

DEMOCRATIC REPUBLIC OF THE CONGO – EBOLA OUTBREAK

FACT SHEET #6, FISCAL YEAR (FY) 2020

MAY 19, 2020

NUMBERS AT A GLANCE

3,462

Total Confirmed and Probable EVD Cases
MoH – May 19, 2020

2,279

Total EVD-Related Deaths
MoH – May 19, 2020

0

New Confirmed Cases in Past 21 Days
MoH – May 19, 2020

29

Total Health Zones Affected to Date
MoH – May 19, 2020

HIGHLIGHTS

- New EVD cluster identified in Beni after more than 50 days without cases; response actors augment activities to contain EVD spread
- EVD-positive individual flees health facility, prompting concerns of additional transmission
- USAID/OFDA provides nearly \$23.4 million in additional funding for EVD response activities in the DRC

HUMANITARIAN FUNDING

FOR THE DRC EBOLA OUTBREAK RESPONSE IN FYs 2018–2020

USAID/OFDA ¹	\$276,782,247
USAID/FFP ²	\$36,975,000
USAID/GH ³	\$11,979,389
USAID in Neighboring Countries	\$16,671,381
\$342,408,017⁴	

KEY DEVELOPMENTS

- The Government of the Democratic Republic of the Congo (GoDRC) Ministry of Health (MoH) recorded a new confirmed Ebola virus disease (EVD) case in North Kivu Province’s Beni Health Zone on April 10, the first confirmed case detected in 52 days. From April 11 to 27, the MoH recorded six additional confirmed EVD cases in Beni. While the MoH, the UN World Health Organization (WHO), and other organizations—including USAID/OFDA non-governmental organization (NGO) partners—are responding to EVD re-emergence in Beni, response gaps persist, and the U.S. Government (USG) Disaster Assistance Response Team (DART) and other stakeholders report a continued need to effectively engage with community members to increase support for the response.
- One of the individuals confirmed with EVD in April fled from a health facility after being diagnosed and had not been located as of May 19, prompting heightened concerns regarding community-based spread of the disease. Effective surveillance in EVD-affected and at-risk areas remains critical, given the potential for additional Ebola virus transmission related to the recent cases in Beni, as well as the ongoing possibility of survivor-linked transmission and currently undetected chains of transmission.
- USAID/OFDA is providing nearly \$23.4 million in additional funding for ongoing EVD response efforts in the DRC. The new funding will support NGO partners to continue delivering critical assistance—such as case management, community engagement, and infection prevention and control (IPC) activities—in and around EVD-affected areas, including Beni.

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 more than \$325.7 million in USAID funding through USAID/FFP, USAID/GH, and USAID/OFDA for EVD preparedness and response activities in the DRC and nearly \$16.7 million in USAID funding through USAID/GH, USAID/OFDA, and USAID/Rwanda for EVD preparedness activities in Burundi, Rwanda, South Sudan, Tanzania, and Uganda.

