

# DEMOCRATIC REPUBLIC OF THE CONGO – EBOLA OUTBREAK

FACT SHEET #2, FISCAL YEAR (FY) 2020

NOVEMBER 29, 2019

## NUMBERS AT A GLANCE

**3,309**

Total Confirmed and Probable Cases  
MoH – November 29, 2019

**2,201**

Total EVD-Related Deaths  
MoH – November 29, 2019

**23**

New Confirmed Cases in Past 21 Days  
MoH – November 29, 2019

**29**

Total Health Zones Affected to Date  
MoH – November 29, 2019

**4**

Number of Health Zones With Confirmed EVD Cases in the Past 21 Days  
MoH – November 29, 2019

## HIGHLIGHTS

- Insecurity in Beni Territory restricts access to areas with new EVD cases, jeopardizing fragile gains in EVD response
- WHO and health actors continue to note persistent response gaps even as weekly EVD caseloads decline
- DART travels to Butembo to monitor USAID/OFDA-supported partner activities

## HUMANITARIAN FUNDING

FOR THE DRC EBOLA OUTBREAK RESPONSE IN FY 2018–2020

USAID/OFDA <sup>1</sup>	\$202,952,955
USAID/FFP <sup>2</sup>	\$36,975,000
USAID/GH <sup>3</sup>	\$11,979,389
USAID in Neighboring Countries	\$14,471,381
<b>\$266,378,725<sup>4</sup></b>	

## KEY DEVELOPMENTS

- The U.S. Government (USG) Disaster Assistance Response Team (DART), the U.S. Centers for Disease Control and Prevention (CDC), and other response actors continue to emphasize that the ongoing Ebola virus disease (EVD) outbreak in eastern Democratic Republic of the Congo (DRC) is not yet under control, despite a continued decline in weekly caseloads during November. From November 18 to 24, the most recent epidemiological week, the Government of the DRC (GoDRC)'s Ministry of Health (MoH) recorded seven new EVD cases—the lowest weekly caseload to date in 2019. However, response actors note that continued gaps in infection prevention and control (IPC) and surveillance—which have been compounded by access constraints in EVD-affected areas in recent weeks—indicate that unknown chains of transmission persist.
- The UN reports that increased violence in North Kivu Province's Beni Territory is restricting responders' access to areas with recently recorded EVD cases, raising concerns that disruptions to critical response activities—including case investigation, contact tracing, and vaccination—could hinder the detection of additional cases, potentially resulting in increased EVD transmission in the coming weeks.
- Community mistrust of response teams—resulting from insufficient community engagement prior to initiating response activities—also continues to prevent health actors from accessing EVD hotspots, including Mandima Health Zone's Lwemba health area, Ituri Province. Health actors report that at least two recently detected EVD cases were epidemiologically linked to Lwemba; however, EVD responders have lacked sustained access to the health area since mid-September.

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

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

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

<sup>4</sup> This total includes approximately \$251.9 million in USAID funding through USAID/FFP, USAID/GH, and USAID/OFDA for EVD preparedness and response activities in the DRC and \$14.5 million in USAID funding through USAID/GH, USAID/OFDA, and USAID/Rwanda for EVD preparedness activities in Burundi, Rwanda, South Sudan, Tanzania, and Uganda.

## OUTBREAK OVERVIEW

- From November 4 to 24, the three most recent epidemiological weeks, the MoH recorded 29 new confirmed and probable EVD cases, a 46 percent decrease compared to the previous 21-day reporting period. Several key indicators for the ongoing EVD outbreak—including the proportion of community deaths, cases under active monitoring, patients isolated early, and symptomatic individuals visiting two or more health facilities prior to detection—also improved from November 4 to 24 compared to the previous period, according to CDC data analysis. For example, the percentage of confirmed cases under active surveillance—meaning that EVD responders were monitoring individuals at the time of symptom onset—increased from 53 to 61 percent between the two reporting periods. However, response actors have noted that insecurity and civil unrest have disrupted surveillance and other critical response activities in several EVD-affected areas in recent weeks, likely contributing to the presence of undetected cases and chains of transmission.
- Additionally, on November 8, the UN World Health Organization (WHO) reported that all transit centers and EVD treatment units (ETUs) in the Butembo sub-coordination area—which covers 12 health zones in North Kivu—were free of hospitalized, confirmed EVD cases for the first time since late August 2018. However, high population mobility in eastern DRC could facilitate the reintroduction of EVD into previously affected areas or neighboring unaffected areas, underlining the need to strengthen screening capacity at key points of control, according to WHO.
- Although health actors reported some encouraging trends during November, the GoDRC, UN, DART, and CDC continue to underscore that the EVD outbreak is not yet under control, and that any perceived gains remain fragile. Recently increased insecurity in Beni Territory, as well as insufficient community engagement and resultant mistrust in other EVD-affected areas, are preventing response teams from gaining full access to areas with recorded EVD cases, contributing to significant gaps in surveillance and other critical response activities, according to the DART.

