

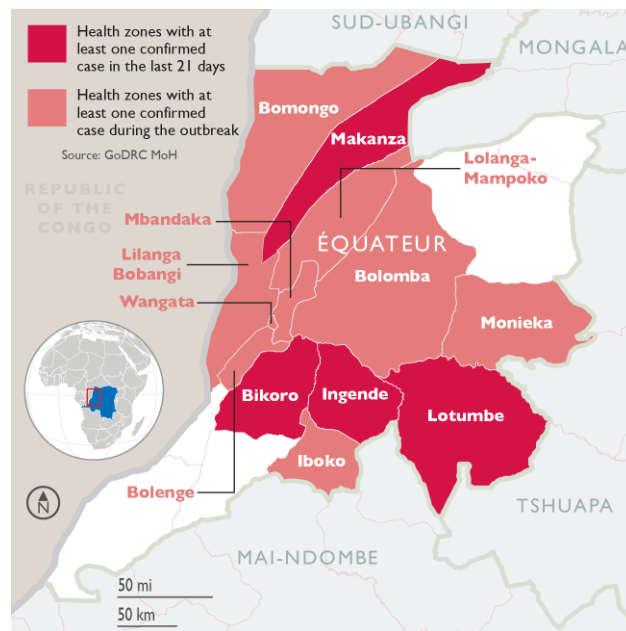
# Democratic Republic of the Congo – Ebola Outbreaks

SEPTEMBER 30, 2020

## SITUATION AT A GLANCE



- Health actors remain concerned about surveillance gaps in northwestern DRC's Équateur Province.
- In recent weeks, several contacts of EVD patients have travelled undetected to neighboring RoC and the DRC's Mai-Ndombe Province, heightening the risk of regional EVD spread.
- Logistics coordination in Equateur has significantly improved in recent weeks, with response actors establishing a Logistics Cluster in September.
- The 90-day enhanced surveillance period in eastern DRC ended on September 25.



<b>TOTAL USAID HUMANITARIAN FUNDING</b> For the DRC Ebola Outbreaks Response in FY 2020	USAID/BHA <sup>1,2</sup>	\$152,614,242
	USAID/GH in Neighboring Countries <sup>3</sup>	\$2,500,000
<b>Total</b>		<b>\$155,114,242<sup>4</sup></b>

*For complete funding breakdown with 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 of the USAID funding intended for Ebola virus disease (EVD)-related programs in eastern Democratic Republic of the Congo (DRC) is now supporting EVD response activities in Équateur.

## KEY DEVELOPMENTS

### **EVD Spreads to Thirteenth Health Zone, Lack of Cases Prompts Concern**

The EVD outbreak in Équateur continued to expand into new health zones in September, most recently spreading to the province's Makanza Health Zone on September 28, the Government of the DRC (GoDRC) Ministry of Health (MoH) reports. Overall, the MoH had recorded 128 confirmed and probable EVD cases, including 53 related deaths, across 13 health zones in Équateur as of September 30. The confirmation of the EVD case in Makanza followed a nine-day period with no new EVD cases. Rather than a sign of improving epidemiological conditions, health actors have warned that the lack of new cases during this period may be due to continued gaps in EVD surveillance, including inadequate investigations of EVD alerts. Additionally, the high proportion of community deaths among confirmed EVD cases and the continued detection of EVD-positive individuals with no clear epidemiological links to other EVD patients—such as the individual in Makanza—suggest that unknown chains of transmission may persist. This lack of knowledge surrounding epidemiological links between EVD cases is likely due, at least in part, to a lack of effective contact tracing and case investigation, among other surveillance gaps, related to ongoing payment disputes among health care workers.

In response to the emergence of EVD in Makanza, response actors—including USAID/BHA partner the Alliance for International Medical Action (ALIMA) and a contractor from the U.S. Centers for Disease Control and Prevention—quickly deployed to the health zone to assess response needs and provide case management support to the EVD-positive individual. Lusengo—the affected health area in Makanza—is a port of call along the Congo River, located on a widely traveled river transit route between the capital city of Kinshasa and Tshopo Province's capital city of Kisangani. As such, health actors have expressed concern about the risk of EVD spreading to new areas from Makanza, including densely populated urban centers across the DRC.

