

DEMOCRATIC REPUBLIC OF THE CONGO – EBOLA OUTBREAK

FACT SHEET #3, FISCAL YEAR (FY) 2019

SEPTEMBER 30, 2019

NUMBERS AT A GLANCE

3,191

Total Confirmed and Probable Cases
MoH – September 30, 2019

2,133

Total EVD-Related Deaths
MoH – September 30, 2019

110

New Confirmed Cases in Last 21 Days
MoH – September 30, 2019

29

Total Health Zones Affected to Date
MoH – September 30, 2019

13

Number of Health Zones With Confirmed EVD Cases in the Past 21 Days
MoH – September 30, 2019

HIGHLIGHTS

- Average weekly EVD case counts decrease in September, but health actors remain concerned about ongoing transmission in hotspots
- GoDRC and WHO release SRP 4, delineating plans to strengthen EVD response activities
- High-level USG delegation visits ETU in North Kivu, meets with response leadership

HUMANITARIAN FUNDING

FOR THE DRC EBOLA OUTBREAK RESPONSE IN FY 2018–2019

USAID/OFDA ¹	\$147,058,142
USAID/FFP ²	\$36,975,000
USAID/GH ³	\$11,979,389
USAID in Neighboring Countries	\$14,471,381
\$210,483,912⁴	

KEY DEVELOPMENTS

- Despite an overall decrease in average weekly Ebola virus disease (EVD) case counts across eastern Democratic Republic of the Congo (DRC) in September, response actors remain concerned regarding elevated transmission in Ituri Province’s Mambasa Health Zone and other hotspots. Access in Mambasa is challenging due to difficult terrain, poor road conditions, and the presence of armed groups.
- The Government of the DRC (GoDRC) Ministry of Health (MoH) and UN World Health Organization (WHO) released Strategic Response Plan (SRP) 4 on September 6, outlining the GoDRC’s EVD response strategy and operational plans to improve response effectiveness through December. The plan requests \$579.9 million to bolster ongoing public health activities, as well as support community engagement, financial planning, risk communication, and security activities in EVD-affected areas.
- In FY 2019, USAID contributed approximately \$197 million—including an estimated \$145 million from USAID/OFDA, \$37 million from USAID/FFP, and \$15 million from USAID/GH—to support EVD preparedness and response activities within the DRC, as well as EVD preparedness efforts in neighboring countries; USAID also provided \$13 million to support response and preparedness activities in the DRC and nearby countries in FY 2018. USAID funding supports case management, community engagement, EVD preparedness, food assistance, safe and dignified burials, and surveillance activities, as well as infection prevention and control (IPC) programming, including training, supervision, and supplies, in and around EVD-affected areas.

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 an estimated \$196 million in USAID funding through USAID/FFP, USAID/GH, and USAID/OFDA for EVD preparedness and response activities in the DRC and \$14.5 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

- The GoDRC formally released SRP 4 on September 6, requesting \$579.9 million to fund EVD response activities through December 2019. In addition to outlining activities to strengthen ongoing public health interventions within the DRC and neighboring countries, SRP 4 also includes an Integrated Response Strategy—the document describing complementary humanitarian assistance outside the public health response. SRP 4 details activities for improving overall response effectiveness, including improving core public health activities, increasing community engagement, enhancing security approaches in EVD-affected areas, refining financial accountability mechanisms, and streamlining information management. Response actors note that SRP 4 is critical to centralizing EVD response goals and improving the coordination and efficiency of MoH-led and WHO-supported response activities.
- A high-level U.S. Government (USG) delegation—including U.S. Secretary of Health and Human Services Alex Azar, National Institute of Allergy and Infectious Diseases Director Anthony Fauci, U.S. Centers for Disease Control and Prevention (CDC) Director Dr. Robert Redfield, and USAID Bureau for Democracy, Conflict, and Humanitarian Assistance (DCHA) Senior Deputy Assistant Administrator Tim Ziemer—visited the DRC from September 12 to 14 to assess EVD response efforts. During the visit, the delegation met with U.S. Ambassador Michael A. Hammer, President of the DRC Félix Tshisekedi, Minister of Health Dr. Eteni Longondo, and other GoDRC and UN leaders to discuss the EVD response. The delegation also visited an EVD treatment unit (ETU) and met with local community leaders and health workers in North Kivu Province’s Butembo Health Zone and capital city of Goma. The delegation also traveled to Rwanda and Uganda to assess EVD preparedness in the countries. Following the visit, Secretary Azar reiterated the USG’s commitment to working with community leaders to end the EVD outbreak and strengthen overall health system capacity to enable health workers in eastern DRC to respond to future outbreaks of EVD and other diseases.

