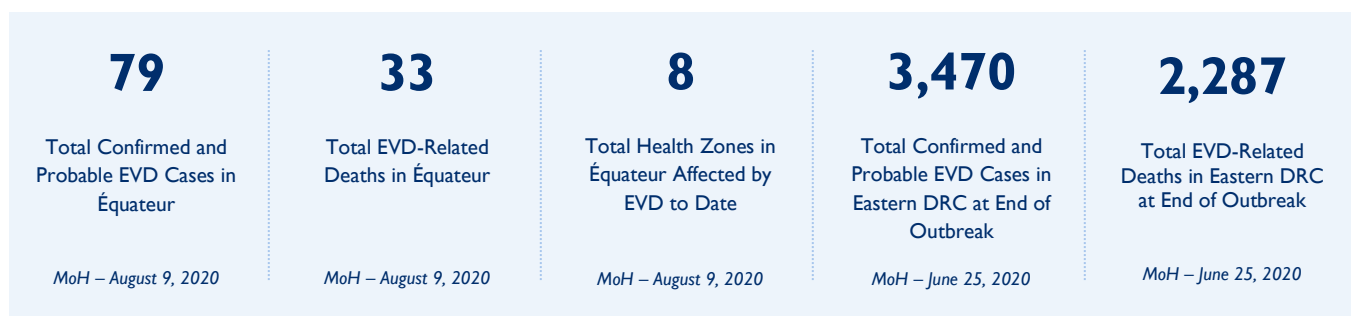


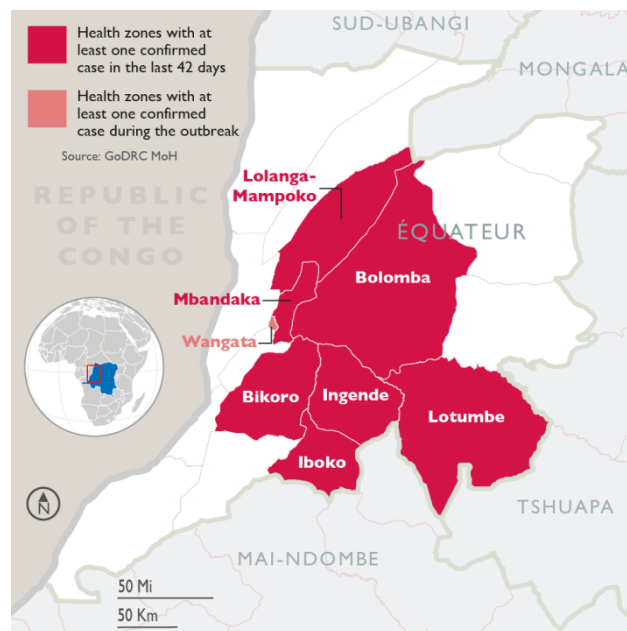
# Democratic Republic of the Congo – Ebola Outbreaks

AUGUST 10, 2020

## SITUATION AT A GLANCE



- The EVD outbreak in Équateur continues to spread, with the MoH reporting 79 confirmed and probable cases across eight health zones as of August 9.
- The spread of EVD to remote areas of Équateur exacerbates logistical challenges for response actors.
- USAID/BHA announces \$7.5 million in new funding for the EVD response in August, including more than \$3 million to respond to the new outbreak in Équateur and \$4.5 million for continued activities in eastern DRC.



## TOTAL USAID HUMANITARIAN FUNDING

USAID/BHA<sup>1,2</sup> \$137,245,591

USAID/GH in Neighboring Countries<sup>3</sup> \$2,200,000

**Total \$139,445,591<sup>4</sup>**

For breakdown by Agency and partners, see funding chart on page 6

<sup>1</sup>USAID's Bureau for Humanitarian Assistance (USAID/BHA)

<sup>2</sup>Total USAID/BHA funding includes non-food humanitarian assistance from the former Office of U.S. Foreign Disaster Assistance.

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

<sup>4</sup> Some USAID funding intended for EVD-related programs in eastern DRC is supporting EVD response activities in Équateur.

## KEY DEVELOPMENTS

### **EVD Continues to Spread Across Équateur, Affecting Eight Health Zones**

The Ebola virus disease (EVD) outbreak in northwestern Democratic Republic of the Congo (DRC) has continued to spread across Équateur Province in recent weeks, reaching three new health zones, Ingende, Lolanga-Mampoko, and Lotumbe—in addition to the previously affected Bikoro, Bolomba, Iboko, Mbandaka, and Wangata health zones—as of August 9, according to the Government of the DRC (GoDRC) Ministry of Health (MoH). Overall, the MoH had reported 79 total EVD cases, including 33 related deaths, across Équateur as of August 9; the overall case count includes 75 confirmed and four probable cases since MoH declared the outbreak on June 1.

