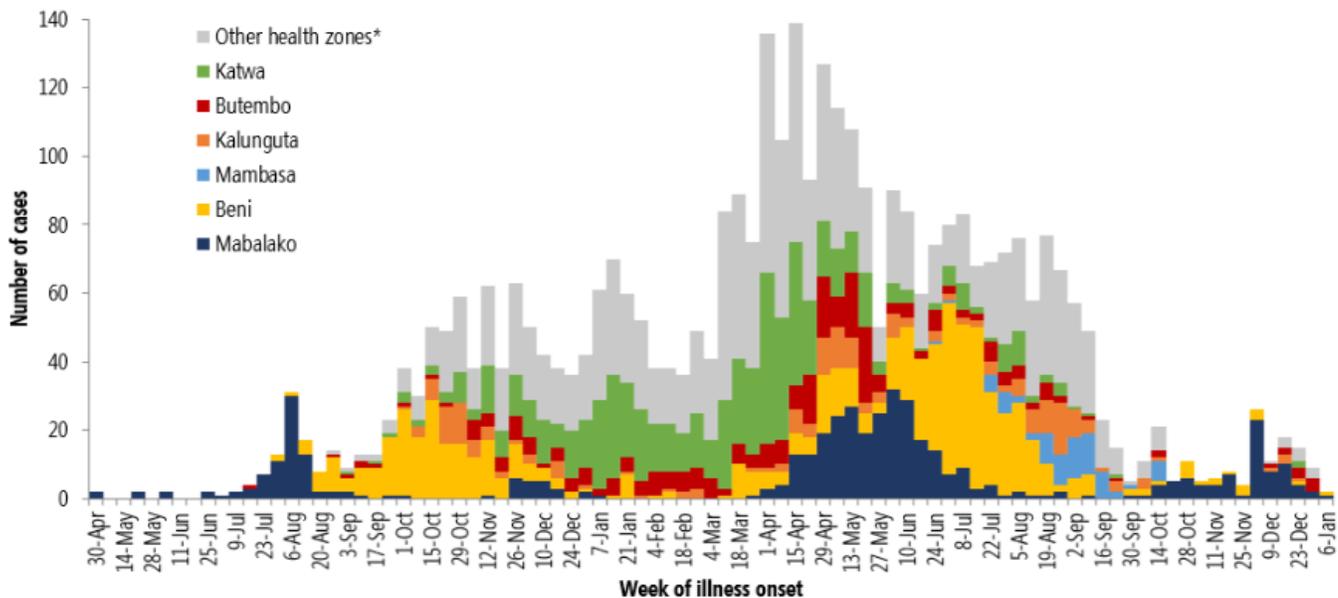




December 11, 2019, and has since admitted 336 cases into a Transit Center in Mambassa built by WHO. On January 4, 2020, the Transit Center confirmed its first two Ebola cases, after more than two months of no cases in the health zone.

From August 8, 2018, to January 4, 2020, Ebola vaccinations have reached 266,087 persons. This includes 261,285 persons who received the rVSV-ZEBOV-GP Ebola vaccine by Merck, and 4,802 persons vaccinated with the Ad26.ZEBOV/MVA-BN-Filo Ebola vaccine from Johnson & Johnson.



**Figure:** Confirmed and probable EVD cases by week of illness onset by health zone as of January 7, 2020. Source: [WHO](#)

### INTERNATIONAL MEDICAL CORPS RESPONSE

Since December 7, 2018, International Medical Corps’ ETC has admitted 3,219 patients and provided care for 411 who have been confirmed with EVD. Of the confirmed cases, 203 have been cured, 200 have died and 31 are currently undergoing treatment (18 suspect and 13 confirmed). The treatments currently used for EVD patients are those identified to be effective through the PALM (Pamoja Tulinde Maisha [Together save lives]) randomized-control multi-center clinical trial (MAB 1.14 and Regeneron EV3). The two agents identified during the trial will markedly reduce mortality related to EVD.

International Medical Corps started admitting suspect EVD patients at its Mambassa Transit Center on December 11, 2019, and has admitted 336 patients. The 286 Community Health Workers (CHWs) that International Medical Corps has trained continue to conduct EVD awareness-raising sessions in to ensure people do not discard good hygiene practices despite the overall decline in EVD cases. These CHWs are also involved in community-based surveillance activities aimed at ensuring new cases are detected early through household visits. CHWs conduct initial and follow-up visits, and raise alerts when someone is sick, someone dies at home or when visitors come to their community. Most of the CHWs are being organized around Community Action Groups (CAC in French), an effort to promote community ownership of community-based surveillance and health activities. International Medical Corps is currently training 91 CACs to set-up in their respective communities. To date, CHWs have reached 2,439,263<sup>2</sup> people through Ebola risk communication activities and raised 14,073 alerts during community-based surveillance and home visits.

In a more holistic “wrap around” intervention, International Medical Corps aims to rebuild trust in the Ebola response by

<sup>2</sup> The total number contains double count

improving confidence in the local health system and improving the services available to those affected by a lack of water and sanitation, as well as the high incidence of communicable disease, gender-based violence and health emergencies. International Medical Corps will focus on three specific goals for its intervention: building the capacity of the local health system; improving the link between communities and health facilities, GBV services and Ebola response activities; and balancing support to focus on other vulnerable populations rather than only Ebola-affected people.