OUTBREAK OVERVIEW

- As of September 30, the MoH had reported a total of 3,191 confirmed and probable EVD cases, including at least 2,133 EVD-related deaths, across 29 health zones in Ituri, North Kivu, and South Kivu provinces. From September 10 to 30, the MoH reported 110 new confirmed EVD cases across Ituri and North Kivu, a 37 percent decrease from the 175 confirmed cases reported in the previous 21-day period. The number of health zones with reported confirmed EVD cases also decreased from 17 to 13 within the last 21 days.
- However, WHO has cautioned against interpreting the recent decrease in EVD cases as a sign that health actors have contained the outbreak, as surveillance indicators suggest the risk of EVD transmission remains high. For example, although North Kivu’s Beni and Mabalako health zones—former hotspots for EVD transmission—have recorded relatively low caseloads in recent epidemiological weeks, emerging hotspots—such as Ituri’s Mambasa and Mandima health zones—continue to pose challenges due to slow response activity scale up, insecurity, and other access constraints, limiting the ability of response actors to reach EVD-affected populations. Response actors additionally note that populations conducting trade or seeking livelihood opportunities travel frequently between mining areas in Mambasa and other locations across the DRC, including the country’s capital city of Kinshasa, which could increase the risk of EVD spreading to other areas.
- Current epidemiological trends—including delayed admission to health centers following symptom onset and continued instances of deaths in communities rather than in hospitals—also indicate the ongoing need to strengthen community engagement and surveillance measures in EVD-affected communities, according to health actors.

INSECURITY AND POPULATION DISPLACEMENT

- Insecurity continues to hinder humanitarian response efforts in and around EVD-affected areas of eastern DRC. Protests in Mandima’s Lwemba town in response to the death of a local healthcare worker at the nearby Mangina ETU resulted in violence in the community on September 16 and prompted the suspension of response operations in the

area, according to local media. Although the violence subsided following the deployment of security personnel to the area, response activities in the town remained suspended as of September 30. Tensions in the area continue to be high, with community members reportedly refusing access to any EVD response teams, including those traveling through Lwemba to other areas of Ituri. In an effort to regain access, local authorities continue to conduct negotiations with community members while the MoH develops an access plan in coordination with civil society organizations and the local governor, WHO reports.

- Additionally, increased armed group activity along the road between Beni and Butembo has at times resulted in short-term population displacement and the targeting of aid workers in recent months, a non-governmental organization (NGO) reports. The NGO recommends that security actors monitor armed groups' attitudes toward the EVD response—and aid workers in general—to mitigate security risks for EVD responders.
- Following the confirmation of EVD cases in South Kivu's Mwenga Health Zone in mid-August, approximately 1,500 people in the province's Kilungutwe town, Walungu Territory, fled to areas in and around nearby Luntukulu and Mulamba towns, according to an NGO. The incident represents the first occurrence of EVD-related mass displacement and illustrates the need for response actors to strengthen mechanisms to follow up with contacts of EVD patients in areas with highly transient populations, the NGO reports. While health actors have not confirmed any EVD cases in Mwenga since late August, the NGO notes that the tendency of internally displaced persons (IDPs) to seek shelter with host families or in crowded shelters with limited water, sanitation, and hygiene (WASH) infrastructure could elevate the risk of disease spread in the event of additional transmission and related displacement.

