

DEMOCRATIC REPUBLIC OF THE CONGO – EBOLA OUTBREAK

FACT SHEET #3, FISCAL YEAR (FY) 2020

JANUARY 17, 2020

NUMBERS AT A GLANCE

3,411

Total Confirmed and Probable Cases
MoH – January 17, 2020

2,237

Total EVD-Related Deaths
MoH – January 17, 2020

38

New Confirmed Cases in Past 21 Days
MoH – January 17, 2020

29

Total Health Zones Affected to Date
MoH – January 17, 2020

7

Number of Health Zones With Confirmed EVD Cases in the Past 21 Days
MoH – January 17, 2020

HIGHLIGHTS

- November 27 attacks result in four response worker deaths, disrupt response activities in EVD hotspots
- Despite relatively low weekly case counts, EVD reappears in several previously affected health zones
- USAID/OFDA partners continue delivering critical support in EVD-affected areas

HUMANITARIAN FUNDING

FOR THE DRC EBOLA OUTBREAK RESPONSE IN FYs 2018–2020

USAID/OFDA ¹	\$202,952,955
USAID/FFP ²	\$36,975,000
USAID/GH ³	\$11,979,389
USAID in Neighboring Countries	\$14,471,381
\$266,378,725⁴	

KEY DEVELOPMENTS

- High population mobility in Ebola virus disease (EVD)-affected areas of eastern Democratic Republic of the Congo (DRC) continues to increase the risk of EVD resurgence in areas without recent active transmission, response actors report. From December 23 to January 12, the three most recent epidemiological weeks, health actors confirmed EVD cases in four health zones in Ituri and North Kivu provinces where no new cases had been reported in more than 42 days; the health zones include Ituri's Mambasa Health Zone and North Kivu's Kalunguta, Katwa, and Musienene health zones. At least one of the cases—the one confirmed in Musienene—was epidemiologically linked to cases in North Kivu's Mabalako Health Zone, the current transmission hotspot.
- Recent and ongoing insecurity—including November and December armed group attacks and continued threats against the EVD response—has continued to disrupt response activities in several EVD-affected areas, reducing already limited access for response teams and further jeopardizing recent progress in curbing disease transmission.
- Despite an average case count of only 12 confirmed cases per week during the three most recent epidemiological weeks, health actors report that community engagement, surveillance, and other critical response activities continue to require strengthening. To limit further EVD spread and ultimately contain the outbreak, USAID/OFDA partners continue to augment response efforts in current and emerging transmission hotspots, most recently responding to an EVD case cluster in Mabalako's Aloya health area.

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 \$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

- The Government of the DRC Ministry of Health (MoH) confirmed 36 new EVD cases across seven health zones in Ituri and North Kivu from December 23 to January 12, a 27 percent decrease compared to the previous three-week period. Mabalako accounted for 13—or 36 percent—of the EVD cases recorded during the period; in the previous three weeks, health actors recorded approximately 76 percent of confirmed EVD cases in the health zone.
 - High population mobility continues to increase the risk of EVD resurgence in health zones located near transmission hotspots. From December 23 to January 12, four health zones in Ituri and North Kivu experienced a recurrence of the disease after more than 42 days without cases. Notably, on December 29, the MoH confirmed a new EVD case in Katwa, where no cases had been confirmed during the previous 88 days; the MoH also confirmed the first EVD case in Musienene in 132 days on January 11. Several cases recently recorded in nearby health zones—including the case in Musienene—were imported from or epidemiologically linked to Mabalako as of mid-January.
 - Health actors also remain concerned regarding the continued detection of cases with unknown epidemiological links, which indicate that unknown chains of transmission may persist. Key indicators for the response similarly suggest a continued need to strengthen case investigation and contact tracing in affected areas; for example, only 39 percent of the cases recorded during the three most recent epidemiological weeks were under surveillance at the time of identification, according to U.S. Centers for Disease Control and Prevention (CDC) analysis. While this represents an increase compared to the 29 percent of EVD-positive individuals who were under surveillance at the time of identification during the previous three-week reporting period, it remains well below target levels, CDC reports. In addition, only 56 percent of cases identified from December 23 to January 12 were isolated within three days of symptom onset—increasing the risk of further transmission and indicating the need to bolster communication efforts to improve health-seeking behavior in EVD-affected and at-risk communities, the U.S. Government (USG) Disaster Assistance Response Team (DART) reports. As such, health actors continue to underscore the importance of strengthening and maintaining community engagement and surveillance efforts—including in areas where transmission has been curbed—to contain the outbreak.
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INSECURITY