To address increasing humanitarian needs, USAID/BHA announced more than \$3 million in funding on August 7 to support health and logistics operations in Équateur, as well as an additional \$4.5 million to support continued activities in eastern DRC. The new funding for Équateur will support the International Organization for Migration (IOM) to establish points of control and points of entry for border health surveillance. The funding will also support the UN Humanitarian Air Service (UNHAS) to facilitate helicopter passenger and supply transport throughout Équateur and increase the frequency of UNHAS flights into the province. In addition, multiple USAID/BHA non-governmental organization (NGO) and UN partners have shifted operations from eastern DRC to Équateur in recent weeks to respond to urgent needs in the province.

### **Logistical Challenges to Équateur Response Grow With Geographic Spread**

The MoH is recording confirmed cases in increasingly remote areas of Équateur, where significant logistical challenges—including a lack of fuel and vehicles, limited transportation infrastructure, and weak electricity and telecommunications capacity—are inhibiting a comprehensive and rapid response. Response actors report that several affected health zones—including Bikoro, Bolomba, Ingende, Lolanga-Mampoko, and Lotumbe—are accessible only by lengthy drives over damaged bridges and roads, while some rural areas of Ingende, Lolanga-Mampoko, and Lotumbe are only accessible by boat or helicopter. These challenges are delaying both the investigation of alerts for suspected cases and the transport of individuals exhibiting EVD symptoms to EVD treatment units (ETUs), heightening the risk of community transmission as EVD-positive individuals remain in the community for longer periods of time, according to the UN. As of August 9, the UN World Health Organization (WHO) reported six confirmed cases remained in the community, having refused transfer to health facilities. To address some of the logistical challenges, USAID/BHA is supporting UNHAS and the UN World Food Program (WFP) to provide logistics assistance, including through the provision of an UNHAS helicopter for transportation and the establishment of WFP base camps to host response workers in more remote areas.

Inconsistent electricity and limited telecommunications capacity are also hampering response operations. Lack of consistent electricity due to chronic fuel shortages poses challenges to maintaining proper infection prevention and control (IPC) protocols and prevents adequate lighting at health facilities, heightening protection risks for both patients and visiting family members. Further, a lack of basic telecommunications infrastructure in remote areas of affected health zones is significantly inhibiting EVD surveillance activities. The gap in surveillance activities is causing delays in investigating and validating alerts of individuals exhibiting EVD symptoms, increasing the risk of community transmission.

## **Community Engagement Gaps Hinder Response, Heighten Transmission Risk**

Community engagement gaps are also posing a significant challenge to the response, as many individuals exhibiting EVD symptoms continue to refuse transfer to health facilities. The proportion of individuals verified as exhibiting EVD symptoms who have been transferred to isolation facilities has remained consistently low—below 60 percent—since mid-June, according to WHO. Response actors have noted a number of reasons for these outcomes, including common perceptions that EVD is not real and widespread distrust in the health care system, among other issues. Moreover, poor conditions at health facilities—including a lack of clean water, electricity, and food—are exacerbating community engagement challenges as EVD-symptomatic individuals question the safety of health facilities, fueling distrust in the health care system. Additionally, response actors report that rumors and misinformation regarding EVD are circulating within affected communities, potentially resulting in individuals refusing vaccinations or individuals exhibiting EVD symptoms refusing transfer to ETUs. To combat such rumors, increased community engagement activities are necessary to ensure the public has medically accurate information related to the outbreak, according to response actors.

In an effort to improve conditions at health facilities, two USAID/BHA partners are leading EVD case management activities at three health facilities in Équateur, including an integrated transit center (ITC) in Mbandaka—supported by the Alliance for International Medical Action (ALIMA)—and ETUs in Bikoro and Mbandaka, supported by International Medical Corps (IMC). In addition to USAID/BHA partners, Médecins Sans Frontières (MSF) is independently providing case management services at an ETU in Bolomba.