EVD PREPAREDNESS AND RESPONSE

- In FY 2019, USAID/OFDA provided nearly \$143 million to NGO and UN partners to support economic recovery, health, nutrition, protection, and WASH activities in EVD-affected areas of Ituri and North Kivu, as well as \$2.5 million to support preparedness efforts in South Sudan. Additionally, USAID/GH contributed \$2 million for risk communication, IPC, and WASH interventions in EVD-affected areas in Ituri and North Kivu, as well as \$13 million for EVD preparedness activities in currently unaffected areas in the DRC and neighboring countries. Preparedness activities include strengthening overall Ebola preparedness and coordination, increasing capacity to screen for EVD at borders and points of entry, improving IPC activities, and conducting risk communication and community engagement.
- USG partners continue to engage with national authorities and partner organizations to ensure sufficient EVD screening to prevent the spread of EVD to new areas of the DRC and neighboring countries. For example, the MoH, WHO, and USAID/OFDA partner the International Organization for Migration (IOM) are coordinating with authorities at Virunga National Park, which is located near the DRC's borders with Rwanda and Uganda, to ensure points of control (PoCs) within the park are well-staffed and efficiently managed.
- Meanwhile, response actors plan to bolster EVD response capacity in 25 IDP camps in North Kivu's Masisi, Rutshuru, and Walikale territories, where persistent insecurity has continued to generate displacement and exacerbate humanitarian needs in recent months. Health actors and response leadership are concerned that the high population density of the IDP camps—which hosted approximately 100,000 IDPs as of July—could significantly increase the risk of rapid EVD transmission among already vulnerable populations who have limited access to basic services. Poor sanitation and IPC standards, as well as limited screening capacity at strategic PoCs into and out of IDP camps, have also contributed to increased disease risk within displacement sites, according to relief actors. To enhance EVD preparedness and reduce disease risk in IDP camps, response leaders plan to initiate critical response activities—including surveillance and IPC training and supervision—within the IDP camps in the coming weeks.
- With USAID/OFDA support, the UN Humanitarian Air Service (UNHAS) continues to provide air transportation for humanitarian workers and logistical support for the EVD response in eastern DRC. Since August 2018, UNHAS has supported the activities of 85 relief agencies through more than 4,300 humanitarian flights that transported approximately 28,300 passengers and 370 metric tons (MT) of cargo, including blood samples for testing, laboratory materials, and medical supplies. UNHAS has also contributed to efforts to ensure humanitarian responder safety by conducting 12 security evacuation flights and 14 non-EVD-related medical evacuations.

- From September 18 to 21, representatives from at least 16 NGOs, including USAID/OFDA partners, attended the launch of a new IPC toolkit in Goma. The toolkit—developed by an MoH-led IPC task force in consultation with CDC, the UN Children’s Fund (UNICEF), and WHO—provides standardized assessment tools to measure the quality of IPC standards at health facilities, as well as guidance and training materials on IPC protocols and minimum standards. During the launch, MoH, NGO, and WHO staff were trained to serve as IPC trainers in health facilities, with the overall aim of ensuring consistent adherence to IPC standards by facilitating long-term behavior change among health workers.
 - USAID/OFDA partners continue to work to strengthen IPC measures and case management services in EVD-affected areas. From September 16 to 22, for example, a USAID/OFDA NGO partner provided supervisory support and mentorship to health workers at nearly 60 health facilities in North Kivu, briefed health facility personnel on IPC and waste management best practices, and donated or restocked IPC materials at seven health facilities. The NGO is also conducting case management activities at a North Kivu ETU that has admitted more than 1,770 patients since December, when the NGO began to support the facility; of the 310 patients admitted who tested positive for EVD, 137 were able to leave the facility after receiving life-saving treatment that allowed them to recover from the disease.
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COMMUNITY ENGAGEMENT

