

# DEMOCRATIC REPUBLIC OF THE CONGO – EBOLA OUTBREAK

FACT SHEET #1, FISCAL YEAR (FY) 2020

NOVEMBER 8, 2019

## NUMBERS AT A GLANCE

**3,286**

Total Confirmed and Probable Cases  
MoH – November 8, 2019

**2,192**

Total EVD-Related Deaths  
MoH – November 8, 2019

**51**

New Confirmed Cases in Last 21 Days  
MoH – November 8, 2019

**29**

Total Health Zones Affected to Date  
MoH – November 8, 2019

**6**

Number of Health Zones With Confirmed EVD Cases in the Past 21 Days  
MoH – November 8, 2019

## HIGHLIGHTS

- EVD cases recorded in Ituri’s Mandima Health Zone account for 50 percent of new confirmed cases in recent weeks
- High-level USAID delegation travels to DRC, discusses EVD response with GoDRC and other key stakeholders
- Community engagement and surveillance challenges complicate efforts to respond to new EVD cases

## HUMANITARIAN FUNDING

FOR THE DRC EBOLA OUTBREAK RESPONSE IN FY 2018–2020

USAID/OFDA <sup>1</sup>	\$202,952,955
USAID/FFP <sup>2</sup>	\$36,975,000
USAID/GH <sup>3</sup>	\$11,979,389
USAID in Neighboring Countries	\$14,471,381
<b>\$266,378,725<sup>4</sup></b>	

## KEY DEVELOPMENTS

- In recent weeks, health actors have continued to report persistent Ebola virus disease (EVD) transmission in remote, hard-to-reach areas of eastern Democratic Republic of the Congo (DRC), primarily in Ituri Province’s Mandima Health Zone. Twenty-seven of the new confirmed and probable cases recorded by the Government of the DRC (GoDRC) Ministry of Health (MoH) from October 14 to November 3 were in Mandima, representing half of the 54 EVD cases recorded during the time period.
- While average weekly EVD case counts remain comparatively low—with an average of 16 new confirmed cases recorded by the MoH per week since September 30, compared with weekly case counts of more than 100 recorded in April and May—health actors continue to warn that the outbreak is not yet contained. The UN World Health Organization (WHO) has noted persistent delays in case detection and isolation, as well as challenges with identifying and tracing contacts in EVD-affected areas, and reports that the risk of EVD spreading to unaffected areas of the DRC and neighboring countries remains high.
- On November 8, USAID announced nearly \$56 million in FY 2020 funding to support lifesaving assistance in EVD-affected communities. The new funding supports health activities that augment EVD prevention and response efforts, as well as more holistic interventions—such as strengthening access to primary health care, rehabilitating water infrastructure, and providing nutritional support—designed to address other priority needs in EVD-affected areas and build community support for the EVD response.

<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 Bureau for Global Health (USAID/GH)

<sup>4</sup> This total includes approximately \$251.9 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

- From October 13 to 17, a high-level USAID delegation—led by Senior Deputy Assistant Administrator (SDAA) Tim Ziemer—traveled to the DRC’s capital city of Kinshasa and Goma, the capital of North Kivu Province, to meet with U.S. Government (USG) Disaster Assistance Response Team (DART) and U.S. Centers for Disease Control and Prevention (CDC) staff and other key stakeholders, including donor, MoH, non-governmental organization (NGO), and UN representatives. U.S. Ambassador to the DRC Michael A. Hammer joined the delegation in Goma, meeting with senior GoDRC officials, WHO leadership in the DRC, and UN Emergency Ebola Response Coordinator David Gressly. The delegation identified the need for increased collaboration among responding organizations and improved integration of the concerns and views of EVD-affected communities into all response decisions and activities.
  - On October 21, WHO and the African Union Centers for Disease Control and Prevention convened a meeting of health ministers and senior immigration officials from the DRC and nine other African Union member states considered at high risk of importing EVD. At the meeting, the 10 represented countries endorsed a framework to enhance collaboration and coordination for cross-border preparedness, information sharing, and response to current and future outbreaks of EVD or other diseases.
  - From October 29 to 31, the DART participated in a MoH operational review of Strategic Response Plan (SRP) 4, which outlines the GoDRC’s EVD response strategy and requests funding to support EVD response activities, as well as complementary interventions that respond to other priority needs in crisis-affected communities, through December 2019. At the event, GoDRC, UN, NGO, and donor representatives assessed SRP 4 progress to date, identified challenges, and discussed strategic and operational solutions for improving the EVD response. Participants identified bolstering community engagement, community-based surveillance, and cross-border surveillance, as well as improving vaccination coverage and infection prevention and control (IPC) practices, as key priorities for the remainder of 2019.
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## OUTBREAK OVERVIEW

