

# DEMOCRATIC REPUBLIC OF THE CONGO - EBOLA OUTBREAK

FACT SHEET #5, FISCAL YEAR (FY) 2020

MARCH 13, 2020

# NUMBERS AT A GLANCE

3,444

Total Confirmed and Probable EVD Cases MoH – March 13, 2020

2,264

Total EVD-Related

Deaths

MoH – March 13, 2020

# 0

New Confirmed Cases in Past 21 Days MoH – March 13, 2020

29

Total Health Zones
Affected to Date
MoH - March 13, 2020

0

Number of Health Zones With Confirmed EVD Cases in Past 21 Days MoH – March 13, 2020

#### **HIGHLIGHTS**

- GoDRC could declare EVD outbreak over as early as April 12 if MoH reports no additional cases
- Despite lack of recently confirmed EVD cases, WHO urges caution, given risk of re-emergence
- Response activities resume in and near Mangina following early
   February insecurity and suspensions

## **HUMANITARIAN FUNDING**

FOR THE DRC EBOLA OUTBREAK RESPONSE IN FYs 2018–2020

USAID/OFDA <sup>†</sup>	\$253,399,058
USAID/FFP <sup>2</sup>	\$36,975,000
USAID/GH <sup>3</sup>	\$11,979,389
USAID in Neighboring Countries	\$16,671,381

\$319,024,8284

## **KEY DEVELOPMENTS**

- The most recently identified Ebola virus disease (EVD) case-patient, who was confirmed with the disease on February 17, was discharged from the EVD treatment unit in North Kivu Province's Beni Health Zone on March 3, according to the Government of the Democratic Republic of the Congo (GoDRC) Ministry of Health (MoH).
- The patient's second negative EVD test result—signaling the conclusion of the period of known potential for exposure to the disease during the current outbreak in eastern DRC—initiated a 42-day count until the GoDRC could declare the end of the outbreak. The 42-day timeframe, which represents twice the maximum Ebola virus incubation period, aligns with UN World Health Organization (WHO) recommendations for declaring the end of the outbreak; the current period will end on April 12 if no additional confirmed or probable cases are detected. However, WHO highlights that new EVD cases could occur and therefore emphasizes the need to continue surveillance and other critical response activities to mitigate the risk of EVD re-emergence.
- USAID/OFDA partners and other response organizations resumed activities in and near Mabalako Health Zone's Mangina town, North Kivu, in late February. Nearby armed group activity earlier in the month had prompted response actors to evacuate staff and suspend operations in the area. Persistent insecurity, primarily in neighboring Mandima Health Zone, Ituri Province, continues to restrict response activities.

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<sup>&</sup>lt;sup>1</sup> USAID's Office of U.S. Foreign Disaster Assistance (USAID/OFDA)

<sup>&</sup>lt;sup>2</sup> USAID's Office of Food for Peace (USAID/FFP)

<sup>&</sup>lt;sup>3</sup> USAID's Bureau for Global Health (USAID/GH)

<sup>&</sup>lt;sup>4</sup> This total includes approximately \$302.4 million in USAID funding through USAID/FFP, USAID/GH, and USAID/OFDA for EVD preparedness and response activities in the DRC and nearly \$16.7 million in USAID funding through USAID/GH, USAID/OFDA, and USAID/Rwanda for EVD preparedness activities in Burundi, Rwanda, South Sudan, Tanzania, and Uganda.

