

DEMOCRATIC REPUBLIC OF THE CONGO – EBOLA OUTBREAK

FACT SHEET #4, FISCAL YEAR (FY) 2020

FEBRUARY 18, 2020

NUMBERS AT A GLANCE

3,433

Total Confirmed and Probable Cases
MoH – February 18, 2020

2,253

Total EVD-Related Deaths
MoH – February 18, 2020

9

New Confirmed Cases in Past 21 Days
MoH – February 18, 2020

29

Total Health Zones Affected to Date
MoH – February 18, 2020

2

Number of Health Zones With Confirmed EVD Cases in the Past 21 Days
MoH – February 18, 2020

HIGHLIGHTS

- USAID provides more than \$52.6 million in additional funding for EVD preparedness and response efforts
- Health actors, including USAID/OFDA partners, respond to case cluster in Beni
- Insecurity continues to disrupt EVD response activities and hinder access in affected areas

HUMANITARIAN FUNDING

FOR THE DRC EBOLA OUTBREAK RESPONSE IN FYs 2018–2020

| | |
|----------------------------------|---------------|
| USAID/OFDA ¹ | \$253,399,058 |
| USAID/FFP ² | \$36,975,000 |
| USAID/GH ³ | \$11,979,389 |
| USAID in Neighboring Countries | \$16,671,381 |
| \$319,024,828⁴ | |

KEY DEVELOPMENTS

- USAID is providing more than \$52.6 million in additional funding to support ongoing Ebola virus disease (EVD) response activities within the Democratic Republic of the Congo (DRC), as well as EVD preparedness efforts in Burundi and South Sudan. The funding includes approximately \$50.4 million from USAID/OFDA to support public health interventions, complementary programs intended to address other key needs in EVD-affected areas, humanitarian coordination and information management (HCIM) services, and logistics support. In addition, the total includes \$2.2 million from USAID/GH to provide critical EVD preparedness support in areas at risk of virus transmission.
- The Government of the DRC (GoDRC) Ministry of Health (MoH) recorded 10 confirmed EVD cases from January 27 to February 16, the three most recent epidemiological weeks. Despite low recent weekly case counts, response actors report continued gaps in surveillance and other response activities following the recent detection of a cluster of confirmed EVD cases with epidemiological links to a private health facility in Beni Health Zone’s Kanzulinzuli health area, North Kivu Province. In response to the case cluster, USAID/OFDA partners are increasing support for community engagement and infection prevention and control (IPC) activities in and near Kanzulinzuli.
- Armed group activities in and around EVD-affected areas—including attacks in southern Mandima Health Zone, Ituri Province, by suspected Allied Democratic Forces (ADF) elements in early February—continue to disrupt response efforts and restrict access for EVD response teams, jeopardizing recent progress in interrupting virus transmission.

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 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.

CURRENT EVENTS

- On February 12, UN World Health Organization (WHO) Director-General Dr. Tedros Adhanom Ghebreyesus and the Emergency Health Regulations Emergency Committee for EVD in the DRC determined that the outbreak continues to constitute a Public Health Emergency of International Concern (PHEIC). While WHO acknowledged encouraging trends in recent weekly case counts and the limited geographic extent of detected transmission, the UN agency underscored the ongoing need to strengthen response and preparedness capacity in the DRC, as well as augment preparedness capacity in countries in the region at risk of EVD.
 - In late January, the MoH released Strategic Response Plan (SRP) 4.1, which details the GoDRC's EVD response strategy from January to June. The plan outlines activities to support EVD-related public health programs, as well as activities to bolster community engagement, financial management mechanisms, and security measures. On February 11 and 12, national-level GoDRC response leaders, sub-coordination committee representatives, and provincial health department officials presented plans to operationalize SRP 4.1, focusing on maintaining response readiness and community surveillance capacity, as well as discussing the eventual transfer of skills to provincial health authorities.
-
-

OUTBREAK OVERVIEW

- The MoH confirmed 10 EVD cases across North Kivu's Beni and Mabalako health zones from January 27 to February 16, an average of approximately three new cases per week. The figure represents the lowest number of cases confirmed during three consecutive epidemiological weeks since the beginning of the outbreak in August 2018 and includes the two lowest weekly case totals recorded in the outbreak to date. Beni has re-emerged as the outbreak's hotspot, accounting for 9—90 percent—of the confirmed EVD cases recorded during the period. In the previous three-week period, the MoH recorded 27 confirmed cases across North Kivu's Beni, Mabalako, and Musienene health zones, with 16 cases—59 percent of the total—recorded in Beni.
 - Health actors are monitoring and responding to a case cluster in Beni, where the MoH confirmed 12 EVD cases across neighboring Bundji, Butsili, and Kanzulinzuli health areas from January 25 to February 17. The first several individuals in the cluster had sought care at the same private health facility in Kanzulinzuli, where they were patients concurrently with a person confirmed with EVD on January 20; subsequent cases confirmed during the period have likely epidemiological links to previous cases in the cluster. Several of the affected individuals reportedly visited multiple locations in the community while ill, and three of the cases were community deaths, demonstrating the persistent need to strengthen surveillance activities in EVD-affected areas to reduce the risk of further virus transmission.
-
-