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## INSECURITY AND ACCESS

- From November 5 to 26, attacks by Allied Democratic Forces (ADF) elements in Beni Territory resulted in approximately 80 civilian deaths, according to the Congo Research Group, an independent research organization affiliated with New York University. ADF attacks on civilians are reprisals related to the ongoing Armed Forces of the DRC (FARDC) offensive against ADF and other armed groups in the area, which the FARDC launched on October 30, according to international media reports. Local media and humanitarian actors report that the violence has also generated significant population displacement in conflict-affected areas. For example, the Office of the UN High Commissioner for Refugees (UNHCR) recorded the arrival of nearly 2,600 internally displaced persons (IDPs) in Beni town on November 18; the IDPs were fleeing violence in the nearby towns of Mbau and Oicha, according to the UN agency.
- In response to the recent ADF attacks, community members in North Kivu's Beni and Butembo towns have erected road blocks and staged demonstrations—directed primarily at the GoDRC and UN Organization Stabilization Mission in the DRC (MONUSCO) personnel, who the protestors claim have not sufficiently protected civilians against armed group attacks—in recent days. The unrest has disrupted EVD response efforts in Beni and Butembo, while violence related to increased armed group activity has restricted activities in parts of other health zones within the Beni and Butembo sub-coordination areas, according to the MoH. EVD response operations in Beni and Oicha health zones, first suspended on November 20 due to civil unrest and escalating violence, respectively, remained suspended as of late November, WHO reports; on November 26, WHO and the UN Children's Fund (UNICEF) also temporarily relocated a combined total of nearly 80 staff from Beni due to ongoing civil unrest, according to international media reports.
- WHO has cautioned that the insecurity-related access constraints could prolong the current outbreak by disrupting efforts to halt EVD transmission. For example, the MoH recorded a total of 11 new confirmed EVD cases in Beni and Oicha during the three most recent epidemiological weeks. The cases include a community death recorded in Oicha on November 17; however, of the more than 60 high-risk contacts associated with the community death, health actors were able to locate and monitor only 20 as of November 22 due to insecurity, increasing the risk of further EVD

transmission, WHO reports. In addition, the epidemiological link for the November 17 community death remained unknown as of November 22, indicating that undetected chains of transmission may persist, according to the UN agency.

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## **INFECTION PREVENTION AND CONTROL AND SURVEILLANCE**

- As part of USAID/OFDA’s commitment to strengthening IPC standards through comprehensive training and supervision in health facilities, DART representatives conducted a monitoring visit to three USAID/OFDA-supported health facilities in Butembo on November 6. At all three facilities, DART members observed that staff described and adhered to appropriate IPC protocols. Notably, at a hospital that received more than 600 suspected EVD cases between September 2018 and September 2019, a partner non-governmental organization (NGO) in Butembo helped raise the facility’s IPC Score Card score—which assesses whether health facilities meet minimum IPC standards—from an initial score of 30 percent to more than 90 percent in recent weeks. In conversations with DART staff, USAID/OFDA partners in Butembo also noted that successful engagement efforts—such as initiating dialogues and engagement activities with communities before project activities begin, as well as actively seeking out and incorporating community feedback into EVD response activities—had resulted in improved surveillance, increased community use of local health facilities, and an increased number of alerts for possible EVD cases.
- Meanwhile, CDC continues to support the MoH to roll out the IPC toolkit—developed by an MoH-led IPC task force in consultation with CDC, UNICEF, and WHO—through four phases of IPC toolkit trainings. During the week of November 4, the second phase of the toolkit training—during which health care supervisors and partners learned how to serve as IPC trainers in health facilities—was completed in North Kivu’s Beni, Butembo, and Goma sub-coordination areas. CDC began providing technical support to the Goma sub-coordination committee on November 5 to prepare for the implementation of the third phase, which provides training to health providers at the facility level. The pilot of the fourth phase—covering supportive supervision training for supervisors—was completed in Goma during the week of October 28.
- USAID/OFDA also supports partners to strengthen community-based surveillance activities to prevent the further spread of EVD, working to help community health workers identify individuals exhibiting potential EVD symptoms and refer them to appropriate care. From October 28 to November 3, a USAID/OFDA NGO partner supported more than 200 community health workers to raise 500 alerts in North Kivu’s Butembo, Katwa, and Masereka health zones, including for 10 patients who met the case definition of EVD and were referred to ETUs for additional testing. In addition, between December 2018 and November 2019, the partner provided case management services at the Mangina ETU, located in North Kivu’s Mabalako Health Zone, which admitted 139 patients—including 130 and nine suspected and confirmed EVD case-patients, respectively—from October 28 to November 3. Since the NGO’s support to the ETU began, the facility has admitted more than 350 confirmed EVD patients, including 154 discharged survivors.

