORPS' RESPONSE

- During the 11th outbreak, International Medical Corps' rapid response teams (RRTs) managed more than 900 patients at ETCs in Bikoro, Mbandaka and Buburu, including 29 confirmed cases.
- On June 30, 2020, when the Mangina ETC in the northeast was decommissioned at the end of the 10th outbreak, the facility had cared for 3,859 suspected and 422 confirmed Ebola patients.
- Eight of the 11 cases confirmed in the 12th Ebola outbreak were managed in an ETC set-up by International Medical Corps' RRT in the town of Katwa.

helping the MoH set up an interactive WhatsApp group, to enable community members to receive accurate and up-to-date information about COVID-19. This tool will also be used to share information about the relevant mechanisms in place to ensure the safety of the COVID-19 vaccine, debunk rumors and provide answers to any circulating misinformation. It also will be used to stress the importance of COVID-19 vaccination in reinforcing COVID-19 barrier measures, provide basic information about the functioning of the immune system and how it's strengthened by the vaccine, and stress the importance of booster doses role and transparency on the contents of vaccines.

Testimonials (especially from religious and other community leaders) also are being used to encourage people to get vaccinated, along with specific messages tailored to high-risk groups, such as healthcare workers, other frontline workers, people living with chronic health conditions and the elderly.

Support is needed to meet gaps in the rollout of the COVID-19 vaccination in the DRC, given how few partners are available to support the government in efforts to reach its current target of vaccinating at least 25% of the country's population of more than 80 million people. So far, the DRC has been able to obtain just 5.9 million doses, falling far short of what would be needed to attain herd immunity. Cold-chain support also is critical to enabling the deployment of a maximal number of vaccination teams, given the very low temperatures required for the storage of some of the COVID-19 vaccines (some as low as -70°C to -20°C). The logistical support to transport the vaccines to the most remote areas is also a challenge, as is setting up systems to safely dispose of waste generated at vaccination sites and to conduct post-vaccination surveillance. These challenges currently limit the distribution of vaccines to large urban areas, widening the inequality gap between rural and urban residents, between the poor and those with means, and between host communities and internally displaced persons. With only 62,378 people vaccinated against COVID-19 as of the end of June 2021, support to reinforce demand-generation activities is essential, given the ongoing spread of new rumors that arise daily from within the country and abroad.

#### ***DRC looking forward to the end of another Ebola outbreak***

May 4 marked the beginning of the 90-day period of heightened surveillance to identify and limit the effect of any residual chains of Ebola transmission in the latest outbreak of Ebola outbreak in the DRC which began on February 7 and is the country's 12th outbreak. Eight of the 11 cases confirmed during the outbreak were managed at an Ebola Treatment Center (ETC) set up and operated by International Medical Corps' rapid response team (RRT). The organization's heightened surveillance support mirrors that of the MoH and includes managing suspect cases identified and referred to the ETC, as well as supporting community health workers involved in conducting community-based surveillance. As part of its plan to transfer knowledge and skills to beneficiary communities, International Medical Corps will train MoH RRTs in 13 health zones.

If no new Ebola cases are identified during the remaining four weeks of the heightened surveillance period, the 12th Ebola outbreak will be declared over. Given that there have been three unrelated Ebola outbreaks over the past four years with only one to six months between them, International Medical Corps and other response actors remain cautious. Support is still needed to maintain outbreak preparedness and response capacity, especially as managing recurrent waves of COVID-19 and an Ebola outbreak at the same time can be challenging.

