SITUATION REPORT:
EBOLA CRISIS IN THE DEMOCRATIC REPUBLIC OF CONGO
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SITUATION OVERVIEW
Two confirmed deaths and a handful of suspected cases indicated a possible resurgence of Ebola virus disease in eastern Democratic Republic of Congo. The 2018 Ebola outbreak in the region is the second deadliest on record in DRC, resulting in more than 2,200 deaths.

The latest cases come just as the April 12 deadline arrived for marking the region as having eradicated the 2018 historic outbreak. The two deaths thus far — a man in his 20s and a young child — came from Beni, once the epicenter of the outbreak’s infection zone.

Eastern DRC is a difficult context in which to respond with humanitarian assistance and large-scale public health programming. More than 100 armed militia groups stand opposed to government authority in the region, compounding distrust of western aid organizations. Attacks on clinics and health care workers have hindered the response to this Ebola outbreak.

INTERNATIONAL HUMANITARIAN RESPONSE EFFORTS
A significant international response helped to curb the outbreak’s reach from reaching pandemic status. The World Health Organization, international aid groups, the DRC Ministry of Health and national health organizations joined community-level service providers and other groups to apply a coordinated response. The effort brought together supply chain, data monitoring, case management and other areas of expertise to a public health response.

This is the first Ebola outbreak in which vaccines were available, and a treatment protocol was put in place that afforded those who contracted the disease a chance to survive. Vaccine production and other supply chain concerns posed distribution challenges. However, more than 1,100 people survived the disease after testing positive.

BY THE NUMBERS
3,456 CONFIRMED CASES
2,264 TOTAL DEATHS

UGANDA
RWANDA
BENI
BUTEMBO
TANZANIA
IMA WORLD HEALTH – ACTIONS TAKEN AND NEXT STEPS
Funding from the U.S. Agency for International Development (USAID) Office of U.S. Foreign Disaster Assistance made IMA World Health’s response possible. IMA World Health’s roots as a faith-based public health agency strengthened the response through its connections to other local faith-based organizations who have established deep trust among the community.

Building on its long-term work and presence in the region, IMA World Health played an integral part in responding to the outbreak by setting up a contact tracing system that collected intelligence about the virus’ spread, in addition to hand washing, hygiene, clinic protection and infection prevention efforts.

The Ebola response has strengthened health systems in the region, preparing clinics and front-line health workers for COVID-19 prevention and response. Many of the interventions used to curb Ebola’s spread, such as improved hand washing efforts and isolation protocols at clinics, will also help address COVID-19 risks.

IMA WORLD HEALTH IN THE DEMOCRATIC REPUBLIC OF CONGO
IMA World Health has been working in DRC since 2000 — and in the northeast region, specifically, since 2010 — collaborating with the Congolese government, donors and an array of local and international partners to revitalize the country’s health system, fight diseases and improve health for vulnerable populations.

• Through our Access to Primary Health Care Project (Accès au Soins Santé Primaire), funded by the UK’s Department for International Development and implemented from 2013 to 2019, IMA provided health services to an estimated 9 million people across 52 health zones in five provincial health divisions. We strengthened priority interventions such as the treatment of malaria, pneumonia and diarrhea; nutrition; obstetric and neonatal care; family planning; immunization; and water, sanitation and hygiene. IMA is building on the achievements of ASSP through a follow-on initiative, Support to the Health System in DRC Programme (Appui au système de santé en RD Congo (ASSR)). ASSR will continue providing support to the health sector in four provinces — Nord Ubangi, Kasai, Kasai Central and Maniema — as well as at the national level.

• IMA led the USAID-funded Ushindi project from 2010-2017, and currently leads Tushinde Ujeuri, which works to prevent sexual and gender-based violence in the DRC and provide holistic support to survivors.

• IMA, through emergency funding from OFDA, is procuring, assembling and distributing post-exposure prophylaxis kits for STI and HIV infections for victims of sexual violence, providing treatment to health centers and hospitals nationwide.

• With OFDA funding, IMA is addressing key challenges in health care and food security resulting from conflicts in Kasai and Kasai Central provinces. Working with SANRU, IMA is working to restore the functionality of health facilities that were burned and/or looted, build financial sustainability in the health system and support vulnerable households facing food insecurity by assisting families to start producing food as quickly as possible.

MEDIA
IMA World Health and Lutheran World Relief experts are available for interviews. Contact Senior Manager, Media Relations John Rivera at jrivera@lwr.org.