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## **COMMUNITY ENGAGEMENT**

- Early, sustained community engagement builds the foundation for an effective EVD response and remains critical for ensuring sustained access to EVD-affected areas. As of late November, relief actors continued to lack full access to Lwemba, where most EVD response activities have remained suspended following mid-September protests in the health area, according to the DART. Two of the seven EVD cases confirmed from November 18 to 24 were epidemiologically linked to Lwemba and developed symptoms there before traveling to other nearby health areas where they tested positive for EVD, indicating possible active transmission in Lwemba. As such, the DART continues to advocate response actors prioritize community engagement in Lwemba and other areas with newly confirmed cases, with the aim of promoting community ownership of the response and an improved understanding of the purpose of critical response activities.

- To this end, USAID continues to support community engagement efforts designed to generate local buy-in through dialogue and outreach in EVD-affected areas across Ituri and North Kivu. From October 16 to 31, a USAID/OFDA NGO partner reached approximately 700 people in North Kivu’s Butembo sub-coordination area through community engagement efforts, discussing the community’s role in monitoring population movements to bolster community-based surveillance and training women and community leaders on preventing EVD to enable them to conduct their own outreach sessions. In Mandima’s Biakato town, the NGO collaborated with WHO to lead a dialogue with more than 120 people to discuss the community’s concerns and increase community involvement in the EVD response. The partner also facilitated community engagement sessions in Ituri’s Mambasa Health Zone, including a dialogue with an EVD survivor and a ceremony to present a newly trained safe and dignified burial team to the community in Mambasa’s Epulu health area, reaching about 250 people.
- From October 25 to 30, a USAID/OFDA NGO partner reached more than 200 people in Katwa through a community forum where participants discussed the community’s role in monitoring population movements. To facilitate the reintegration of EVD survivors into their communities, the NGO also conducted seven participatory theater events in Katwa with approximately 3,400 attendees and conducted 10 sessions with approximately 200 total participants covering the importance of not stigmatizing EVD survivors during late October. The organization also held two community forums about safe and dignified burial and hygiene procedures, during which 600 participants learned about the safe burial process and provided recommendations, such as training local community members to perform the burials; the partner reports that following the outreach activities, cooperation between burial teams and community members has increased.
- To improve awareness about EVD and associated response activities, another USAID/OFDA NGO partner organized two community forums in Beni and Butembo on October 13 for a total of nearly 300 participants, in addition to conducting a public conference at a university—located in North Kivu’s capital city of Goma—with nearly 90 participants on October 11 at the request of the students. During the sessions, specialists responded to participants’ questions on topics including the safe burial process, the length of time the Ebola virus remains in survivors’ bodies, and vaccination protocols. Community members also provided recommendations—such as increasing the availability of hand washing equipment and increasing radio broadcasts about EVD—to strengthen response activities and community engagement.

## 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. On July 17, 2019, WHO Director-General Dr. Tedros Adhanom Ghebreyesus declared the EVD outbreak in the DRC a Public Health Emergency of International Concern (PHEIC), 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
<b>FUNDING IN THE DRC FOR EVD OUTBREAK PREPAREDNESS &amp; RESPONSE</b>			
<b>USAID/OFDA<sup>1</sup></b>			
Implementing Partners (IPs)	Economic Recovery and Market Systems, Health, Nutrition, Protection, WASH	Ituri, North Kivu	\$55,819,490
	Program Support		\$75,323
<b>TOTAL USAID/OFDA FUNDING IN FY 2020</b>			<b>\$55,894,813</b>
<b>TOTAL USAID FUNDING FOR EVD OUTBREAK PREPAREDNESS &amp; RESPONSE IN FY 2020</b>			<b>\$55,894,813</b>