#### ***Providing support to families and communities internally displaced by eruption of the Nyiragongo Volcano***

On May 22, Mount Nyiragongo—one of the most active volcanos in the world—erupted, destroying hundreds of homes, schools, and health facilities north of the city of Goma, the DRC's third most populated city. Although the violent earth tremors that followed (as strong as 5.3 on the Richter scale) destroyed only a few high-rise buildings, more than half a million people had to be evacuated for fear of a limnic eruption,<sup>1</sup> whereby lava moving beneath the ground might erupt into nearby Lake Kivu. More than 6,000

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<sup>1</sup> [Mount Nyiragongo: Why DR Congo fears the explosive power of a lake - BBC News](#)

people who returned four weeks later to Goma have not been able to find a place to stay, as their homes have been completely buried in lava. Schooling for many children of school age is no longer possible, either because schools have been completely or partly destroyed by the eruption or they are occupied by returnees who have been forced to squat in public structures. Access to water in the northern part of the city is challenging, as one of the city's main water reservoirs was also destroyed by the lava flow.

International Medical Corps is facilitating access to water and strengthening infection prevention and control (IPC) at eight health facilities in the affected communities, as well as an informal camp that hosts more than 2,000 people. IPC in these settings is important given the ongoing spread of COVID-19 in the DRC. Structures, including a child-friendly space, set are being set up at this camp to reinforce the protection of vulnerable people, such as women, children, the elderly and people with disabilities, and we are exploring how to provide non-food items (NFI) to help improve living conditions for affected people. Support is needed to extend these activities to other IDP settlements, facilitate access to free healthcare services and help affected communities rebuild the water infrastructure, homes, schools and other public places that have been destroyed.

#### **GAPS FOR WHICH SUPPORT IS NEEDED**

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- Support is needed to help International Medical Corps contribute to efforts to strengthen health systems and the global health security agenda (GHSA) in the DRC, especially in outbreak-prone areas. There is also need for a program to provide holistic support to survivors of outbreaks, especially those of Ebola.
- Support is needed to enable International Medical Corps to continue mitigating future waves of COVID-19, including support to fill gaps in COVID-19 vaccination rollouts.
- Gifts-in-kind (GIKs) are needed, especially of items that have become sparse due to increased global demand and export restrictions with the COVID-19 pandemic. This includes face masks and other personal protective equipment (PPE), as well as equipment needed for patient care, such as oxygen extractors, ventilators, etc.
- Support is needed to enable International Medical Corps to continue contributing to the DRC's post-Ebola strategy in the northeast and Équateur province, which seeks to reinforce the resilience of the local health systems.
- Support is needed to provide emergency relief to returnees of Nyiragongo volcano eruption, as well as to rebuild affected facilities such as health centers and to renovate partially destroyed ones, to ensure quality and safety of care.

#### **INTERNATIONAL MEDICAL CORPS' PREVIOUS EXPERIENCE IN RESPONDING TO DISEASE OUTBREAKS**

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International Medical Corps has extensive experience responding to Ebola and other outbreaks of infectious disease. 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. Our five ETCs in Liberia and Sierra Leone cared for more than 2,500 suspected and confirmed patients. In Liberia, Sierra Leone and Guinea, our SRUs screened tens of thousands of health facility users for 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. Because strengthening local healthcare systems is essential to improving quality of life in the region and reducing 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 responses in the northeast and Équateur regions to the country's 10th, 11th and 12th Ebola outbreaks, International Medical Corps conducted multi-sectoral efforts in the wake of the DRC's ninth outbreak, 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, Ntondo and Bolenge—giving them the knowledge and skills needed 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**

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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 battle polio, International Medical Corps implements a community-based disease surveillance programme in Tanganyika province. In response to brutal, ongoing violence, International Medical Corps provides training and technical supervision to strengthen the capacity of local organizations in South Kivu and Tanganyika provinces that provide holistic support to survivors of sexual and gender-based violence. We also provide nutrition services, and healthcare through mobile medical units.

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**Activity Spotlight**



*Temporary structures set-up from tents and tarpaulin to support safe isolation and management of suspect and confirmed Ebola cases in Katwa, northeast of the DRC.*



*An MoH team conducts a COVID-19 vaccination session for International Medical Corps staff.*



*Aerial view of part of Goma destroyed by lava spill during the Nyiragongo Volcano eruption.*



*Thatch and tarpaulin huts set-up by returnees whose homes were destroyed by the lava flow.*