### **EVD Contacts Travel Outside of Équateur, Exacerbating Risk of EVD Spread**

Several known contacts of EVD-positive individuals have travelled from Équateur to neighboring Mai-Ndombe and the Republic of the Congo (RoC) undetected in recent weeks, indicating the need to strengthen screening along key transit routes to prevent wider, regional spread of EVD, health actors report. Between September 12 and 14, six contacts crossed the border into northeastern RoC's Likouala Department from Equateur's Bomongo Health Zone, according to the GoDRC MoH. Although GoDRC health authorities have since located two of the six individuals, the whereabouts of the other four contacts remained unknown as of September 30. However, as the end of the potential 21-day incubation period for the contacts nears, the risk of possible onward transmission decreases. Meanwhile, on September 21, health actors reported that four people who came into contact with an EVD-positive individual in Lotumbe Health Zone had returned home to Mai-Ndombe's Mpendjwa Health Zone. While the four individuals initially exhibited EVD-like symptoms, subsequent EVD test results for the individuals returned negative.

The MoH had not confirmed any EVD cases outside of Équateur as of September 30; however, response actors—who remain concerned about the possibility of regional EVD spread following recent undetected travel by known contacts—are advocating the need to scale up EVD preparedness activities in unaffected provinces and neighboring RoC. In response to the initial confirmation of cases in Bomongo, USAID/BHA partner the International Organization for Migration (IOM) deployed staff to establish points of control and points of entry in areas of the health zone bordering the RoC. Additionally, USAID/GH recently provided \$300,000 to the UN Children's Fund (UNICEF) to support EVD preparedness activities in the RoC.

## Logistics Operations Improve in Recent Weeks With Cluster Establishment

During September, response actors in Equateur reported key improvements in logistics coordination and planning in the EVD response, including the establishment of a response-level Logistics Cluster by the UN World Food Program (WFP) in the middle of the month. Poor roads and telecommunications infrastructure, as well as precarious transport routes through Equateur's dense forests, have hindered response efforts since the start of the ongoing outbreak in June 2020. Movement outside of the province's capital city of Mbandaka occurs largely by boat or helicopter as overland travel can take days, with response personnel often encountering impassable roads and bridges. The Logistics Cluster, which held its first meeting in mid-September, plans to address these challenges and cluster partners plan to provide common services—including telecommunications, humanitarian air cargo, river transport, and base camp support—to response actors. To date, USAID/BHA has provided more than \$2 million to the WFP-managed UN Humanitarian Air Service (UNHAS) for logistics support in Équateur. Additionally, USAID/BHA has supported WFP to construct base camps in several health zones, providing work space and accommodation for EVD response staff.

## 90-Day Enhanced EVD Surveillance Period in Eastern DRC Ends

On September 25, the 90-day period of enhanced EVD surveillance in eastern DRC officially ended, marking another milestone in the conclusion of the country's tenth EVD outbreak. To identify individuals exhibiting possible EVD symptoms, health actors—including USAID/BHA partners—continued surveillance activities after the MoH formally declared the outbreak's end on June 25, maintaining rapid response capacity to respond to any new cases detected in eastern DRC during the 90-day period. Given that the MoH has not reported any new cases in the region, response actors are now planning to shift their focus toward longer-term post-outbreak recovery, including rebuilding the region's public health system, while also responding to the impacts of the DRC's coronavirus disease outbreak and the protracted humanitarian crisis in eastern DRC. USAID has played a critical role in containing the EVD outbreak in eastern DRC, providing nearly \$347 million for EVD response and preparedness in the region since August 2018.

### KEY FIGURES



**\$112.6  
Million**

In FY 2020 USG support for EVD health response activities in eastern DRC and Équateur

### U.S. GOVERNMENT RESPONSE

#### HEALTH

In response to the EVD outbreak in Équateur, USAID/BHA has provided more than \$16 million in funding for health activities in Équateur. This funding is currently supporting ALIMA, FHI 360, the International Federation of Red Cross and Red Crescent Societies (IFRC), International Medical Corps (IMC), Internews, IOM, and UNICEF to provide a range of health services in the province, including case management, risk communication and community engagement, infection prevention and control (IPC), safe and dignified burials, and surveillance activities. USAID/BHA partners are operating EVD treatment units and integrated transit centers, where EVD-positive patients can receive appropriate care and treatment and individuals exhibiting EVD symptoms can safely isolate while awaiting test results. USAID/BHA partners are also conducting risk communication and community engagement activities, working with 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 symptomatic individuals, as well as supporting safe and dignified burials to ensure that individuals who have died of EVD are buried in a manner that prevents onward transmission and respects local customs.

