

# DEMOCRATIC REPUBLIC OF THE CONGO – EBOLA OUTBREAK

FACT SHEET #1, FISCAL YEAR (FY) 2019

JULY 29, 2019

## NUMBERS AT A GLANCE

**2,671**

Total Confirmed and Probable Cases  
GoDRC MoH – July 28, 2019

**1,790**

Total EVD-related Deaths  
GoDRC MoH – July 28, 2019

**253**

New Confirmed Cases in Last 21 Days  
GoDRC MoH – July 28, 2019

**25**

Total Health Zones Affected to Date  
GoDRC MoH – July 28, 2019

**17**

Number of Health Zones With Confirmed EVD Cases in the Past 21 Days  
GoDRC MoH – July 28, 2019

## HIGHLIGHTS

- Health actors confirm first EVD case in Goma
- Insecurity in Beni continues to result in EVD responder deaths and hamper EVD response activities
- More than 140 new confirmed cases recorded in Beni during past 21 days; the highest number of cases in affected health zones
- MoH requests \$287.6 million for EVD public health response activities

## HUMANITARIAN FUNDING

FOR THE DRC EBOLA OUTBREAK RESPONSE IN FY 2018–2019

USAID/OFDA <sup>1</sup>	\$106,803,312
USAID/FFP <sup>2</sup>	\$12,000,000
USAID/GH <sup>3</sup>	\$9,000,000
USAID in Neighboring Countries	\$8,600,352
<b>\$136,403,664<sup>4</sup></b>	

## KEY DEVELOPMENTS

- From June 30–July 14, the Government of the Democratic Republic of the Congo (GoDRC) reported confirmed Ebola virus disease (EVD) cases in three previously unaffected health zones, including Ituri Province’s Ariwara Health Zone—located near the DRC’s border with South Sudan and Uganda—and North Kivu Province’s capital city of Goma—located on the DRC–Rwanda border. On July 17, the UN World Health Organization (WHO) declared the EVD outbreak a Public Health Emergency of International Concern (PHEIC), citing recent events, including active transmission of EVD in eastern DRC and the first confirmed case in Goma.
- As the EVD outbreak continues to spread, relief actors have bolstered EVD preparedness activities in eastern DRC and the neighboring countries of Burundi, Rwanda, South Sudan, and Uganda. In July, USAID-supported EVD response partners trained health care workers on effective infection control and prevention protocols in North Kivu’s Beni Health Zone, as well as bolstered screening of populations traveling between the DRC, South Sudan, and Uganda for EVD symptoms, referring individuals to health facilities, as necessary.
- Since the start of the EVD outbreak in August 2018, USAID has provided more than \$127.8 million in preparedness and response funding in the DRC and more than \$8.6 million in preparedness funding to neighboring countries. USAID funding provides life-saving assistance—including infection prevention and control activities, training for health care workers, community engagement interventions, promotion of safe and dignified burials, and food assistance—to EVD-affected communities in the DRC.

<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 Office of Global Health (USAID/GH)

<sup>4</sup> This total includes \$127.8 million in USAID funding through USAID/FFP, USAID/GH, and USAID/OFDA for EVD preparedness and response activities in the DRC and \$8.6 million in USAID funding through USAID/GH, USAID/OFDA, and USAID/Rwanda for EVD preparedness activities in Burundi, Rwanda, South Sudan, and Uganda.

## CURRENT EVENTS

- On July 17, WHO Director-General Dr. Tedros Adhanom Ghebreyesus declared the EVD outbreak in the DRC a PHEIC, citing recent events—including ongoing active transmission of EVD in eastern DRC and the first confirmed case in Goma—as key factors in the declaration at this juncture in the outbreak. The PHEIC designation underscores the need for EVD response actors to strengthen regional preparedness and improve coordination of response activities to curb EVD transmission, as well as emphasizes the need for additional resources to respond to and prepare for EVD transmission.
  - The GoDRC Ministry of Health (MoH), in coordination with WHO, the UN Children’s Fund (UNICEF), the International Federation of Red Cross and Red Crescent Societies, and the World Bank, released the first portion of Strategic Response Plan 4 on July 14, outlining the GoDRC’s EVD public health response strategy and operational plans for July–December. Within the plan, the MoH requested \$287.6 million to fund ongoing EVD-related public health activities. Relief actors expect a forthcoming complementary plan detailing activities to support humanitarian and community development programming, security, and financial planning.
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## OUTBREAK OVERVIEW