- Persistent insecurity continues to hinder response activities and restrict access to EVD hotspots. On the evening of November 27, alleged Mai Mai elements attacked a response facility in Mandima Health Zone’s Biakato Mines health area, Ituri; at approximately the same time that night, armed actors attacked a response coordination office in Mabalako’s Mangina health area. The two attacks resulted in the deaths of four people associated with the EVD response and injured seven others, the UN World Health Organization (WHO) reports. In addition, the incidents prompted many health actors in Mandima and Mabalako to suspend activities and evacuate staff. As of mid-January, health actors had yet to fully resume EVD response activities in several areas of Mandima and Mabalako affected by recent insecurity. Ongoing threats from Mai Mai elements further disrupted EVD response activities in several health areas in Mandima from early to mid-January, the MoH reports. Continued threats from Mai Mai groups have also prompted response teams to adhere to enhanced security protocols in Mambasa since late December.
- Protests beginning in November and directed primarily at UN Organization Stabilization Mission for the DRC (MONUSCO) personnel, who protestors claimed had not sufficiently protected civilians from attacks by armed groups, continued into December, resulting in additional access restrictions and related disruptions to response activities. A December 14 attack by Allied Democratic Forces (ADF) elements in North Kivu’s Ntombi village, located approximately 24 miles northeast of the province’s Beni city, resulted in the deaths of 22 people. The incident was one of a series of ADF attacks in mid-December that resulted in at least 43 civilian deaths overall, according to international media.

EVD PREPAREDNESS AND RESPONSE

- More than one year into the EVD response in eastern DRC, significant gaps in surveillance and case management persist, hindering efforts to end EVD transmission in Ituri and North Kivu. In particular, high population mobility out of EVD hotspots—most notably Mabalako—coupled with inadequate surveillance have frustrated efforts to quickly identify and respond to new cases. Recognizing the continued risk of EVD resurgence in previously affected areas and potential spread to currently unaffected areas of the DRC or neighboring countries, the DART continues to support interventions essential for limiting the spread of EVD, including community-based surveillance activities. From December 2 to 30, USAID/OFDA partner non-governmental organization (NGO)-supported community health workers visited nearly 49,600 households in North Kivu’s Butembo health zone, despite the challenging security situation in the health zone during the month. Although insecurity in Beni hindered some of the NGO’s community engagement activities in early December, the NGO also reached more than 126,200 community members in North Kivu’s Butembo, Katwa, and Masereka health zones with critical EVD prevention information from December 2 to 15.
- USAID/OFDA funding also supports partners providing life-saving treatment to EVD-positive individuals. For example, USAID/OFDA partner International Medical Corps (IMC) continues to bolster case management in the Mangina EVD treatment unit (ETU), where approximately 330 patients—including an estimated 290 suspected and 40 confirmed EVD patients—were admitted for testing and treatment between December 2 and 30. Since IMC began supporting the ETU in December 2018, the facility has provided critical care to more than 400 EVD-positive individuals, enabling more than 180 survivors, including 16 survivors in December alone, to receive life-saving treatment and recover from the disease.
- In addition, the DART continues to regularly monitor USAID/OFDA-supported activities to ensure partners are adhering to appropriate infection prevention and control (IPC) protocols. On December 9, DART representatives conducted monitoring visits at three health facilities near North Kivu’s Goma city supported by USAID/OFDA partner IMA World Health. During the visit, the DART learned that all three centers have registered substantial improvements in meeting minimum IPC standards, per the MoH and WHO-supported IPC Score Card, since the NGO began its support to the facilities in 2019. Additionally, on December 11, DART staff monitored activities at a safe and dignified burial operational base supported by USAID/OFDA partner the International Federation of Red Cross and Red Crescent Societies (IFRC) in Goma, observing burial teams appropriately decontaminating vehicles and personal protective equipment upon the teams’ return from responding to six safe and dignified burial alerts. The teams also implemented proper waste disposal and sanitization practices, according to the DART.