- The USG Disaster Assistance Response Team (DART) continues to emphasize that sustained community engagement—in addition to strengthened surveillance measures—is required for halting the spread of EVD and reducing the fear and mistrust that prevents people from seeking treatment or actively participating in EVD response efforts. For example, health actors have continued to attribute consistently low ETU admission rates to misconceptions about EVD—including the fear of dying in treatment and transit centers—in recent months. Similarly, response actors working to scale up activities in EVD hotspots such as Mambasa and Mandima have reported encountering significant mistrust after failing to pair public health activities with dedicated efforts to promote community ownership and decision making within the response, the UN reports.
 - In response, USAID/OFDA continues to support community engagement efforts in EVD-affected and at risk areas of Ituri and North Kivu. In mid-September, a USAID/OFDA NGO partner convened a community engagement event at a university in Goma, which provided a forum for students to discuss the role of youth in combating rumors about EVD. The event aimed to address myths about EVD with presentations on topics such as the origins of EVD and the ring vaccination strategy. Following the event, most of the students in the room indicated that they would be willing to have conversations about EVD with their families to counter the rumors that are frequently transmitted via the radio, instant messaging platforms, and social media networks.
 - Meanwhile, to improve EVD awareness and dispel misinformation about the disease, a USAID/OFDA NGO partner reached more than 76,200 people with EVD sensitization activities in five health zones in North Kivu between July 18 and August 17. The NGO coordinated with faith-based networks, community action groups, and youth associations to deliver the outreach messaging, which included discussions about promotion of effective hygiene measures and against stigmatizing EVD survivors. With USAID/OFDA support, the NGO has reached approximately 250,700 people through radio broadcasts and 146,900 people through in-person outreach since commencing EVD awareness and prevention programming in April.
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FOOD ASSISTANCE

- To support EVD response efforts, the UN World Food Program (WFP) distributed 8,400 MT of food assistance to an estimated 593,000 EVD-affected individuals—approximately 85 percent of whom are current or former contacts of suspected or confirmed EVD cases—between early August 2018 and mid-September 2019 with support from USAID/FFP and other donors. WFP reports that providing food assistance to EVD contacts during the 21-day monitoring period helps limit their movements, allowing health workers to convey critical EVD prevention information

and monitor people for signs of disease. WFP also distributes critical food assistance to EVD survivors, EVD patients in ETUs, and health personnel.

- In September, USAID/FFP provided \$12 million to WFP to support the delivery of an estimated 4,600 MT of in-kind food assistance to nearly 257,000 people in EVD-affected areas, bringing USAID/FFP's total FY 2019 contributions to the UN agency's EVD response operations to \$24 million.
- USAID/FFP also recently provided an NGO partner with nearly \$13 million to support the three-month distribution of food vouchers to an estimated 180,000 vulnerable people—including EVD survivors, returnees, IDPs, and host community members—in North Kivu's Beni and Lubero territories. The partner plans to provide the vouchers as unconditional food assistance, as well as through conditional asset-building activities such as road rehabilitation to improve community infrastructure and strengthen access to markets and services. The NGO's activities align with the USG's overall response strategy, which aims to foster an enabling environment for EVD response activities through the provision of multi-sector humanitarian assistance that meets priority needs in EVD-affected communities.

CONTEXT

- EVD is endemic to some animal species in the DRC, resulting in periodic human disease outbreaks; the country has experienced 10 recorded EVD outbreaks since 1976. The MoH recognized the current outbreak—the second largest recorded globally—on August 1, 2018. On July 17, 2019, WHO Director-General Dr. Tedros Adhanom Ghebreyesus declared the EVD outbreak in the DRC a Public Health Emergency of International Concern (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.
- Chargé d'Affaires Haskell redeclared a disaster in eastern DRC for FY 2019 due to ongoing humanitarian needs resulting from the EVD outbreak on October 4, 2018.

