

# DEMOCRATIC REPUBLIC OF THE CONGO – EBOLA OUTBREAKS

FACT SHEET #7, FISCAL YEAR (FY) 2020

JUNE 29, 2020

## NUMBERS AT A GLANCE

**3,470**

Total Confirmed and Probable EVD Cases in Eastern DRC  
MoH – June 25, 2020

**2,287**

Total EVD-Related Deaths in Eastern DRC  
MoH – June 25, 2020

**30**

Total Confirmed and Probable EVD Cases in Équateur  
MoH – June 29, 2020

**13**

Total EVD-Related Deaths in Équateur  
MoH – June 29, 2020

**5**

Total Health Zones in Équateur Affected to Date  
MoH – June 29, 2020

## HIGHLIGHTS

- MoH declares end of EVD outbreak in eastern DRC on June 25
- Stakeholders continue to support critical activities as post-EVD outbreak period begins in eastern DRC
- MoH declares new EVD outbreak in Équateur on June 1; response efforts continue as outbreak spreads to remote areas of province

## HUMANITARIAN FUNDING

FOR THE DRC EBOLA OUTBREAKS RESPONSE IN FYs 2018–2020

USAID/BHA <sup>1,2</sup>	\$313,757,247
USAID/GH <sup>3</sup>	\$11,979,389
USAID in Neighboring Countries	\$16,671,381
<b>\$342,408,017<sup>4</sup></b>	

## KEY DEVELOPMENTS

- The Government of the Democratic Republic of the Congo (GoDRC) Ministry of Health (MoH) declared the end of the Ebola virus disease (EVD) outbreak in eastern DRC on June 25. The declaration follows the conclusion of 42 consecutive days—double the length of the maximum EVD incubation period—without new confirmed cases since the outbreak’s last survivor was discharged from the EVD treatment unit (ETU) in North Kivu Province’s Beni Health Zone on May 14.
- Because survivor-linked transmission, undetected chains of transmission, and new introductions of Ebola virus into the the human population from an animal reservoir could result in new EVD cases in eastern DRC, response actors aim to continue supporting critical activities to detect and respond to additional cases that may emerge following the official end of the outbreak. In particular, the MoH and other key stakeholders plan to support infection prevention and control (IPC) strengthening, integrated disease surveillance and response, rapid response teams, and survivor programs in the region during the coming months.
- The MoH declared a new EVD outbreak in northwestern DRC’s Mbandaka city, Équateur Province, on June 1, following the identification of six confirmed and probable EVD cases in May. To help contain and end the new outbreak, which has subsequently spread to remote locations with limited health care capacity and poor infrastructure, response actors are conducting and augmenting case management, community engagement, IPC, surveillance, vaccination, and other critical activities in Équateur.

<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 (USAID/OFDA) and emergency food assistance from the former Office of Food for Peace (USAID/FFP).

<sup>3</sup> USAID’s Bureau for Global Health (USAID/GH)

<sup>4</sup> This total includes more than \$325.7 million in USAID funding through USAID/BHA and USAID/GH for EVD preparedness and response activities in the DRC and nearly \$16.7 million in USAID funding through USAID/BHA, USAID/GH, and USAID/Rwanda for EVD preparedness activities in Burundi, Rwanda, South Sudan, Tanzania, and Uganda.

