

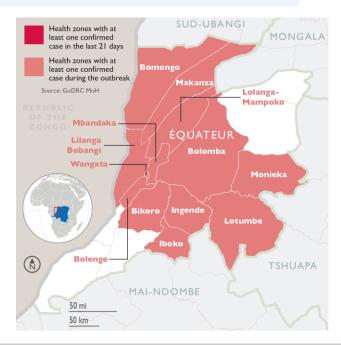
Democratic Republic of the Congo - Ebola Outbreaks

November 6, 2020

SITUATION AT A GLANCE

55 **75** 130 Total EVD-Affected Total Number of EVD Total Confirmed and Total EVD-Related Health Zones in Probable EVD Cases in Deaths in Équateur Survivors in Équateur Équateur Équateur MoH - November 6, 2020 MoH - June 25, 2020 MoH - November 6, 2020 MoH - November 6, 2020

- Response actors are increasingly optimistic about the continued lack of new EVD cases in northwestern DRC's Équateur Province, but remain cautious about possible undetected transmission.
- Some response actors have adjusted operations in Équateur in anticipation of the MoH possibly declaring the outbreak over as soon as November 18.
- A delegation of senior UN officials in the DRC visited Équateur on October 21 to assess response progress and meet with response actors.



TOTAL USAID HUMANITARIAN FUNDING

For the DRC Ebola Outbreaks Response in FY 2020

USAID/BHA1,2 \$152.614.242 USAID/GH in

Neighboring Countries³

\$2,500,000

For complete funding breakdown with partners, see funding chart on page 6

Total \$155,114,2424

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

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

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

⁴ 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

Response Actors Remain Cautiously Optimistic About Lack of New Cases

As of November 6, 38 days had elapsed since the Government of the DRC Ministry of Health (MoH) last confirmed a new EVD case in Équateur. Following the second negative test result of the last known EVD patient in the province's Makanza Health Zone on October 6, the MoH began a 42-day countdown—corresponding to twice the maximum incubation period of EVD—to declare a possible end to the outbreak on November 18. Although the MoH validated two additional probable cases in Lolanga-Mampoko Health Zone on October 25, the cases were identified in reference to community deaths—EVD-related deaths occurring outside of health facilities—that occurred in late July and early August, and, as such, did not interrupt the countdown to the end of the current outbreak. Overall, the MoH has recorded 130 confirmed and probable EVD cases, including 55 related deaths, across 13 health zones in Équateur since the start of the outbreak on June 1.

Response actors are growing increasingly optimistic regarding the sustained lack of new cases in Équateur, but continue to express caution about the possible detection of new cases in the coming weeks, which would delay the announcement of the end of the outbreak. Surveillance gaps remain a significant concern, particularly given that more than 60 percent of the EVD cases confirmed in September, including the most recent case in Makanza, had no documented epidemiological links to previous cases, indicating the potential presence of unknown transmission chains. Additionally, health actors have recorded multiple community deaths since the beginning of the outbreak, raising further concerns about possible undetected EVD transmission chains.

Response Actors Adjust Operations as Possible End of Outbreak Nears

Given the lack of new EVD cases reported in Équateur in recent weeks, some response actors have indicated plans to adjust operations if no new cases are detected by the MoH during the ongoing 42-day countdown period, as well as the subsequent 90-day enhanced surveillance period. Currently, the UN World Health Organization (WHO), as well as multiple USAID/BHA partners—including the Alliance for International Medical Action (ALIMA), FHI 360, the International Organization for Migration (IOM), and the UN Children's Fund (UNICEF)—are strengthening community-based surveillance coverage in high-risk health areas to enable response actors to more quickly detect and respond to any new EVD cases that may occur in the coming months. Additionally, the MoH, in coordination with implementing partners, continues to support the operationalization of a survivor-support program to address the emerging health and psychosocial needs of the 75 EVD survivors in Équateur. USAID/BHA continues to emphasize the importance of maintaining adequate EVD preparedness and response activities in the province, and is supporting case management partners ALIMA and International Medical Corps (IMC) to maintain rapid response capacity for several months, enabling health actors to provide appropriate treatment and care in the event of survivor-based Ebola virus transmission.

UN Delegation Visits Équateur to Assess EVD Response and Meet Partners

UN Deputy Special Representative of the Secretary General, Resident and Humanitarian Coordinator (DSRSG/RC/HC) David McLachlan-Karr led a delegation of UN leadership in the DRC to Équateur on October 21 to assess the state of the EVD response and to meet with provincial authorities, local communities, and NGO partners. During the visit, DSRSG/RC/HC McLachlan-Karr emphasized the importance of resolving ongoing disputes concerning incentive payments for health care workers, as well as addressing the logistical challenges that continue to negatively affect the response, including the significant delays in transporting blood samples from remote parts of Équateur to laboratories for EVD

testing. DSRSG/RC/HC McLachlan-Karr also met with response actors to discuss plans for a potential scale-down of activities and transition to post-outbreak support if the Équateur outbreak ends on November 18. Additionally, he reiterated the UN's zero-tolerance policy toward sexual exploitation and abuse (SEA), particularly in light of the early October 2020 international media reports of alleged SEA by response actors involved in the eastern DRC EVD response.

KEY FIGURES



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 for health activities in the province. The funding is currently supporting ALIMA, FHI 360, the International Federation of Red Cross and Red Crescent Societies (IFRC), IMC, Internews, IOM, and UNICEF to provide a range of health services in the province. 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 supporting 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.



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



In FY 2020 USG funding for EVD-related WASH activities 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 the UN Humanitarian Air Service (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 Équateur's capital city of Mbandaka for partners shifting operations from eastern DRC to Équateur. USAID/BHA has also supported the UN World Food Program (WFP) to establish base camps to host response personnel in areas of Équateur with limited lodging and work facilities.

WASH

In Équateur, USAID/BHA is supporting UNICEF to provide water, sanitation, and hygiene (WASH) services to enhance infection prevention and control standards in 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 to respond to future disease outbreaks. USAID/BHA is also supporting partners to conduct 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 redeclared a disaster due to the humanitarian impact
 of the EVD outbreak in Équateur on October 16, 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, 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 20201

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
FUNDING IN THE DRC FOR EVD OUTBREAK PREPAREDNESS & RESPONSE USAID/BHA			
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
TOTAL NON-FOOD ASSISTANCE FUNDING			\$152,614,242
TOTAL USAID/BHA FUNDING IN FY 2020			\$152,614,242
FUNDING IN	NEIGHBORING COUNTRIES FOR EVD OUTBR	EAK PREPAREDNESS ²	
	USAID/GH		
IOM	Health	South Sudan	\$1,200,000
UNICEF	Health	Burundi	\$1,000,000
UNICEF	Health	RoC	\$300,000
TOTAL USAID/GH FUNDING IN NEIGHBORING COUNTRIES			\$2,500,000
TOTAL USAID FUNDING FOR EVD OUTBREAK RESPONSE & PREPAREDNESS IN FY 2020			\$155,114,242

¹ 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. ² 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 Republic of the Congo (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.
- 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:
 - o USAID Center for International Disaster Information: cidi.org
 - o Information on relief activities of the humanitarian community can be found at reliefweb.int.