Following the declared end of eastern DRC's EVD outbreak on June 25, USAID/BHA partners—including multiple NGOs, IOM, UNICEF, and WFP—have shifted activities to support post-outbreak transition efforts in the region. With many EVD survivors facing stigmatization from community members, USAID/BHA is supporting partners to conduct community engagement activities, such as awareness-raising sessions, to ensure survivors can better reintegrate and access basic services in their communities.



### **\$7.7 Million**

In FY 2020 USG funding for logistics support to the EVD responses in eastern DRC and Équateur

## **LOGISTICS**

To alleviate the logistical limitations faced by EVD response teams in Équateur, USAID/BHA has provided more than \$2 million to UNHAS for logistics support. With USAID/BHA funding, UNHAS is operating a helicopter to transport response personnel to remote regions of Équateur to conduct surveillance and treat EVD patients. The helicopter also transports test samples from these remote regions to labs in central areas of the province. In addition, UNHAS is facilitating flights from North Kivu Province's capital city of Goma to Mbandaka city for partners shifting operations from eastern DRC to Équateur. USAID/BHA has also supported WFP to establish base camps to host response personnel in areas of Équateur with limited lodging and work facilities.



### **\$15.1 Million**

In FY 2020 USG funding for EVD-related WASH activities in eastern DRC and Équateur

## **WASH**

In Équateur, USAID/BHA is supporting UNICEF to provide water, sanitation, and hygiene (WASH) services to enhance IPC standards at EVD-focused health facilities across the province. This includes distributing WASH kits, establishing handwashing stations, providing safe water, and rehabilitating sanitation infrastructure.

USAID/BHA also continues to provide WASH support in eastern DRC in partnership with six NGOs and UNICEF. USAID/BHA partners are rehabilitating 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 the 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.

### *Équateur EVD Outbreak*

- 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 outbreak, Équateur faced poor development conditions, including widespread poverty and a 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.
- U.S. Ambassador to the DRC Michael A. Hammer declared a disaster due to the potential humanitarian impact of the EVD outbreak in Équateur on June 8, 2020. In response, the U.S. Government (USG) Disaster Assistance Response Team (DART) is coordinating USG efforts to support EVD response interventions in the province.

### *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, UN World Health Organization (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 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, Ambassador Hammer redeclared a disaster in eastern DRC for FY 2020 due to the continued humanitarian needs resulting from the outbreak.

## 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	\$125,812,149
IFRC	Health	Équateur	\$3,000,000
IOM	Health	Équateur, Ituri, North Kivu	\$6,981,858
UN Department of Safety and Security (UNDSS)	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	Équateur, Ituri, North Kivu	\$7,338,200
WFP	Logistics Support	Équateur, Ituri, North Kivu	\$2,691,582
	Program Support		\$1,007,853
<b>TOTAL NON-FOOD ASSISTANCE FUNDING</b>			<b>\$152,614,242</b>
<b>TOTAL USAID/BHA FUNDING IN FY 2020</b>			<b>\$152,614,242</b>
<b>FUNDING IN NEIGHBORING COUNTRIES FOR EVD OUTBREAK PREPAREDNESS<sup>2</sup></b>			
<b>USAID/GH</b>			
IOM	Health	South Sudan	\$1,200,000
UNICEF	Health	Burundi	\$1,000,000
UNICEF	Health	RoC	\$300,000
<b>TOTAL USAID/GH FUNDING IN NEIGHBORING COUNTRIES</b>			<b>\$2,500,000</b>
<b>TOTAL USAID FUNDING FOR EVD OUTBREAK RESPONSE &amp; PREPAREDNESS IN FY 2020</b>			<b>\$155,114,242</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 September 30, 2020.

<sup>2</sup> USAID/GH funding for UNICEF in Burundi was in support of preparedness activities for the EVD outbreak in eastern DRC, while the funding for UNICEF in the RoC is in support of preparedness activities for the EVD outbreak in Équateur.

## 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).