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/OFDA⁵			
Implementing Partners (IPs)	Economic Recovery and Market Systems, Health, Nutrition, Protection, Risk Management Policy and Practice, WASH	Ituri, North Kivu	\$96,611,809
IOM	Health	Ituri, North Kivu	\$3,440,280
UN Department of Safety and Security (UNDSS)	HCIM	Ituri, North Kivu	\$649,981
UN Humanitarian Response Depot (UNHRD)	Logistics Support	Ituri, North Kivu	\$4,882,228
UN Office for the Coordination of Humanitarian Affairs (OCHA)	Humanitarian Coordination and Information Management (HCIM)	Ituri, North Kivu	\$8,161,713
UNHAS	Logistics Support	Ituri, North Kivu	\$5,725,000
UNICEF	Health, Protection, WASH	Ituri, North Kivu	\$5,258,622
WHO	Health	Ituri, North Kivu	\$15,000,000
	Program Support		\$2,915,580
TOTAL FY 2019 USAID/OFDA FUNDING			\$142,645,213
USAID/FFP			
IP	Complementary Services, Food Vouchers	North Kivu	\$12,975,000
WFP	Local, Regional, and International Procurement	Ituri, North Kivu	\$24,000,000
TOTAL FY 2019 USAID/FFP FUNDING			\$36,975,000
USAID/GH			
IP	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 FY 2019 USAID/GH FUNDING			\$4,979,389
TOTAL FY 2019 USAID FUNDING IN THE DRC FOR EVD OUTBREAK PREPAREDNESS & RESPONSE			\$184,599,602
FUNDING TO NEIGHBORING COUNTRIES FOR EVD PREPAREDNESS			
IPs	Health, WASH	Rwanda, South Sudan, Uganda	\$5,023,999
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 FY 2019 USAID FUNDING TO NEIGHBORING COUNTRIES			\$12,871,381
TOTAL FY 2019 USAID FUNDING FOR EVD OUTBREAK PREPAREDNESS & RESPONSE			\$197,470,983

⁵ 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 IPC measures and risk education in health facilities under these programs. This funding is accounted for separately under the DRC Complex Emergency.

USAID FUNDING FOR EVD OUTBREAK PREPAREDNESS & RESPONSE IN FY 2018

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
FUNDING TO THE DRC EVD RESPONSE			
USAID/OFDA⁵			
IPs	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 FY 2018 USAID/OFDA FUNDING			\$4,412,929
USAID/GH			
UNICEF	Health, WASH	Ituri, North Kivu	\$2,000,000
WHO	Health	Ituri, North Kivu	\$5,000,000
TOTAL FY 2018 USAID/GH FUNDING			\$7,000,000
TOTAL FY 2018 USAID FUNDING TO THE DRC EVD RESPONSE			\$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 FY 2018 USAID FUNDING TO NEIGHBORING COUNTRIES			\$1,600,000
TOTAL FY 2018 USAID FUNDING FOR EVD OUTBREAK PREPAREDNESS & RESPONSE			\$13,012,929

USAID FUNDING FOR EVD OUTBREAK PREPAREDNESS & RESPONSE IN FY 2018–2019

TOTAL USAID/OFDA FUNDING TO THE DRC EVD RESPONSE FY 2018–2019	\$147,058,142
TOTAL USAID/FFP FUNDING TO THE DRC EVD RESPONSE FY 2018–2019	\$36,975,000
TOTAL USAID/GH FUNDING TO THE DRC EVD RESPONSE FY 2018–2019	\$11,979,389
TOTAL USAID FUNDING TO NEIGHBORING COUNTRIES FOR EVD PREPAREDNESS FY 2018–2019	\$14,471,381
TOTAL USG FUNDING FOR EVD OUTBREAK PREPAREDNESS & RESPONSE FY 2018–2019	\$210,483,912

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>