- As of November 8, the MoH had reported a total of 3,286 confirmed and probable EVD cases, including at least 2,192 EVD-related deaths, across 29 health zones in Ituri, North Kivu, and South Kivu provinces. From October 14 to November 3, the three most recent epidemiological weeks, the MoH recorded 54 new confirmed and probable EVD cases across Ituri and North Kivu, similar to the 52 cases reported during the previous 21-day period. However, the number of health zones with recorded EVD cases within the last 21 days continues to decrease, falling to seven as of November 3, compared with 10 health zones during the previous 21-day period.
- While new EVD cases are increasingly concentrated in a smaller geographic area, underlying public health indicators suggest that the risk of EVD spreading to unaffected areas of the DRC and neighboring countries remains high, WHO reports. Health actors have also expressed concern regarding recent EVD cases recorded in North Kivu’s Beni Health Zone, which includes Beni town, an urban area where the MoH previously recorded sustained EVD transmission.
- The UN agency continues to note persistent delays in case detection and isolation, as well as challenges with identifying and tracing contacts in EVD-affected areas, indicating that the outbreak is not yet contained. For example, community deaths comprised nine—or 18 percent—of the new cases confirmed from October 14 to November 3, according to CDC. Any community deaths—or deaths occurring outside an EVD treatment unit (ETU)—increase the chance of an EVD-positive individual infecting caregivers, mourners, or other contacts. Similarly, only approximately 50 percent of the EVD patients were isolated within three days of symptom onset; early isolation increases patients’ chances of survival and decreases the risk of onward transmission to community members. Inadequate screening at health facilities also continues to increase the risk of further disease spread; at least 15—or 29 percent—of EVD-positive individuals identified during the same period traveled to two or more health facilities in search of treatment, CDC reports.

## ACCESS AND COMMUNITY ACCEPTANCE

- Insufficient community engagement has exacerbated community mistrust of EVD response teams in Mandima, hindering efforts to halt transmission in the health zone in recent weeks. According to WHO, more than 75 percent of the EVD cases recorded between October 7 and 27 were confirmed in or linked to cases originating from Mandima's Biakato Mines health area; however, the presence of armed groups, as well as community mistrust of EVD response teams, have complicated responders' access to the health area. In mid-October, insecurity prompted some responding organizations in Biakato Mines to temporarily suspend operations, although the MoH was reporting that activities in the health area had resumed as of late October.
- Response activities were also suspended in Mandima's Lwemba health area for three weeks following mid-September protests—and subsequent violence in the community—in response to the death of a local health worker at a nearby ETU, according to media reports. Following community dialogues between EVD response actors, local authorities, and community leaders in early October, relief actors were able to initiate limited activities to restore access to basic health and water, sanitation, and hygiene (WASH) services in Lwemba, the UN reports. However, at the request of local populations, the organizations had not yet restarted EVD response activities as of mid-October, with community members continuing to express reticence towards EVD treatment and surveillance activities, according to the UN.
- To improve access in Biakato Mines, Lwemba, and other EVD-affected areas of Mandima, response actors have emphasized the need to scale up community engagement, which remains essential for dispelling misinformation about EVD, encouraging participation in and acceptance of EVD response activities, and promoting community ownership within the response. Response actors are also reviewing a document outlining key principles of engagement—to be signed by all health workers involved in the response—to guide EVD responders' interactions with communities.

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## COMMUNITY ENGAGEMENT

- Sustained community engagement remains critical to controlling the spread of EVD. In October, workers at USAID/OFDA-supported health facilities visited by DART staff reported that misinformation and rumors about EVD continue to hinder operations. In response to these ongoing concerns, USAID/OFDA supports programs pairing public health activities with comprehensive, appropriate community engagement activities, as well as supporting stand-alone communication programs designed to counter misinformation and rumors and effectively communicate EVD prevention, risk, and response information. For example, a USAID/OFDA partner reached more than 55,000 people in five health zones in North Kivu with critical information on EVD prevention measures, such as effective hygiene practices and safe and dignified burials, between September 15 and October 14. CDC is also working closely with UN agencies and other partner organizations to create and distribute messages that answer common community questions about response activities.
- In early October, DART staff attended a workshop organized by a USAID/OFDA NGO partner in Goma convening hosts from 20 radio stations based in Goma or North Kivu's Rutshuru Territory. The participants shared feedback about radio segments covering EVD-related topics, and the NGO emphasized the importance of prioritizing listeners' understanding of EVD response and prevention activities, avoiding overly technical language.
- Of the 3,168 people confirmed to have contracted EVD as of November 8, a total of 1,064 have survived, according to the MoH. However, misunderstanding and rumors about EVD survivors can lead to stigmatization and hinder survivors' reintegration into communities. USAID programming works to destigmatize EVD survivors and empower those that wish to participate in the EVD response to serve as change agents within their communities, recruiting survivors to participate in EVD awareness campaigns or to work more directly on Ebola response activities, where safe and appropriate to do so. As of mid-October, five USAID/OFDA partners had hired EVD survivors to fill 225 positions in support of their response efforts, and at least eight USAID/OFDA partners had recruited survivors as volunteers, with up to 30 percent of adult EVD survivors serving as volunteers.
- In addition, USAID/OFDA risk communication and community engagement partners are facilitating community dialogues to reduce survivor stigma and share key messages on EVD. In response to community questions about