## **EVD OUTBREAK IN EASTERN DRC**

- On June 25, the MoH declared the end of the EVD outbreak in eastern DRC, recording 3,470 confirmed and probable EVD cases—including 2,287 related deaths—across Ituri, North Kivu, and South Kivu provinces at the time of the declaration; the outbreak, which the MoH declared on August 1, 2018, was the second-largest EVD outbreak recorded globally. The MoH continues to review historical case narratives from eastern DRC and could validate additional probable EVD cases in the coming weeks and months.
- Despite the official end of the EVD outbreak in eastern DRC, the UN World Health Organization (WHO), the U.S. Government (USG) Disaster Assistance Response Team (DART), the U.S. Centers for Disease Control and Prevention, and other response stakeholders continue to emphasize the possibility of survivor-related transmission, as well as the potential presence of undetected chains of transmission, in the region; additional cases could also result from a new introduction of Ebola virus into the human population from an animal reservoir. Response actors are continuing EVD-related interventions amid the transition to the post-outbreak period, as maintaining the capacity to identify and respond to additional cases and address the unique medical and psychosocial needs of EVD survivors will remain critical for preventing a resurgence of the disease in eastern DRC.
- USAID/BHA non-governmental organization (NGO) partner FHI 360 continued to conduct critical multi-sector EVD response activities in May, supporting 200 safe and dignified burials in nine health zones across Ituri and North Kivu. Additionally, FHI 360 disseminated hygiene awareness messaging on topics such as proper hand washing techniques and safe water storage to approximately 21,200 people through community volunteer networks in the two provinces during the month. Also in May, FHI 360 reached nearly 680 people through community engagement sessions—focused on topics such as EVD and coronavirus disease (COVID-19) prevention and increasing community support for EVD-related activities—conducted in 10 health zones across Ituri and North Kivu.
- Separately, USAID/BHA NGO partner the Adventist Development and Relief Agency (ADRA) provided emergency food assistance to vulnerable populations—such as internally displaced persons and host community members—in EVD-affected communities in North Kivu between January and March. During the period, ADRA delivered food vouchers to nearly 5,200 households in North Kivu’s Alimbongo Health Zone; many households are able to redeem these vouchers following participation in activities to rehabilitate community assets, such as roads, while some highly vulnerable households received unconditional food vouchers.

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## **EVD OUTBREAK IN ÉQUATEUR**

- Since the declaration of the new EVD outbreak in Mbandaka—located approximately 780 miles west of Beni—on June 1, the MoH has reported 30 confirmed and probable EVD cases, including 13 related deaths, in Équateur’s Bikoro, Bolomba, Iboko, Mbandaka, and Wangata health zones. Genetic sequencing analysis of the initial cases suggests that the outbreak resulted from a new introduction of Ebola virus into the human population from an animal reservoir.
- With a new EVD case confirmed in Mbandaka city on June 25, health actors continue to underscore that the disease could spread further within Mbandaka and to other parts of the DRC in the coming weeks unless effective response measures are urgently implemented, particularly given the city’s status as a transit hub along the Congo River. Moreover, the spread of EVD to hard-to-reach parts of Équateur—including areas with limited health care capacity and inadequate roads and other infrastructure—could frustrate efforts to contain the outbreak, with the MoH noting an ongoing need to bolster response activities in and improve access to remote locations.
- Additionally, health actors note ongoing surveillance shortcomings in Équateur, with persistently low numbers of EVD alerts issued and investigated daily, particularly in areas outside of Mbandaka city. Insufficient surveillance in both rural and urban EVD-affected areas could hinder the timely detection of new cases, potentially contributing to the further spread of EVD in Équateur.
- The UN reports ongoing mistrust of response teams among some communities in Équateur, reflecting the need to strengthen community engagement efforts to improve community involvement in the response and increase awareness of and support for critical interventions, such as safe and dignified burials and surveillance. In addition, the MoH

reports that some EVD-positive and symptomatic individuals are reluctant to go to or remain in health facilities, indicating the need to improve care-seeking behavior among affected and at-risk populations.

- To augment case management capacity in Wangata, USAID/BHA partner International Medical Corps (IMC) is converting a former cholera treatment center in the health zone into an ETU.