- Health actors continue to monitor the spread of EVD to previously unaffected health zones in Ituri and North Kivu, including areas in close proximity to neighboring countries. On July 14, the MoH reported the first confirmed EVD case in Goma, a previously unaffected health zone on the DRC–Rwanda border with a population of approximately 2 million people, international media report. The case-patient became symptomatic on July 6 in North Kivu’s Beni town and subsequently traveled to the province’s Butembo town and then on to Goma via public bus, stopping several times along the route. The case-patient died from EVD on July 15 while being transported back to Butembo from Goma, where he had received care. Health actors, including U.S. Centers for Disease Control and Prevention (CDC) staff, began contact tracing and vaccination activities within 24 hours of the case-patient testing positive for EVD; as of July 16, health actors had identified and vaccinated all but one of the bus passengers and other contacts for vaccination, according to the MoH.
  - Additionally, the MoH reported one new confirmed EVD case in Ariwara—a previously unaffected health zone located less than 7 miles from the DRC–Uganda border and less than 45 miles from the DRC–South Sudan border—on June 30. Health workers in Ariwara had limited experience responding to EVD and EVD preparedness was relatively low as of early July, according to response actors. In early July, MoH health teams distributed personal protective equipment (PPE) to health facilities and commenced community-based surveillance and sensitization activities in Ariwara and surrounding areas. The MoH also continued routine screening for persons exhibiting EVD symptoms at 16 points of control and points of entry (PoEs)—including at six border crossings—around Ariwara, according to the International Organization for Migration (IOM).
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## INSECURITY

- Armed actors continue to threaten and attack EVD responders and health facilities in eastern DRC. Within a two-day period in mid-July, unidentified armed actors attacked and killed two EVD health workers at their homes near Beni town, according to a July 15 MoH statement. The health workers had received targeted threats since December and one of the health workers was previously attacked, international media report.
- Additionally, recurrent violence continues to impede relief actors’ access to EVD-affected populations in Ituri and North Kivu. Violence on June 23 and 24 resulted in the suspension of EVD response activities in Beni and Butembo health zones following attacks by unidentified actors on EVD-responders and an EVD treatment unit, the UN reports. Response operations resumed as of July 1; however, insecurity and community mistrust of EVD response activities and responders have hindered the EVD response in affected areas. Challenges to effective community engagement stem in part from individuals’ fear and misunderstandings of the disease and are compounded as communities see increased

support for EVD response activities without commensurate efforts to strengthen security, address protection of civilians, and respond to other priority basic needs.

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## HEALTH

- Health actors have recorded the highest proportion of EVD cases in North Kivu’s Beni and Mabalako health zones in recent months, according to MoH data. From July 8–28, health actors recorded 144 confirmed EVD cases in Beni and 15 confirmed EVD cases in Mabalako, compared to 91 and 24 confirmed EVD cases in Beni and 55 and 93 confirmed EVD cases in Mabalako during the two prior 21-day incubation periods.
  - A USAID/OFDA partner is supporting more than 50 health facilities in Mabalako through infection prevention and control activities—including cleaning and disinfection protocol, educating staff on PPE use, establishing isolation areas, and implementing triage mechanisms—to slow the spread of EVD infection in the health zone. In July, USAID/OFDA supported a second non-governmental organization (NGO) to deploy additional response staff to train health workers in more than 30 health facilities in Mabalako on infection prevention and control protocols. The NGO complements infection prevention and control trainings with community engagement activities and the dissemination of general health messaging in local languages.
  - From June 30–July 7, a USAID/OFDA-supported NGO implemented community engagement activities in Beni, during which time the NGO provided educational materials to women and youth to address concerns regarding EVD risks. During the reporting period, the NGO provided EVD educational messaging to more than 51,000 people in Beni and nearly 15,000 people in North Kivu’s unaffected Karisimbi Health Zone, located near Goma.
  - With USAID/OFDA support, the UN World Food Program (WFP)-managed UN Humanitarian Air Service (UNHAS) provided air transportation for relief personnel and logistical support for the EVD response in the DRC. Between February and June, UNHAS transported nearly 2,300 people via daily flights in support of the EVD response. UNHAS also transported 1.2 metric tons (MT) of humanitarian cargo—including medicines, vaccines, and other essential supplies—and provided more than 50 MT of PPE for health workers operating in more than 100 health facilities in EVD-affected areas each month during the reporting period. PPE provides critical protection for those working on the front line of pandemic outbreaks, limiting the risk of infection by preventing exposure to infectious diseases.
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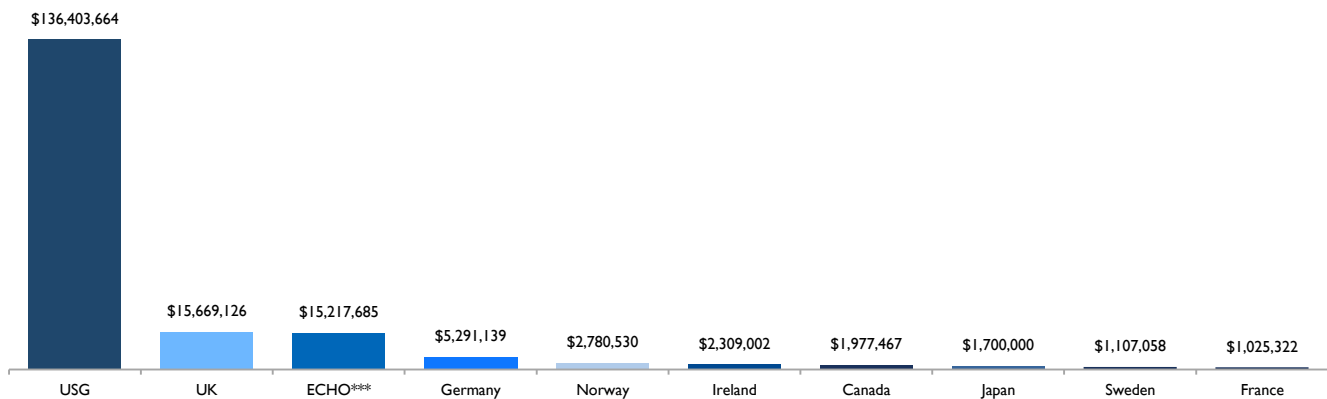
## EVD PREPAREDNESS AND PREVENTION