## **GoDRC and UN Scale-Up Coordination With International Partners**

The GoDRC continues to expand response coordination efforts to address the increasingly complex and widespread needs in Équateur. The MoH released a coronavirus disease–EVD integrated multi-sector response plan for Équateur on July 29, developed in collaboration with international partners. The MoH has also begun hosting coordination meetings with international relief actors and donors, including the U.S. government (USG), in DRC’s capital city of Kinshasa to address the current gaps in the response. Additionally, in early August, the MoH appointed a national-level Incident Manager to oversee the GoDRC’s EVD response efforts.

The UN has also scaled up its response coordination to meet increasing needs in Équateur in recent weeks, including expanding partner and donor engagement and information sharing efforts. In particular, the UN Office for the Coordination of Humanitarian Affairs (OCHA) has assumed a leading coordination role, serving as a key facilitator between donors, the MoH, and WHO, among other response actors. From July 3 to 6, Deputy Special Representative of the Secretary-General and Resident and Humanitarian Coordinator (DSRSG/RC/HC) David McLachlan-Karr led a mission to Équateur, where he met with provincial authorities, OCHA, MSF, and USAID/BHA partners ALIMA and IMC to assess needs and determine gaps in response efforts. Following the mission, DSRSG/RC/HC McLachlan-Karr highlighted the urgent need for increased case management and surveillance efforts, improved understanding of chains of transmission, and an integrated approach that addresses the multi-sector needs of affected populations. The USG will continue to work closely with the GoDRC, the UN, and other partners to ensure effective coordination of the response in Équateur.

## KEY FIGURES



**\$92.2 Million**

In USG support for EVD health response activities in eastern DRC and Équateur



**\$7.7 Million**

In USG funding for logistics support to the EVD responses in eastern DRC and Équateur

## U.S. GOVERNMENT RESPONSE

### HEALTH

In response to the EVD outbreak in Équateur, USAID/BHA is currently supporting two NGOs—ALIMA and IMC—and IOM to provide a range of health services in the province, including case management, community engagement, IPC, and surveillance. USAID/BHA partners are operating two ETUs and one ITC, where EVD-positive patients can receive care and treatment and individuals exhibiting EVD symptoms can isolate while awaiting test results. USAID/BHA partners are also conducting community engagement activities, working with the local populations to ensure they remain informed of medically accurate information regarding EVD prevention and treatment. Additionally, USAID/BHA partners are engaging in surveillance efforts, which involve monitoring and investigating alerts of EVD-symptomatic individuals, as well as supporting MoH-led contact tracing of EVD-positive individuals to inform vaccination campaigns and map transmission chains.

Following the declared end of eastern DRC's EVD outbreak on June 25, USAID/BHA partners—including multiple NGOs, IOM, and the UN Children's Fund (UNICEF)—have shifted activities to support post-outbreak transition efforts in the region. With many EVD survivors facing stigmatization, USAID/BHA is supporting partners to conduct community engagement activities, such as awareness-raising sessions, to ensure these survivors can better reintegrate and access basic services in their communities. In addition, USAID/BHA partners continue to provide safe and dignified burial support to ensure the remaining burials for individuals who have died from EVD do not pose a risk of onward transmission.

### LOGISTICS

As logistical limitations continue to hinder the Équateur response, USAID/BHA has provided more than \$2 million to UNHAS for logistics support to response operations in the province. USAID/BHA partner UNHAS is operating a helicopter that is transporting relief actors to remote regions of the province to conduct surveillance activities, provide treatment to EVD-positive individuals, and transport test samples from these remote regions to labs in central parts of the health zones. With existing funding, USAID/BHA is also supporting WFP to establish base camps to host response staff in areas of the province with limited lodging and work facilities. In addition, USAID/BHA's support to UNHAS is facilitating flights from North Kivu Province's Goma city to Équateur's Mbandaka city for partners shifting operations from eastern DRC to Équateur.



## \$15.1 Million

In USG funding for EVD-related WASH activities in eastern DRC and Équateur

## WASH

USAID/BHA continues to provide water, sanitation, and hygiene (WASH) support in eastern DRC in partnership with six NGOs and UNICEF. USAID/BHA partners continue to rehabilitate WASH infrastructure at health facilities across the region to ensure the facilities are well-equipped for potential future disease outbreaks. USAID/BHA is also supporting partners to conduct hygiene awareness-raising campaigns on topics such as proper handwashing techniques and safe drinking water storage.