#### **EVD PREPAREDNESS AND RESPONSE**

- While the recent period without identification of new confirmed EVD cases represents a positive development, WHO
  underscores the ongoing risk of additional cases in the DRC, given the possibility of EVD circulation among
  inaccessible populations not currently under surveillance and Ebola virus transmission via the body fluids of EVD
  survivors, as well as the presence of the Ebola virus animal reservoir in the region.
- With USAID/OFDA support, Première Urgence Internationale (PUI) continues critical health and water, sanitation, and hygiene (WASH) activities in more than 60 health facilities in Goma city's Goma, Karisimbi, and Nyiragongo health zones, North Kivu. In February, U.S. Government (USG) Disaster Assistance Response Team (DART) staff visited several PUI-supported sites in Karisimbi and Nyiragongo to monitor implementation of USAID/OFDA-supported activities. During the visits, DART staff observed triage activities and noted that the design of PUI screening and isolation units effectively controlled population flow into supported facilities and assisted with effective screening. PUI activities have enabled supported facilities to improve Infection Prevention and Control (IPC) Score Card scores—which assess whether health facilities meet minimum IPC standards—in recent months through the provision of equipment and the rehabilitation of WASH infrastructure, as well as training and mentorship for health facility staff on putting IPC principles into practice.
- U.S. Centers for Disease Control and Prevention (CDC) personnel continue to provide critical technical assistance to support MoH response activities that seek to develop knowledge of and mitigate Ebola virus transmission. For example, the MoH is using the results of a CDC evaluation conducted in December among IPC supervisors in Goma, Karisimbi, and Nyiragongo to improve materials for the upcoming release of the fourth phase of the IPC toolkit. The toolkit comprises a package of standardized guidance, training materials, and assessment tools developed by an IPC task force, led by the MoH in consultation with CDC, the UN Children's Fund (UNICEF), and WHO. Additionally, CDC developed a method of visualizing EVD transmission chains over time to bolster understanding of transmission chains and highlight weaknesses in the response; the surveillance commission has since adopted the method. With technical support from CDC, the commission has now trained additional MoH staff in Beni to create and utilize visual representations of transmission chains to identify potential gaps in case investigations.
- CDC also continues efforts to bolster capacity for critical surveillance activities that enable detection and reporting of
  potential EVD cases. With CDC support and training, a cohort of nearly 20 members of the African Field
  Epidemiology Network Corps of Disease Detectives deployed in late January to support the EVD response in North
  Kivu's Beni, Butembo, and Goma health zones through early April. The cohort, a multidisciplinary team with previous
  EVD response experience, is working within GoDRC EVD response structures to support surveillance activities,
  including alert investigation, contact tracing, and response worker training.
- With recent positive indications that the outbreak may be nearing an end, GoDRC EVD response leaders have begun planning for the post-EVD outbreak transition in eastern DRC and are working in coordination with other key GoDRC stakeholders and the UN to develop a formal transition plan in the coming months. UN Deputy Special Representative of the Secretary-General and Resident and Humanitarian Coordinator David McLachlan-Karr—who assumed responsibility for the UN Ebola Emergency Response Office on March 1—is coordinating UN and international efforts to support GoDRC transition planning.

# **INSECURITY**

• Following attacks by suspected Allied Democratic Forces (ADF) elements in southern Mandima from February 7 to 9 that resulted in civilian deaths, prompting substantial population displacement to North Kivu's Beni city and suspensions of response activities in and around nearby Mangina, many response organizations—including USAID/OFDA partners—had resumed activities in and near the town as of late February. Additionally, displaced households had begun to return to Mangina by mid-February, according to UNICEF. The UN Organization Stabilization Mission for the DRC (MONUSCO) has been conducting regular patrols of key routes near Mangina and has increased collaboration with the Armed Forces of the DRC to protect civilians against ADF elements in the area, the UN reports.

#### CONTEXT

- EVD is a rare and deadly disease caused by infection with Ebola virus. Based on evidence and the nature of other similar viruses, researchers believe that Ebola virus is animal-borne, most likely originating from bats. In humans, the virus is transmitted through close physical contact with infected body fluids, such as blood or vomit, and can result in fever, body aches, diarrhea, and severe bleeding. Scientists discovered the Ebola virus in 1976, near the Ebola River in what is now the DRC; to date, the country has experienced 10 EVD outbreaks. The MoH declared the current outbreak—the second largest recorded globally—on August 1, 2018.
- On July 17, 2019, WHO Director-General Dr. Tedros Adhanom Ghebreyesus declared the EVD outbreak in
  eastern DRC a Public Health Emergency of International Concern, which is defined as an extraordinary event that
  is determined to constitute a public health risk to other countries and may require immediate international action or
  a coordinated international response.
- 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 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.
- U.S. Ambassador Michael A. Hammer redeclared a disaster in eastern DRC for FY 2020 due to ongoing humanitarian needs resulting from the EVD outbreak on October 22, 2019.