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

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
<b>FUNDING IN THE DRC FOR EVD OUTBREAK PREPAREDNESS &amp; RESPONSE</b>			
<b>USAID/OFDA</b>			
IPs	Economic Recovery and Market Systems, Health, Nutrition, Protection, Risk Management Policy and Practice, WASH	Ituri, North Kivu	\$96,611,809
International Organization for Migration (IOM)	Health	Ituri, North Kivu	\$3,440,280
UN Department of Safety and Security (UNDSS)	Humanitarian Coordination and Information Management (HCIM)	Ituri, North Kivu	\$649,981
UN Humanitarian Air Service (UNHAS)	Logistics Support	Ituri, North Kivu	\$5,725,000
UN Humanitarian Response Depot (UNHRD)	Logistics Support	Ituri, North Kivu	\$4,882,228
UN Office for the Coordination of Humanitarian Affairs (OCHA)	HCIM	Ituri, North Kivu	\$8,161,713
UNICEF	Health, Protection, WASH	Ituri, North Kivu	\$5,258,622
WHO	Health	Ituri, North Kivu	\$15,000,000
	Program Support		\$2,915,580
<b>TOTAL USAID/OFDA FUNDING IN FY 2019</b>			<b>\$142,645,213</b>
<b>USAID/FFP</b>			
IP	Complementary Services, Food Vouchers	North Kivu	\$12,975,000
UN World Food Program (WFP)	Local, Regional, and International Procurement	Ituri, North Kivu	\$24,000,000
<b>TOTAL USAID/FFP FUNDING IN FY 2019</b>			<b>\$36,975,000</b>
<b>USAID/GH</b>			
IP	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
<b>TOTAL USAID/GH FUNDING IN FY 2019</b>			<b>\$4,979,389</b>
<b>TOTAL USAID FUNDING IN THE DRC FOR EVD OUTBREAK PREPAREDNESS &amp; RESPONSE IN FY 2019</b>			<b>\$184,599,602</b>
<b>FUNDING IN NEIGHBORING COUNTRIES FOR EVD PREPAREDNESS</b>			

IPs	Health, WASH	Rwanda, South Sudan, Uganda	\$5,023,999
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
<b>TOTAL USAID FUNDING IN NEIGHBORING COUNTRIES IN FY 2019</b>			<b>\$12,871,381</b>
<b>TOTAL USAID FUNDING FOR EVD OUTBREAK PREPAREDNESS &amp; RESPONSE IN FY 2019</b>			<b>\$197,470,983</b>

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

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
<b>FUNDING IN THE DRC FOR EVD OUTBREAK PREPAREDNESS &amp; RESPONSE</b>			
<b>USAID/OFDA</b>			
IPs	Economic Recovery and Market Systems, Health, Protection, Risk Management Policy and Practice, WASH	Ituri, North Kivu	\$2,949,957
UNHAS	Logistics Support	Ituri, North Kivu	\$1,380,000
	Program Support		\$82,972
<b>TOTAL USAID/OFDA FUNDING IN FY 2018</b>			<b>\$4,412,929</b>
<b>USAID/GH</b>			
UNICEF	Health, WASH	Ituri, North Kivu	\$2,000,000
WHO	Health	Ituri, North Kivu	\$5,000,000
<b>TOTAL USAID/GH FUNDING IN FY 2018</b>			<b>\$7,000,000</b>
<b>TOTAL USAID FUNDING IN THE DRC FOR EVD OUTBREAK PREPAREDNESS &amp; RESPONSE IN FY 2018</b>			<b>\$11,412,929</b>
<b>FUNDING IN NEIGHBORING COUNTRIES FOR EVD PREPAREDNESS</b>			
IOM	Health	South Sudan	\$400,000
WHO	Health	Burundi, Rwanda, Uganda	\$1,200,000
<b>TOTAL USAID FUNDING IN NEIGHBORING COUNTRIES IN FY 2018</b>			<b>\$1,600,000</b>
<b>TOTAL USAID FUNDING FOR EVD OUTBREAK PREPAREDNESS &amp; RESPONSE IN FY 2018</b>			<b>\$13,012,929</b>

#### USAID FUNDING FOR EVD OUTBREAK PREPAREDNESS & RESPONSE IN FY 2018–2020

<b>TOTAL USAID/OFDA FUNDING TO THE DRC EVD RESPONSE FY 2018–2020</b>	<b>\$202,952,955</b>
<b>TOTAL USAID/FFP FUNDING TO THE DRC EVD RESPONSE FY 2018–2020</b>	<b>\$36,975,000</b>
<b>TOTAL USAID/GH FUNDING TO THE DRC EVD RESPONSE FY 2018–2020</b>	<b>\$11,979,389</b>
<b>TOTAL USAID FUNDING IN NEIGHBORING COUNTRIES FOR EVD PREPAREDNESS FY 2018–2020</b>	<b>\$14,471,381</b>
<b>TOTAL USG FUNDING FOR EVD PREPAREDNESS &amp; RESPONSE FY 2018–2020</b>	<b>\$266,378,725</b>

<sup>1</sup> In addition to the funding listed, USAID/OFDA supports additional relief partners implementing emergency health 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 [www.interaction.org](http://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](http://www.cidi.org).
- Information on relief activities of the humanitarian community can be found at [www.reliefweb.int](http://www.reliefweb.int).