## CONTEXT IN BRIEF

- EVD is a rare and deadly disease caused by infection with Ebola virus. Scientific evidence suggests that bats are the most likely reservoir hosts for Ebola virus and that people are initially infected through contact with an infected bat or a non-human primate. Subsequently, the virus can spread from person to person, resulting in an outbreak. In humans, the virus is transmitted through close physical contact with infected body fluids, such as blood or vomit, and infection can result in symptoms such as 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 11 EVD outbreaks.

### *Eastern DRC EVD Outbreak*

- The MoH declared an EVD outbreak in areas of eastern DRC on August 1, 2018, representing the country's tenth EVD outbreak. On July 17, 2019, WHO Director-General Dr. Tedros Adhanom Ghebreyesus declared the outbreak a Public Health Emergency of International Concern (PHEIC). The outbreak—the second largest recorded globally—was 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. The MoH declared the end of the EVD outbreak in eastern DRC on June 25, 2020, and Director-General Tedros declared that the outbreak no longer represented a PHEIC on June 26, 2020.
- The USG deployed a field-based Disaster Assistance Response Team (DART) on September 21, 2018, to coordinate USG response efforts and established a Washington, D.C.-based Response Management Team to support the DART. On October 22, 2019, U.S. Ambassador Michael A. Hammer redeclared a disaster in eastern DRC for FY 2020 due to the continued humanitarian needs resulting from the outbreak.

### *Équateur EVD Outbreak*

- While the outbreak in eastern DRC persisted, the MoH declared a new EVD outbreak in Mbandaka on June 1, 2020, with subsequent cases identified in other parts of Équateur. Prior to the current EVD outbreak, Équateur faced poor development conditions, including widespread poverty and lack of basic infrastructure in much of the province. It was also the site of two previous EVD outbreaks, including DRC's ninth EVD outbreak in 2018; as of July 2020, the current outbreak had surpassed the number of cases reported during either of the province's previous outbreaks.
- Ambassador Hammer declared a disaster due to the potential humanitarian impact of the EVD outbreak in Équateur on June 8, 2020. In response, the DART is coordinating USG efforts to support EVD-related interventions in the province.

## USAID HUMANITARIAN FUNDING FOR EVD OUTBREAK PREPAREDNESS & RESPONSE IN FY 2020<sup>1</sup>

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
<b>FUNDING IN THE DRC FOR EVD OUTBREAK PREPAREDNESS &amp; RESPONSE</b>			
<b>USAID/BHA</b>			
Non-Food Assistance			
NGOs	Economic Recovery and Market Systems, Health, Nutrition, Protection, WASH	Équateur, Ituri, North Kivu	\$115,961,886
IOM	Health	Équateur, Ituri, North Kivu	\$6,981,858
UN Department of Safety and Security	Humanitarian Coordination and Information Management (HCIM)	Équateur, Ituri, North Kivu	\$760,378
UNHAS	Logistics Support	Équateur, Ituri, North Kivu	\$5,022,222
UNICEF	Health, HCIM, Nutrition, Protection, WASH	Ituri, North Kivu	\$5,000,000
WFP	Logistics Support	Équateur, Ituri, North Kivu	\$2,691,582
	Program Support		\$827,665
<b>TOTAL NON-FOOD ASSISTANCE FUNDING</b>			<b>\$137,245,591</b>
<b>TOTAL USAID/BHA FUNDING IN FY 2020</b>			<b>\$137,245,591</b>
<b>FUNDING IN NEIGHBORING COUNTRIES FOR EVD OUTBREAK PREPAREDNESS</b>			
<b>USAID/GH</b>			
IOM	Health	South Sudan	\$1,200,000
UNICEF	Health	Burundi	\$1,000,000
<b>TOTAL USAID/GH FUNDING IN NEIGHBORING COUNTRIES</b>			<b>\$2,200,000</b>
<b>TOTAL USAID FUNDING FOR EVD OUTBREAK RESPONSE &amp; PREPAREDNESS IN FY 2020</b>			<b>\$139,445,591</b>

<sup>1</sup> Year of funding indicates the date of commitment or obligation, not appropriation, of funds. Funding figures reflect publicly announced funding as of August 7, 2020.

## 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 [interaction.org](https://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, dietarily, and environmentally appropriate assistance.
- More information can be found at:
  - USAID Center for International Disaster Information: [cidi.org](https://www.cidi.org)
  - Information on relief activities of the humanitarian community can be found at [reliefweb.int](https://www.reliefweb.int).

USAID/BHA bulletins appear on the USAID website at [usaid.gov/humanitarian-assistance/where-we-work](https://www.usaid.gov/humanitarian-assistance/where-we-work)