support provided to EVD survivors, a USAID/OFDA partner in Nyiragongo Health Zone, North Kivu, convened a forum for 250 community members in early October to discuss the various types of reintegration support available to EVD survivors. During the forum, community members discussed how health actors can support survivors without contributing to tensions in the community. In an effort to counter misinformation, the NGO partner has incorporated findings from the forum into a French and Swahili radio program about support offered to EVD survivors, which it is broadcasting on nearly 30 partner radio stations across six health zones in North Kivu.

- Separately, another USAID/OFDA partner supporting safe and dignified burial activities in eastern DRC organized two community dialogue sessions in Ituri's Mambasa Health Zone from October 1 to 15, convening nearly 110 community leaders—including traditional leaders, such as village chiefs—and minority ethnic group members. Following the sessions, participants volunteered to assist with safe and dignified burial activities and expressed appreciation for the community engagement activities, noting that the dialogue would ensure community buy-in and contribute to the safety of the burial teams, according to the partner NGO. From October 1 to 15, the partner organization supported safe and dignified burial teams to conduct more than 100 burials across seven health zones in Ituri and North Kivu.

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## **INFECTION PREVENTION AND CONTROL**

- USAID/OFDA continues to prioritize programming to strengthen IPC standards in EVD-affected and at-risk areas of eastern DRC, including by providing comprehensive training and supervisory support to ensure health workers are adhering to standard IPC practices. As of October, USAID/OFDA partners were bolstering IPC measures—including training health care workers on best practices in case detection, patient screening, and waste management—in 31 health zones across Ituri and North Kivu. For example, in September, a USAID/OFDA partner provided critical IPC support to 70 health facilities across seven health zones in North Kivu, with the NGO's staff conducting more than 1,200 total visits to the facilities to supervise IPC practices and deliver training and mentorship to more than 250 health workers.
- On October 21, the DART conducted monitoring visits to two USAID/OFDA-supported health facilities in Goma. At both health facilities, the DART observed adequate isolation and waste management practices, as well as health staff screening individuals at entrances appropriately. In addition, USAID/OFDA's support enabled staff at the first site to raise results on the IPC Score Card—which assesses whether health facilities meet minimum IPC standards—from 20 percent at the beginning of the response to 92 percent as of mid-October, while the second site raised its IPC score from 32 percent to 81 percent, the DART reports.
- In early October, USAID/OFDA partner staff in Goma participated in a training—based on the newly released IPC toolkit—to learn how to serve as IPC trainers in health facilities. The toolkit—developed by a MoH-led task force in consultation with CDC, the UN Children's Fund (UNICEF), and WHO—aims to ensure consistent adherence to IPC standards by facilitating long-term behavior change among health workers. In addition, from October 28 to 31, USAID/OFDA partner staff in Goma participated in a pilot advanced IPC supervision training co-led by the MoH and CDC. The scenario-based training builds off of implementation of the IPC toolkit and is specifically designed for MoH IPC supervisors and partners directly supporting health facilities to learn and hone skills regarding how to recognize and prioritize risk, complete assessments, develop feasible action plans, and improve communication and mentorship skills.

## 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.
- 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
<b>FUNDING IN THE DRC FOR EVD OUTBREAK PREPAREDNESS &amp; RESPONSE</b>			
<b>USAID/OFDA<sup>1</sup></b>			
Implementing Partners (IPs)	Economic Recovery and Market Systems, Health, Nutrition, Protection, WASH	Ituri, North Kivu	\$55,819,490
	Program Support		\$75,323
<b>TOTAL USAID/OFDA FUNDING IN FY 2020</b>			<b>\$55,894,813</b>
<b>TOTAL USAID FUNDING FOR EVD OUTBREAK PREPAREDNESS &amp; RESPONSE IN FY 2020</b>			<b>\$55,894,813</b>