EVD PREPAREDNESS AND RESPONSE

- In response to the cluster of cases linked to a private health facility in Kanzulinzuli, USAID/OFDA partners—in collaboration with the Beni sub-coordination committee—have begun providing IPC support to additional health facilities in Beni. One non-governmental organization (NGO) partner began providing IPC supplies and training to five additional health facilities near the clinic in Kanzulinzuli where health actors identified the initial EVD case in the cluster. Other USAID/OFDA partners have conducted rapid needs assessments in facilities near the same clinic and have increased supportive supervision in nearby health facilities. Meanwhile, the MoH is also providing additional IPC support and conducting vaccination and community-level outreach activities in Beni to prevent the further spread of EVD.
- USAID/OFDA continues to support critical surveillance and case management activities in EVD-affected areas. For example, community health workers supported by USAID/OFDA partner International Medical Corps (IMC) conducted community-based surveillance activities that reached nearly 33,800 households in North Kivu's Butembo Health Zone from December 30 to January 11. Overall, three USAID/OFDA NGO partners—the Alliance for International Medical Action (ALIMA), IMC, and Samaritan's Purse—report admitting nearly 840 EVD-positive

individuals for care at supported EVD treatment units (ETUs) as of February 11; of these patients, 495 recovered from the disease and were discharged from the ETUs as survivors.

- The UN World Food Program (WFP) provided food and nutrition assistance to an estimated 851,000 outbreak-affected people in eastern DRC with support from USAID/FFP and other donors between August 2018 and January 2020. Approximately 80 percent of the assisted population are contacts of confirmed or suspected EVD case-patients, as well as the contacts' family members; WFP reports that providing food assistance to EVD contacts during the 21-day monitoring period helps limit their movements, aiding efforts to contain the spread of EVD. Additionally, 19 percent of the assisted individuals are former suspected case-patients discharged after testing negative for EVD and their family members, while less than 1 percent are survivors and their family members. In FY 2019, USAID/FFP provided \$24 million to support WFP's EVD response efforts in the DRC.

INSECURITY

- Attacks by suspected ADF elements from February 7 to 9 in areas of Mandima along the Ituri–North Kivu border resulted in at least 30 civilian deaths and prompted substantial population displacement to Beni Health Zone's Beni city, according to local media. Response actors—including USAID/OFDA partners—operating in and around Mabalako's Mangina town suspended activities and relocated staff and patients following the attacks. Humanitarian actors and GoDRC EVD response leadership are coordinating to respond to the humanitarian needs of displaced households, as well as reduce the risk of increased EVD transmission in Beni related to the recent population influx. The attacks from February 7 to 9 are the latest in a surge of ADF-linked attacks on civilians since late January, including attacks in North Kivu's Oicha Health Zone on January 28 that resulted in at least 36 civilian deaths, international media report. The increase in attacks in EVD-affected areas has the potential to reverse recent progress in controlling the EVD outbreak, response actors warn.
- Separately, threats and attacks by local Mai Mai armed groups against the EVD response also continue to hamper the response to the outbreak, restricting critical access to outbreak-affected areas. Few responders have been based in Mandima's Biakato town since simultaneous attacks targeting the EVD response by suspected Mai Mai elements in the health zone's Biakato Mines health area and Mabalako's Mangina health area on November 27 prompted response agencies to withdraw staff. On January 31, EVD response activities, including point of control (PoC) operations in and around Biakato town, were suspended following an attack by suspected Mai Mai elements on the Biakato sub-coordination center, located in the town. While no EVD response personnel were injured, the incident resulted in minor damage to the facility and several vehicles. Health actors had resumed PoC activities in and near the town as of February 6, the MoH reports.