### **USAID FUNDING FOR EVD OUTBREAK PREPAREDNESS & RESPONSE IN FY 2020**

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
FUNDING IN THE D	RC FOR EVD OUTBREAK PREPA	REDNESS & RESPONSE	
USAID/OFDA <sup>1</sup>			
Non-Governmental Organizations (NGOs)	Economic Recovery and Market Systems, Health, Nutrition, Protection, WASH	Ituri, North Kivu	\$88,391,709
International Organization for Migration (IOM)	Health	Ituri, North Kivu	\$5,998,930
UN Department of Safety and Security (UNDSS)	Humanitarian Coordination and Information Management (HCIM)	Ituri, North Kivu	\$760,378
UN Humanitarian Air Service (UNHAS)	Logistics Support	Ituri, North Kivu	\$3,000,000
UNICEF	Health, HCIM, Nutrition, Protection, WASH	Ituri, North Kivu	\$5,000,000
UN World Food Program (WFP)	Logistics Support	Ituri, North Kivu	\$2,691,582
	Program Support		\$498,317
TOTAL USAID/OFDA FUNDING IN FY 2020	0		\$106,340,916
TOTAL USAID FUNDING IN THE DRC FOI 2020	R EVD OUTBREAK PREPAREDNE	SS & RESPONSE IN FY	\$106,340,916
FUNDING TO NE	IGHBORING COUNTRIES FOR E	VD PREPAREDNESS	
IOM	Health	South Sudan	\$1,200,000

UNICEF	Health	Burundi	\$1,000,000
TOTAL USAID FUNDING TO NEIGHBORING COUNTRIES IN FY 2020		\$2,200,000	
TOTAL USAID FUNDING FOR	R EVD OUTBREAK PREPAREDNESS &	RESPONSE IN FY 2020	\$108,540,916

# USAID FUNDING FOR EVD OUTBREAK PREPAREDNESS & RESPONSE IN FY 2019

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
FUNDING IN THE DR	C FOR EVD OUTBREAK PREPA	REDNESS & RESPONSE	
USAID/OFDA			
NGOs	Economic Recovery and Market Systems, Health, Nutrition, Protection, Risk Management Policy and Practice, WASH	Ituri, North Kivu	\$90,911,809
International Federation of Red Cross and Red Crescent Societies (IFRC)	Health	Ituri, North Kivu	\$5,700,000
IOM	Health	Ituri, North Kivu	\$3,440,280
UNDSS	HCIM	Ituri, North Kivu	\$649,981
UNHAS	Logistics Support	Ituri, North Kivu	\$5,725,000
UN Humanitarian Response Depot	Logistics Support	Ituri, North Kivu	\$4,882,228
UNICEF	Health, Protection, WASH	Ituri, North Kivu	\$5,258,622
UN Office for the Coordination of Humanitarian Affairs (OCHA)	HCIM	Ituri, North Kivu	\$8,161,713
WHO	Health	Ituri, North Kivu	\$15,000,000
	Program Support		\$2,915,580
TOTAL USAID/OFDA FUNDING IN FY 2019			\$142,645,213
USAID/FFP			
NGO	Complementary Services, Food Vouchers	Ituri, North Kivu	\$12,975,000
WFP	Local, Regional, and International Procurement	Ituri, North Kivu	\$24,000,000
TOTAL USAID/FFP FUNDING IN FY 2019			\$36,975,000
USAID/GH			
IFRC	Health	Haut-Uele, Maniema, South Kivu, Tshopo	\$600,000
UNICEF	Health, WASH	Ituri, North Kivu, South Kivu, Tshopo	\$3,228,348
WHO	Health	South Kivu, Tshopo	\$1,151,041
TOTAL USAID/GH FUNDING IN FY 2019			\$4,979,389
TOTAL USAID FUNDING IN THE DRC FOR 2019	EVD OUTBREAK PREPAREDNE	SS & RESPONSE IN FY	\$184,599,602
FUNDING TO NEI	GHBORING COUNTRIES FOR E	VD PREPAREDNESS	
NGOs	Health, WASH	Rwanda, South Sudan, Uganda	\$3,771,629
IFRC	Health	Rwanda, Uganda	\$1,252,370
IOM	Health	South Sudan	\$2,600,000
OCHA	HCIM	South Sudan	\$975,282
UNICEF	Health, WASH	Rwanda, Tanzania	\$1,599,600