ACCESS AND COMMUNITY ACCEPTANCE

- As insecurity continues to restrict EVD response teams’ access to hotspots with new cases, engagement with local communities to effectively communicate EVD prevention, risk, and response information remains critical. Successful community engagement activities also serve to facilitate access for EVD responders by countering rumors that are exacerbating community mistrust of response teams. On January 13, community members attacked a Red Cross safe and dignified burial team working in Lolwa Health Zone’s Bandibwame health area, Ituri; four individuals—including two burial team members—were seriously injured during the incident, IFRC reports. The community members were reportedly motivated by rumors that health workers are stealing organs from people who die at ETUs, according to the MoH.
- To demystify the safe burial process, dispel rumors, and reduce community mistrust of response teams, USAID/OFDA partner FHI 360 recently organized six community dialogues in Mandima, reaching more than 110 community members from December 16 to 31. Notably, FHI 360’s December 17 dialogue session in Mandima’s Lwemba health area—which included presentations on disease surveillance methods, the ongoing EVD vaccination campaign, and the importance of safe and dignified burials—resulted in the NGO receiving community acceptance to resume safe burial activities in the health area; the majority of response actors have been unable to access Lwemba since late 2019. The session also aimed to improve support among community leaders for other response activities and encourage their participation in community-based surveillance for EVD and other diseases, according to FHI 360.

- Effective engagement also remains essential for improving community participation in the response, and provides communities with the information they need to identify potential EVD cases, as well as protect themselves from contracting the disease. To this end, USAID/OFDA partner World Vision is coordinating with community action groups, faith-based networks, and youth associations to deliver EVD outreach messaging in North Kivu's Beni, Butembo, Goma, Kalunguta, and Katwa health zones, reaching nearly 74,900 people with important information on effective hygiene practices, safe and dignified burials, and vaccination, among other topics, in December.
- In addition to augmenting EVD prevention and response efforts, USAID funding supports more holistic interventions—such as strengthening access to primary health care, rehabilitating water infrastructure, and providing nutrition assistance—that aim to build community support for the EVD response by addressing priority needs in EVD-affected or at-risk areas. As of late December, USAID/OFDA partner Medair was supporting the provision of free primary health care services at three health facilities in Kalunguta. Similarly, USAID/OFDA partner the Alliance for International Medical Action is providing primary health care services to populations in Mambasa through an outpatient clinic at the Mambasa ETU, enabling community members to receive life-saving treatment for malaria and other diseases, in addition to EVD.

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, 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			
Implementing Partners (IPs)	Economic Recovery and Market Systems; Health; Nutrition; Protection; Water, Sanitation, and Hygiene (WASH)	Ituri, North Kivu	\$55,819,490
	Program Support		\$75,323
TOTAL USAID/OFDA FUNDING IN FY 2020			\$55,894,813
TOTAL USAID FUNDING FOR EVD OUTBREAK PREPAREDNESS & RESPONSE IN FY 2020			\$55,894,813

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			
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 Children's Fund (UNICEF)	Health, Protection, WASH	Ituri, North Kivu	\$5,258,622
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
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			
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
TOTAL USAID/FFP FUNDING IN FY 2019			\$36,975,000
USAID/GH			
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
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 IN NEIGHBORING COUNTRIES FOR EVD PREPAREDNESS			

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
TOTAL USAID FUNDING IN 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			
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
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 IN NEIGHBORING COUNTRIES FOR EVD PREPAREDNESS			
IOM	Health	South Sudan	\$400,000
WHO	Health	Burundi, Rwanda, Uganda	\$1,200,000
TOTAL USAID FUNDING IN NEIGHBORING COUNTRIES IN FY 2018			\$1,600,000
TOTAL USAID FUNDING FOR EVD OUTBREAK PREPAREDNESS & RESPONSE IN FY 2018			\$13,012,929

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

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

¹ 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.

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.