COMMUNITY ENGAGEMENT AND ACCEPTANCE

- Insufficient engagement with EVD-affected communities has consistently hindered efforts to control the spread of the virus since the beginning of the outbreak in 2018. Recognizing the importance of building community awareness and acceptance of EVD response activities, USAID/OFDA supports a broad range of community engagement activities based on feedback from local populations. For example, USAID/OFDA partner Internews draws from local sources—such as debates, feedback surveys, and meetings with local leaders—to produce daily radio programs addressing community concerns. As of February 10, Internews had produced and distributed nearly 700 radio bulletins—including content in French, Kinande, and Swahili—broadcast across 42 radio stations in Ituri and North Kivu. Internews also utilizes community feedback to produce a weekly bulletin providing relevant information regarding issues of concern among EVD-affected populations; the NGO shares the bulletins with frontline health workers, humanitarian organizations, and local media. In addition, the NGO is working to build capacity at community radio stations, supporting the dissemination of localized messaging regarding EVD and other public health issues.
- Meanwhile, USAID/OFDA partner World Vision continues to conduct community engagement activities critical for curbing EVD transmission, supporting local religious leaders to disseminate messages on topics such as EVD survivor

stigmatization and EVD vaccination to more than 88,300 people in North Kivu's Beni, Butembo, Goma, Kalunguta, and Katwa health zones in January. The NGO also facilitated EVD-related community sensitization sessions for nearly 56,700 people across the five health zones during the month.

- On January 27, U.S. Government (USG) Disaster Assistance Response Team (DART) representatives attended a community forum supported by USAID/OFDA partner Search for Common Ground in North Kivu's Nyiragongo Health Zone, near Goma. Approximately 200 community members, a traditional leader, two representatives of the Goma sub-coordination committee, and a health zone-level MoH representative attended the event, which was recorded for a radio show. DART members observed that community members appeared engaged, discussing issues such as community participation in the response, hand washing facilities, PoCs, and risks related to EVD survivors with authorities at the forum; community members also provided several recommendations pertaining to EVD-related community engagement.

EVD SURVIVORS

- To respond to the unique medical and psychosocial needs of EVD survivors, WHO continues to assist the MoH to maintain a program for EVD survivors in coordination with the GoDRC National Institute for Biomedical Research and WFP. The voluntary program, launched for the current EVD outbreak in November 2018, had enrolled 1,094 survivors in Ituri and North Kivu as of December 31, 2019, representing more than 90 percent of survivors identified during the outbreak as of that date, WHO reports. As part of the program, the MoH operates clinics for survivors—each staffed by a physician, a psychologist, and other medical personnel—in Beni, Butembo, Goma, and Mabalako, as well as Ituri's Mambasa Health Zone. Staff at the facilities offer monthly clinical, biological, and psychological follow-up services for one year, as well as information regarding practices that can reduce the risk of sexual transmission of EVD.
- U.S. Centers for Disease Control and Prevention (CDC) staff are taking a lead role in a multi-partner survivor task force which is developing evidence-based messaging around critical issues faced by EVD survivors, including post-EVD health issues, stigmatization, and survivors' potential role in transmitting Ebola virus after recovery. CDC is providing technical guidance for communication activities and is collaborating with the MoH and the UN Children's Fund (UNICEF) to formulate accurate, sensitive, and appropriately targeted messages for survivors. Partners involved in the survivor task force include CDC, the UN Ebola Emergency Response Team, UNICEF, WHO, and several NGOs.

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’s Director-General declared the EVD outbreak in the DRC a 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 |
|---|--|-------------------|----------------------|
| FUNDING IN THE DRC FOR EVD OUTBREAK PREPAREDNESS & RESPONSE | | | |
| USAID/OFDA¹ | | | |
| NGOs | Economic Recovery and Market Systems, Health, Nutrition, Protection, Water, Sanitation, and Hygiene (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) | 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 |
| WFP | Logistics Support | Ituri, North Kivu | \$2,691,582 |
| | Program Support | | \$498,317 |
| TOTAL USAID/OFDA FUNDING IN FY 2020 | | | \$106,340,916 |
| TOTAL USAID FUNDING IN THE DRC FOR EVD OUTBREAK PREPAREDNESS & RESPONSE IN FY 2020 | | | \$106,340,916 |
| FUNDING TO NEIGHBORING COUNTRIES FOR EVD 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 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 DRC FOR EVD OUTBREAK PREPAREDNESS & 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 | 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 EVD OUTBREAK PREPAREDNESS & RESPONSE IN FY 2019 | | | \$184,599,602 |
| FUNDING TO NEIGHBORING COUNTRIES FOR EVD 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 & 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 DRC FOR EVD OUTBREAK PREPAREDNESS & RESPONSE | | | |
| USAID/OFDA | | | |
| NGOs | 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 |
| TOTAL USAID/OFDA FUNDING IN FY 2018 | | | \$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 FOR EVD OUTBREAK PREPAREDNESS & RESPONSE IN FY 2018 | | | \$11,412,929 |
| 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 NEIGHBORING COUNTRIES IN FY 2018 | | | \$1,600,000 |
| TOTAL USAID FUNDING FOR EVD PREPAREDNESS & RESPONSE IN FY 2018 | | | \$13,012,929 |

USAID FUNDING FOR EVD OUTBREAK PREPAREDNESS & RESPONSE FYs 2018–2020

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

¹ 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 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>