CURRENT EVENTS

- From April 10 to 27, the MoH recorded seven new confirmed EVD cases in Beni, with the case detected on April 10 representing the first confirmed case in 52 days. The most recently identified EVD case-patient was discharged from the WHO-managed Beni EVD treatment unit (ETU) on May 14, the MoH reports. Genetic sequencing analysis of the cases identified in April suggests that the as-yet unidentified source is an EVD survivor; epidemiological investigations pertaining to the cases are ongoing.
 - Prior to the re-emergence of EVD in Beni, response actors had anticipated that the EVD outbreak would be declared over if no new cases had been identified by April 12, which would have marked 42 days since the conclusion of the period of known potential for exposure to EVD via the last confirmed case in the outbreak. However, the DART, the U.S. Centers for Disease Control and Prevention (CDC), WHO, and other stakeholders had consistently underscored that health actors could detect additional EVD cases during and after the 42-day period, given the possibility of survivor-linked Ebola virus transmission and undetected chains of transmission, as well as the potential for new introduction of the virus into human populations from an animal reservoir in the region.
 - In response to the identification of new EVD cases, the MoH and WHO initiated case investigation and contact tracing activities and launched additional IPC efforts, notably household- and health facility-level decontamination. Additionally, MoH-led teams resumed vaccinations of contacts with the Merck-manufactured EVD vaccine, which had stopped in mid-March. However, response organizations had been operating at reduced capacity when the cases were identified, with field-level staff and resources shifted in recent weeks to support coronavirus disease (COVID-19)-related activities and GoDRC EVD response leadership also managing the country's COVID-19 response. Stakeholders augmented support for the EVD response after the identification of additional cases in Beni; however, measures to contain the spread of COVID-19 have strained GoDRC, UN, and NGO capacity, challenging efforts to end the current EVD outbreak. USAID partners continue to conduct EVD response activities in Ituri and North Kivu provinces and are assisting with efforts related to the April cases. For example, International Medical Corps (IMC) deployed a rapid response team to Beni in late April; the NGO conducted a needs assessment and provided pharmaceutical support to the Beni ETU.
 - On April 14, WHO Director-General Dr. Tedros Adhanom Ghebreyesus accepted the assessment of the Emergency Committee for EVD in the DRC that the EVD outbreak continues to represent a Public Health Emergency of International Concern (PHEIC). The committee recommended that response actors in the DRC bolster community engagement measures, intensify surveillance and case investigation activities, and reinforce response infrastructure to limit further EVD spread. In addition, the committee emphasized that at-risk countries in the region should maintain capacities necessary to respond to the disease.
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ACCESS AND COMMUNITY ACCEPTANCE

- Sustained engagement with local communities to effectively communicate EVD prevention, risk, and response information remains critical to ending the current EVD outbreak. The identification of additional EVD cases in April exacerbated community mistrust and prompted demonstrations against the response in Beni, with some individuals citing a belief that the outbreak had ended. Mistrust of EVD response workers, due in part to inadequate community engagement efforts, and ongoing access constraints in Beni have hindered the implementation of critical response activities related to the April cases.
- The DART and other key response actors continue to underscore the importance of accurate and targeted messaging and other community engagement measures to enable safe and sufficient access to affected areas and strengthen support for response activities. Following the identification of new EVD cases in April, response stakeholders, including community leaders, augmented engagement efforts, conducting outreach and facilitating discussion sessions with community members to explain and bolster support for key EVD response activities. Additionally, the MoH reports that dialogues with affected community members have enabled completion of household-level decontamination activities.

USG ASSISTANCE

- USAID/OFDA NGO partners continue to conduct community engagement activities to disseminate accurate information and increase overall support for the EVD response in affected and at-risk areas of Ituri and North Kivu. For example, in March, World Vision facilitated community information sessions to increase adoption of EVD prevention practices and reduce EVD-related stigmatization, reaching nearly 77,800 individuals across North Kivu's Beni, Butembo, Goma, Kalunguta, Katwa, and Mabalako health zones. To improve awareness of appropriate hygiene measures, safe and dignified burials, and surveillance activities, FHI 360 facilitated nearly 80 community engagement sessions in 12 health zones across Ituri and North Kivu in March, reaching approximately 4,200 community members and community and traditional leaders. Additionally, Mercy Corps continued community engagement activities in Beni during the month, facilitating forums on EVD-related topics for nearly 140 women, as well as discussion sessions on reintegrating EVD survivors into local communities that reached approximately 30 participants.
- With support from USAID/FFP and other donors, the UN World Food Program (WFP) provided food and nutritional assistance to an estimated 920,000 people in EVD-affected areas of eastern DRC between August 2018 and April 2020, distributing approximately 13,600 metric tons of food. In FY 2019, USAID/FFP contributed \$24 million to support WFP's EVD response activities.