WHO	Health	Burundi, South Sudan, Tanzania	\$2,672,500
TOTAL USAID FUNDING TO NEIGHBORING COUNTRIES IN FY 2019			\$12,871,381
TOTAL USAID FUNDING FOR	EVD OUTBREAK PREPAREDNESS 8	RESPONSE IN FY 2019	\$197,470,983

# **USAID FUNDING FOR EVD OUTBREAK PREPAREDNESS & RESPONSE IN FY 2018**

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT	
FUNDING IN THE D	RC FOR EVD OUTBREAK PREPA	REDNESS & RESPONSE		
USAID/OFDA				
NGOs	Economic Recovery and Market Systems, Health, Protection, Risk Management Policy and Practice, WASH	lturi, North Kivu	\$2,949,957	
UNHAS	Logistics Support	Ituri, North Kivu	\$1,380,000	
	Program Support		\$82,972	
TOTAL USAID/OFDA FUNDING IN FY 201	B		\$4,412,929	
USAID/GH				
UNICEF	Health, WASH	Ituri, North Kivu	\$2,000,000	
WHO	Health	Ituri, North Kivu	\$5,000,000	
TOTAL USAID/GH FUNDING IN FY 2018			\$7,000,000	
TOTAL USAID FUNDING IN THE DRC FOI 2018	R EVD OUTBREAK PREPAREDNE	SS & RESPONSE IN FY	\$11,412,929	
FUNDING TO NE	FUNDING TO NEIGHBORING COUNTRIES FOR EVD PREPAREDNESS			
IOM	Health	South Sudan	\$400,000	
WHO	Health	Burundi, Rwanda, Uganda	\$1,200,000	
TOTAL USAID FUNDING TO NEIGHBORII	NG COUNTRIES IN FY 2018		\$1,600,000	
TOTAL USAID FUNDING FOR EVD PREPA	REDNESS & RESPONSE IN FY 20	18	\$13,012,929	

# USAID FUNDING FOR EVD OUTBREAK PREPAREDNESS & RESPONSE FYs 2018-2020

TOTAL USG FUNDING FOR EVD PREPAREDNESS & RESPONSE FYs 2018–2020	\$319,024,828
TOTAL USAID FUNDING TO NEIGHBORING COUNTRIES FOR EVD PREPAREDNESS FYs 2018–2020	\$16,671,381
TOTAL USAID/GH FUNDING TO THE DRC EVD RESPONSE FYs 2018-2020	\$11,979,389
TOTAL USAID/FFP FUNDING TO THE DRC EVD RESPONSE FYs 2018–2020	\$36,975,000
TOTAL USAID/OFDA FUNDING TO THE DRC EVD RESPONSE FYs 2018–2020	\$253,399,058

<sup>&</sup>lt;sup>1</sup> In addition to the funding listed, USAID/OFDA supports additional relief partners implementing emergency programming in EVD-affected areas. This funding is accounted for separately under the DRC Complex Emergency.

## **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 <a href="https://www.interaction.org">www.interaction.org</a>.

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.