- Health actors in countries neighboring eastern DRC continue to implement EVD preparedness and prevention activities, including awareness raising campaigns and border screening efforts at strategic locations. From July 15–21, staff at 15 IOM-supported PoEs along South Sudan’s borders with the DRC and Uganda screened more than 27,000 inbound travelers to South Sudan for EVD symptoms, including fevers. During the reporting period, staff at the PoEs detected nearly 60 individuals with a fever; the individuals were monitored and either allowed passage following subsequent measures indicating normal temperature or referred to nearby health facilities for further monitoring, IOM reports. In FY 2019, USAID/GH has supported efforts to strengthen monitoring of cross-border population movements, improve screening and referral of potential EVD cases at strategic locations, and maintain basic water, sanitation, and hygiene (WASH) facilities at PoEs.
- Following the mid-June confirmation of three EVD cases in Uganda and one EVD case in Ariwara, located near Uganda’s Arua District, health actors in Uganda, including CDC staff, augmented EVD preparedness activities—including community sensitization; infection, prevention, and control; lab testing; risk communication; and screening of travelers through PoEs. Between June 11 and July 16, health workers vaccinated more than 3,050 people in Uganda, including nearly 1,550 people in Arua and more than 1,500 people in Kasese District.

## FOOD SECURITY

- Relief actors report that ongoing food assistance needs in Ituri and North Kivu, which are primarily driven by protracted conflict, are exacerbated by the EVD outbreak in the provinces. Populations in much of North Kivu will likely continue to experience Crisis—IPC 3—levels of acute food insecurity through at least January 2020, while populations in Ituri will continue to experience Stressed—IPC 2—and Crisis levels of food insecurity during the same period, the Famine Early Warning Systems Network (FEWS NET) projects.<sup>5</sup>
- In Ituri, intercommunal conflict between armed groups and the Armed Forces of the DRC has resulted in population displacement and led to successive missed agricultural seasons for many farming households, driving food assistance needs in the province. Conflict in Beni has resulted in successive below-average agricultural seasons, leading the previously-surplus production area to rely on food supplies from North Kivu’s Lubero Health Zone, more than 60 miles south of Beni. Low availability of agricultural laborers due to population movement away from EVD-affected areas may further limit agricultural production in 2019, according to FEWS NET.
- To date in FY 2019, USAID/FFP has provided \$12 million to WFP to mitigate the impact of EVD and reduce the risk of disease transmission. With USAID/FFP funding, the UN agency uses local and regional food procurements to deliver beans, rice, and salt, along with internationally-procured vegetable oil, targeting more than 300,000 EVD-affected individuals. Since the beginning of the outbreak, WFP has assisted nearly 400,000 people in EVD-affected areas, including through delivery of weekly food parcels to registered contacts of confirmed EVD patients and their households during the 21-day medical observation period following known contact, minimizing the movements of people who could be infected and reducing the risk of further transmission. WFP also provides assistance to people with confirmed or suspected cases of EVD in treatment centers, as well as to discharged patients and their households.

### 2018–2019 TOTAL HUMANITARIAN FUNDING\* PER DONOR\*\*



\*Funding figures are as of July 29, 2019. All international figures are according to the UN Office for the Coordination of Humanitarian Affairs' (OCHA) Financial Tracking Service and based on international commitments during the current calendar year, while U.S. Government (USG) figures are according to the USG and reflect the most recent USG commitments based on fiscal years, which began on October 1, 2017 and October 1, 2018.