### USAID FUNDING FOR EVD OUTBREAK PREPAREDNESS & RESPONSE IN FY 2019

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
<b>FUNDING IN THE DRC FOR EVD OUTBREAK PREPAREDNESS &amp; RESPONSE</b>			
<b>USAID/OFDA</b>			
IPs	Economic Recovery and Market Systems, Health, Nutrition, Protection, Risk Management Policy and Practice, WASH	Ituri, North Kivu	\$96,611,809
International Organization for Migration (IOM)	Health	Ituri, North Kivu	\$3,440,280
UN Department of Safety and Security (UNDSS)	Humanitarian Coordination and Information Management (HCIM)	Ituri, North Kivu	\$649,981
UN Humanitarian Air Service (UNHAS)	Logistics Support	Ituri, North Kivu	\$5,725,000
UN Humanitarian Response Depot (UNHRD)	Logistics Support	Ituri, North Kivu	\$4,882,228

UN Office for the Coordination of Humanitarian Affairs (OCHA)	HCIM	Ituri, North Kivu	\$8,161,713
UNICEF	Health, Protection, WASH	Ituri, North Kivu	\$5,258,622
WHO	Health	Ituri, North Kivu	\$15,000,000
	Program Support		\$2,915,580
<b>TOTAL USAID/OFDA FUNDING IN FY 2019</b>			<b>\$142,645,213</b>
<b>USAID/FFP</b>			
IP	Complementary Services, Food Vouchers	North Kivu	\$12,975,000
UN World Food Program (WFP)	Local, Regional, and International Procurement	Ituri, North Kivu	\$24,000,000
<b>TOTAL USAID/FFP FUNDING IN FY 2019</b>			<b>\$36,975,000</b>
<b>USAID/GH</b>			
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
<b>TOTAL USAID/GH FUNDING IN FY 2019</b>			<b>\$4,979,389</b>
<b>TOTAL USAID FUNDING IN THE DRC FOR EVD OUTBREAK PREPAREDNESS &amp; RESPONSE IN FY 2019</b>			<b>\$184,599,602</b>
<b>FUNDING IN NEIGHBORING COUNTRIES FOR EVD PREPAREDNESS</b>			
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
<b>TOTAL USAID FUNDING IN NEIGHBORING COUNTRIES IN FY 2019</b>			<b>\$12,871,381</b>
<b>TOTAL USAID FUNDING FOR EVD OUTBREAK PREPAREDNESS &amp; RESPONSE IN FY 2019</b>			<b>\$197,470,983</b>

#### USAID FUNDING FOR EVD OUTBREAK PREPAREDNESS & RESPONSE IN FY 2018

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
<b>FUNDING IN THE DRC FOR EVD OUTBREAK PREPAREDNESS &amp; RESPONSE</b>			
<b>USAID/OFDA</b>			
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
<b>TOTAL USAID/OFDA FUNDING IN FY 2018</b>			<b>\$4,412,929</b>
<b>USAID/GH</b>			
UNICEF	Health, WASH	Ituri, North Kivu	\$2,000,000
WHO	Health	Ituri, North Kivu	\$5,000,000
<b>TOTAL USAID/GH FUNDING IN FY 2018</b>			<b>\$7,000,000</b>
<b>TOTAL USAID FUNDING IN THE DRC FOR EVD OUTBREAK PREPAREDNESS &amp; RESPONSE IN FY 2018</b>			<b>\$11,412,929</b>



FUNDING IN NEIGHBORING COUNTRIES FOR EVD PREPAREDNESS			
IOM	Health	South Sudan	\$400,000
WHO	Health	Burundi, Rwanda, Uganda	\$1,200,000
<b>TOTAL USAID FUNDING IN NEIGHBORING COUNTRIES IN FY 2018</b>			<b>\$1,600,000</b>
<b>TOTAL USAID FUNDING FOR EVD OUTBREAK PREPAREDNESS &amp; RESPONSE IN FY 2018</b>			<b>\$13,012,929</b>

#### USAID FUNDING FOR EVD OUTBREAK PREPAREDNESS & RESPONSE IN FY 2018–2020

<b>TOTAL USAID/OFDA FUNDING TO THE DRC EVD RESPONSE FY 2018–2020</b>	<b>\$202,952,955</b>
<b>TOTAL USAID/FFP FUNDING TO THE DRC EVD RESPONSE FY 2018–2020</b>	<b>\$36,975,000</b>
<b>TOTAL USAID/GH FUNDING TO THE DRC EVD RESPONSE FY 2018–2020</b>	<b>\$11,979,389</b>
<b>TOTAL USAID FUNDING IN NEIGHBORING COUNTRIES FOR EVD PREPAREDNESS FY 2018–2020</b>	<b>\$14,471,381</b>
<b>TOTAL USG FUNDING FOR EVD PREPAREDNESS &amp; RESPONSE FY 2018–2020</b>	<b>\$266,378,725</b>

<sup>1</sup> In addition to the funding listed, USAID/OFDA supports additional relief partners implementing emergency health programming in EVD-affected areas. This funding is accounted for separately under the DRC Complex Emergency.

## 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>