CONTEXT

- EVD is a rare and deadly disease caused by infection with Ebola virus. Evidence suggests that bats are the 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 can result in 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 10 EVD outbreaks. The MoH declared the current outbreak—the second largest recorded globally—on August 1, 2018.
- On July 17, 2019, the WHO Director-General declared the EVD outbreak in the DRC a PHEIC, 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			
NGOs	Economic Recovery and Market Systems; Health; Nutrition; Protection; Water, Sanitation, and Hygiene (WASH)	Ituri, North Kivu	\$111,467,573
International Organization for Migration (IOM)	Health	Ituri, North Kivu	\$5,998,930
UN Department of Safety and Security (UNDSS)	Humanitarian Coordination and Information Management (HCIM)	Ituri, North Kivu	\$760,378
UN Humanitarian Air Service (UNHAS)	Logistics Support	Ituri, North Kivu	\$3,000,000
UNICEF	Health, HCIM, Nutrition, Protection, WASH	Ituri, North Kivu	\$5,000,000
WFP	Logistics Support	Ituri, North Kivu	\$2,691,582
	Program Support		\$805,642
TOTAL USAID/OFDA FUNDING IN FY 2020			\$129,724,105
TOTAL USAID FUNDING IN THE DRC FOR EVD OUTBREAK PREPAREDNESS & RESPONSE IN FY 2020			\$129,724,105
FUNDING TO NEIGHBORING COUNTRIES FOR EVD PREPAREDNESS			
IOM	Health	South Sudan	\$1,200,000
UNICEF	Health	Burundi	\$1,000,000
TOTAL USAID FUNDING TO NEIGHBORING COUNTRIES IN FY 2020			\$2,200,000
TOTAL USAID FUNDING FOR EVD OUTBREAK PREPAREDNESS & RESPONSE IN FY 2020			\$131,924,105

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			
NGOs	Economic Recovery and Market Systems, Health, Nutrition, Protection, Risk Management Policy and Practice, WASH	Ituri, North Kivu	\$90,911,809
International Federation of Red Cross and Red Crescent Societies (IFRC)	Health	Ituri, North Kivu	\$5,700,000
IOM	Health	Ituri, North Kivu	\$3,440,280
UNDSS	HCIM	Ituri, North Kivu	\$649,981
UNHAS	Logistics Support	Ituri, North Kivu	\$5,725,000
UN Humanitarian Response Depot	Logistics Support	Ituri, North Kivu	\$4,882,228
UNICEF	Health, Protection, WASH	Ituri, North Kivu	\$5,258,622
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			
NGO	Complementary Services, Food Vouchers	Ituri, North Kivu	\$12,975,000
WFP	Local, Regional, and International Procurement	Ituri, North Kivu	\$24,000,000
TOTAL USAID/FFP FUNDING IN FY 2019			\$36,975,000
USAID/GH			
IFRC	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 TO NEIGHBORING COUNTRIES FOR EVD PREPAREDNESS			
NGOs	Health, WASH	Rwanda, South Sudan, Uganda	\$3,771,629
IFRC	Health	Rwanda, Uganda	\$1,252,370
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 TO 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			
NGOs	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 TO NEIGHBORING COUNTRIES FOR EVD PREPAREDNESS			
IOM	Health	South Sudan	\$400,000

WHO	Health	Burundi, Rwanda, Uganda	\$1,200,000
TOTAL USAID FUNDING TO NEIGHBORING COUNTRIES IN FY 2018			\$1,600,000
TOTAL USAID FUNDING FOR EVD 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 IN FYs 2018–2020			\$276,782,247
TOTAL USAID/FFP FUNDING TO THE DRC EVD RESPONSE IN FYs 2018–2020			\$36,975,000
TOTAL USAID/GH FUNDING TO THE DRC EVD RESPONSE IN FYs 2018–2020			\$11,979,389
TOTAL USAID FUNDING TO NEIGHBORING COUNTRIES FOR EVD PREPAREDNESS IN FYs 2018–2020			\$16,671,381
TOTAL USG FUNDING FOR EVD PREPAREDNESS & RESPONSE FYs 2018–2020			\$342,408,017

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.

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>