\*\*The funding graph does not include contributions made by the World Bank, which announced an additional \$300 million to EVD response efforts in the DRC on July 24, 2019.

\*\*\* The European Commission's Department for European Civil Protection and Humanitarian Aid Operations (ECHO)

<sup>5</sup> The Integrated Food Security Phase Classification (IPC) is a standardized tool that aims to classify the severity and magnitude of acute food insecurity. The IPC scale, which is comparable across countries, ranges from Minimal—IPC 1—to Famine—IPC 5.

## CONTEXT

- EVD is endemic to some animal species in the DRC, with periodic human disease outbreaks; the country has experienced 10 recorded EVD outbreaks since 1976. The MoH recognized the current outbreak on August 1, 2018, which became the second largest EVD outbreak ever recorded globally in November 2018.
- The current EVD outbreak is the first to occur in Ituri and North Kivu, areas with high-density population areas, high population mobility, and porous borders to adjacent countries. The two provinces also encompass areas with active conflict, characterized by armed group presence and significant physical and insecurity-related constraints.
- 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, on September 21, 2018, USAID activated a Disaster Assistance Response Team (DART) to coordinate the USG response to the EVD outbreak in eastern DRC; the DART includes personnel from CDC. USAID also stood up a Washington D.C.-based Response Management Team to support the DART.
- On October 4, 2018, Chargé d’Affaires Haskell reissued a disaster declaration for the DRC EVD outbreak for FY 2019 due to ongoing humanitarian needs resulting from the outbreak.

### USAID FUNDING FOR THE DRC EVD OUTBREAK RESPONSE IN FY 2018–2019

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
<b>FUNDING TO THE DRC FOR EVD RESPONSE AND PREPAREDNESS</b>			
<b>USAID/OFDA<sup>6</sup></b>			
Implementing Partners (IPs)	Health, Protection, Risk Management Policy and Practice, WASH	Ituri, North Kivu	\$70,197,829
IOM	Health	Ituri, North Kivu	\$3,440,280
OCHA	Humanitarian Coordination and Information Management (HCIM)	Ituri, North Kivu	\$2,254,834
UNHAS	Logistics Support	Ituri, North Kivu	\$3,105,000
UNICEF	Health, Protection, WASH	Ituri, North Kivu	\$5,258,622
UN Department of Safety and Security (UNDSS)	HCIM	Ituri, North Kivu	\$649,981
UN Humanitarian Response Department (UNHRD)	Logistics Support	Ituri, North Kivu	\$4,882,228
WHO	Health	Ituri, North Kivu	\$15,000,000
	Program Support		\$2,014,538
<b>TOTAL CURRENT USAID/OFDA FUNDING</b>			<b>\$106,803,312</b>
<b>USAID/FFP</b>			
WFP	Local and Regional Food Procurement	Ituri, North Kivu	\$12,000,000
<b>TOTAL CURRENT USAID/FFP FUNDING</b>			<b>\$12,000,000</b>
<b>USAID/GH &amp; USAID MISSIONS</b>			
UNICEF	Health, WASH	Ituri, North Kivu	\$4,000,000
WHO	Health	Ituri, North Kivu	\$5,000,000
<b>TOTAL CURRENT USAID/GH &amp; USAID MISSIONS FUNDING</b>			<b>\$9,000,000</b>

<sup>6</sup> In addition to the funding listed, USAID/OFDA also supports additional relief partners implementing emergency health programming in EVD-affected areas that are undertaking enhanced infection prevention and control measures and risk education in health facilities under these programs. This funding is accounted for separately under the DRC Complex Emergency.

<b>TOTAL CURRENT USAID FUNDING TO THE DRC EVD RESPONSE</b>			<b>\$127,803,312</b>
<b>FUNDING TO NEIGHBORING COUNTRIES FOR EVD PREPAREDNESS</b>			
IPs	HCIM, Health, Protection, WASH	Rwanda, South Sudan, Uganda	\$3,425,470
IOM	Health	South Sudan	\$1,800,000
OCHA	HCIM	South Sudan	\$975,282
UNICEF	Health, WASH	Rwanda	\$399,600
WHO	Health	Burundi, Rwanda, Uganda	\$2,000,000
<b>TOTAL CURRENT USAID FUNDING TO NEIGHBORING COUNTRIES</b>			<b>\$8,600,352</b>
<b>TOTAL CURRENT USAID FUNDING TO THE DRC AND NEIGHBORING COUNTRIES FOR EVD RESPONSE AND PREPAREDNESS</b>			<b>\$136,403,664</b>

## 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).

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>