



In this photo, a health care worker wears virus protective gear at a treatment center in the Democratic Republic of Congo. (AP Photo/John Bompengo)

SITUATION REPORT: EBOLA CRISIS IN THE DEMOCRATIC REPUBLIC OF CONGO

August 1, 2019

SITUATION OVERVIEW

One year ago, on August 1, 2018, the Ministry of Health of the Democratic Republic of Congo (DRC) declared that an outbreak of the Ebola virus had occurred in the North Kivu (Kivu Nord) and Ituri provinces. As of July 28, 2019, the World Health Organization reported **2,671 cases of Ebola** (2,577 confirmed, 94 probable), with **1,790 deaths** (1,696 confirmed, 94 probable).

This is the world's second largest Ebola outbreak in recorded history and the largest ever in the DRC. The outbreak is occurring in a region rife with insecurity as multiple armed groups are engaged in regional ethnic struggles. This violence has caused large-scale displacement, with more than 1 million internally displaced people in North Kivu province alone. Several attacks have been launched against health facilities and workers, resulting in the looting and burning of clinics, and kidnapping and murder of staff. The violence targeting health workers and facilities has slowed down the response and forced the suspension of activities for a week in April.

Adding to the peril, the Ebola-affected provinces share borders with Rwanda and Uganda, with frequent cross-border movement for personal travel and trade, increasing the chance that the virus could spread beyond the DRC. There have already been isolated cases of Ebola reported outside of the outbreak zone. In June, three members of a family with confirmed cases of Ebola traveled from the DRC to Uganda briefly before being brought back across the

border. All three later died. Additionally, a fisherwoman died of Ebola in the DRC in July after having spent time while infected in Uganda. On July 14, the DRC Ministry of Health confirmed that a case of Ebola had reached Goma, when a pastor who had been ministering to Ebola patients contracted the virus before traveling to the city of 2 million people. On July 30, officials reported that a second case of Ebola, a miner who traveled to the city from Ituri province, had been confirmed in Goma. This appears to be unrelated to the first case. In all of these instances, quick action to isolate the patients, trace their contacts and administer vaccinations to those possibly exposed appears to have limited the spread of the virus.

Based on this geographical expansion of the virus, the World Health Organization on July 17 declared the Ebola outbreak a Public Health Emergency of International Concern, requiring a coordinated international response.



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OUR RESPONSE

IMA World Health is working in the epicenter of the Ebola zone, coordinating with local communities and organizations to stop the spread of the virus in 5 of the most-affected health zones in the North Kivu and Ituri provinces, where nearly **1.2 million people** live. The work, carried out in cooperation with DRC's Ministry of Health and the WHO Strategic Response Plan, is being funded by the Office of U.S. Foreign Disaster Assistance (OFDA). IMA's role centers around supporting health facilities and community engagement activities in and around Beni and Butembo towns. Highlights of IMA's Ebola response include:

- Implementing community outreach and mobilization, which includes training and sensitizing community outreach workers and the general public on signs and symptoms of Ebola, disease awareness, prevention and reduction of stigma. This includes working with religious leaders to engage their respective congregations in the fight against Ebola and increase community cooperation with Ebola response teams.
- Conducting contact tracing in coordination with the WHO-supported contact team to track the spread of the virus and quickly identify and isolate new cases.
- Refurbishing first line health care facilities to isolate patients who present to the health facility with symptoms of Ebola and prevent the spread of infection to other patients or health care workers within these facilities.
- Improving infection prevention and control practices at **54 at-risk health facilities**, with plans to soon expand to **76 facilities**, by providing them with water, sanitation, hygiene and waste management facilities and equipment to prevent transmission of the virus within the facility from patient to patient or patient to health care provider. We are also supplying health facilities with personal protection supplies such as soap, gloves, gowns, masks and goggles to protect workers who come in contact with the virus.

NEXT STEPS

IMA will continue to work closely with OFDA, WHO and the Government of the DRC to combat the spread of the disease. At the request of OFDA and in response to the recent case of Ebola in Goma, IMA is rapidly mobilizing operations along the corridor between the epicenter of the outbreak in Beni and Goma to prevent or limit the spread of Ebola to this major regional city that sits on the border with Rwanda.

To date, the cases of Ebola in neighboring Uganda have been imported from DRC, meaning the infected individuals crossed the border into Uganda after having been infected with Ebola in DRC. However, there is a high risk that sustained transmission of Ebola could be established in Uganda. This high risk of exportation led WHO to declare Ebola a Public Health Emergency of International Concern. In response to this growing risk, Lutheran World Relief and IMA are working with the Uganda Protestant Medical Bureau (UPMB), a local faith-based NGO, to prepare health facilities in high-risk districts on the Uganda/DRC border to receive suspected Ebola patients. Through the same model of support to health care facilities and workers that we are using in DRC, we are strengthening the Uganda health care system's preparedness and

resilience to address a potential Ebola outbreak in their country. In addition, leveraging UPMB's close ties with faith leaders in the high-risk districts and our established relationships with community-based organizations in some of the border areas, IMA and UPMB will combat stigma and misinformation regarding Ebola with targeted messaging and behavior change strategies.

IMA WORLD HEALTH IN THE DEMOCRATIC REPUBLIC OF CONGO

IMA 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 RDC (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 support from the Global Fund, and in partnership with the SANRU Rural Health Program (Projet Santé Rurale) and CORDAID, IMA is providing lifesaving TB and HIV commodities to a population of over **2 million people** on the DRC's conflict-ridden eastern border.
- 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

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