## CONTEXT

- EVD is a rare and deadly disease caused by infection with 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.
- The MoH declared the tenth EVD outbreak in the DRC on August 1, 2018. 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.
- On July 17, 2019, WHO Director-General Dr. Tedros Adhanom Ghebreyesus declared the DRC's tenth EVD outbreak a Public Health Emergency of International Concern (PHEIC). Director-General Tedros declared that the DRC's tenth EVD outbreak no longer represented a PHEIC on June 26, 2020.
- 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 tenth EVD outbreak. Subsequently, 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. U.S. Ambassador Michael A. Hammer redeclared a disaster in eastern DRC for FY 2020 due to humanitarian needs resulting from the tenth EVD outbreak on October 22, 2019.
- While the tenth outbreak was ongoing, the MoH declared a new EVD outbreak in Mbandaka on June 1, 2020, with subsequent cases identified in other parts of Équateur. Ambassador Hammer declared a disaster due to the potential humanitarian impact of the EVD outbreak in Équateur on June 8, 2020. In response, the DART is coordinating USG efforts to support EVD-related interventions in the province.

**USAID 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<sup>2</sup></b>			
<b>Non-Food Assistance</b>			
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 Children's Fund (UNICEF)	Health, HCIM, Nutrition, Protection, WASH	Ituri, North Kivu	\$5,000,000
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
WFP	Logistics Support	Ituri, North Kivu	\$2,691,582
	Program Support		\$805,642
<b>TOTAL NON-FOOD ASSISTANCE FUNDING IN FY 2020</b>			<b>\$129,724,105</b>
<b>TOTAL USAID/BHA FUNDING IN FY 2020</b>			<b>\$129,724,105</b>
<b>TOTAL USAID FUNDING IN THE DRC FOR EVD OUTBREAK PREPAREDNESS &amp; RESPONSE IN FY 2020</b>			<b>\$129,724,105</b>
<b>FUNDING IN NEIGHBORING COUNTRIES FOR EVD PREPAREDNESS</b>			
IOM	Health	South Sudan	\$1,200,000
UNICEF	Health	Burundi	\$1,000,000
<b>TOTAL USAID FUNDING IN NEIGHBORING COUNTRIES IN FY 2020</b>			<b>\$2,200,000</b>
<b>TOTAL USAID FUNDING FOR EVD OUTBREAK PREPAREDNESS &amp; RESPONSE IN FY 2020</b>			<b>\$131,924,105</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/BHA</b>			
<b>Non-Food Assistance</b>			
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
<b>TOTAL NON-FOOD ASSISTANCE FUNDING IN FY 2019</b>			<b>\$142,645,213</b>
<b>Food Assistance</b>			
NGO	Complementary Services, Food Vouchers	Ituri, North Kivu	\$12,975,000
WFP	Local, Regional, and International Procurement	Ituri, North Kivu	\$24,000,000
<b>TOTAL FOOD ASSISTANCE FUNDING IN FY 2019</b>			<b>\$36,975,000</b>
<b>TOTAL USAID/BHA FUNDING IN FY 2019</b>			<b>\$179,620,213</b>
<b>USAID/GH</b>			
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
<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>			
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
<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/BHA</b>			
<b>Non-Food Assistance</b>			
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
<b>TOTAL NON-FOOD ASSISTANCE FUNDING IN FY 2018</b>			<b>\$4,412,929</b>
<b>TOTAL USAID/BHA 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>
<b>FUNDING IN NEIGHBORING COUNTRIES FOR EVD PREPAREDNESS</b>			
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 PREPAREDNESS &amp; RESPONSE IN FY 2018</b>			<b>\$13,012,929</b>

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

<b>TOTAL USAID/BHA FUNDING FOR THE DRC EVD RESPONSE IN FYs 2018–2020</b>			<b>\$313,757,247</b>
<b>TOTAL USAID/GH FUNDING FOR THE DRC EVD RESPONSE IN FYs 2018–2020</b>			<b>\$11,979,389</b>
<b>TOTAL USAID FUNDING IN NEIGHBORING COUNTRIES FOR EVD PREPAREDNESS IN FYs 2018–2020</b>			<b>\$16,671,381</b>
<b>TOTAL USG FUNDING FOR EVD PREPAREDNESS &amp; RESPONSE IN FYs 2018–2020</b>			<b>\$342,408,017</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 May 19, 2020.

<sup>2</sup> In addition to the funding listed, USAID/BHA supports additional relief partner implementing emergency 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, dietarily, 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).