International Medical Corps, in its “wrap around” approach, is in various stages of the following major activities:

- Providing support to 17 primary healthcare facilities to facilitate access to healthcare. This is important, as it will reduce the likelihood of patients staying at home when ill or seeking care from unconventional healthcare practitioners where infection prevention control practices are poor and the risk of Ebola transmission is high. Support being provided to these facilities includes staff training as well as the provision of supplies and financial support.
- Extending infection prevention and control (IPC) activities in 23 health facilities of the Goma-Beni Corridor (areas in-between Goma, one of the largest cities in DRC, and Beni, where the current EVD outbreak started). This includes training health staff on IPC, constructing waste zones in health facilities, rehabilitating latrines and providing materials such as personal protective equipment (PPE), buckets, chlorine, soap and other cleaning supplies.
- Setting up rainwater harvesting systems at the health facilities to provide potable water to cover both clinical and patient needs. Within the community, International Medical Corps is in the process of facilitating access to potable water (indispensable for good hygiene practices and IPC) through rehabilitating 40 water springs in Ebola-affected communities. There is need for similar interventions in communities around the Goma corridor (North Kivu) and Bunia (Ituri province) where, in addition to Ebola transmission risks, there is a current cholera outbreak.
- Setting up 23 new screening and referral units (SRUs) along the most active border that DRC shares with neighboring countries in East Africa. These bring the number of SRUs International Medical Corps has set-up to 95, which to date have provided 1,208,105 screenings for Ebola.
- Continue training on Ebola case management and conduct supervisions in coordination with the Ministry of Health (MoH). Support for referrals to secondary and tertiary care will also be reinforced through four ambulances that International Medical Corps recently purchased for the health zones of Beni, Butembo, Katwa and Masereka.
- GBV prevention and response through case management and psychosocial support training, referral mapping for cases, and staff training on GBV and EVD awareness-raising techniques. This support will contribute to reducing the risk of GBV for women and girls, who represent more than half of Ebola patients and survivors.
- Community engagement continues to be a pivotal activity when responding to Ebola. We support community health workers in efforts to spread messages and organize community dialogue about potential rumors or misunderstandings on EVD.
- Construction work of a hospital in Makeke (Ituri province) has resumed during the first quarter of 2020; the construction of staff quarters will reinforce health workforce retention especially in remote communities.

#### **GAPS FOR WHICH SUPPORT IS NEEDED**

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- Programs are needed to monitor the health of survivors and support them after they leave care. These programs should include surveillance of the persistence of the virus in their bodily fluids, as well as monitoring transmission of the disease to their partners and contacts (ring surveillance).
- Programs to support and protect children orphaned by the Ebola outbreak, as well as other vulnerable/affected persons, such as widows, widowers with young children and families of survivors.
- Protection programs for women and girls, who are more at risk of contracting Ebola virus disease.
- Strengthening of access to water supply and waste management in health facilities and communities, which is indispensable for IPC and the prevention of water-borne diseases, including cholera.
- Disease surveillance and health system strengthening programs, because strong health systems are needed to rapidly control disease outbreaks.
- Interventions to facilitate access to primary healthcare, especially for vulnerable groups.

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**INTERNATIONAL MEDICAL CORPS' PREVIOUS EXPERIENCE IN RESPONDING TO EBOLA**

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International Medical Corps has extensive experience responding to Ebola and other infectious disease outbreaks. In 2014, International Medical Corps responded to EVD in Guinea, Liberia, Sierra Leone, Mali and Guinea-Bissau. With a team of more than 1,500 tireless staff, International Medical Corps treated nearly 460 Ebola-positive patients and helped support longer-term efforts to prevent transmission of the virus. The organization's five Ebola treatment units in Liberia and Sierra Leone cared for more than 2,500 suspected and confirmed patients. In Liberia, Sierra Leone and Guinea, we launched SRUs that screened tens of thousands of people entering hospitals in the region for symptoms of the virus.

International Medical Corps supplemented medical care and screening with psychosocial support and community engagement efforts, including workshops and person-to-person contacts, to explain the need for proper hygiene, dispel myths surrounding Ebola, and encourage survivor families and community residents. Because strengthening local healthcare systems to lift the overall level of care is essential to improve quality of life in the region and reduce public health risks globally, International Medical Corps also worked to support and rebuild local health systems through training and re-equipping healthcare facilities.

Prior to its response in this current 10th outbreak, International Medical Corps conducted a multi-sectoral effort in the wake of the previous EVD outbreak in the DRC, which began in Equateur Province in April 2018. Working from locations in Kinshasa and Mbandaka, the team provided critical IPC training to 516 health staff (nurses, laboratory technicians, doctors and hygienists) of six health zones—Bikoro, Ikobo, Wangata, Mbandaka, Ntongo and Bolenge—with the knowledge and skills to combat the spread of infectious disease and protect themselves and their facilities from Ebola transmission. In addition, International Medical Corps provided personal protective equipment (PPE) and basic water, sanitation and hygiene (WASH) supplies to 65 health facilities.

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**INTERNATIONAL MEDICAL CORPS IN THE DEMOCRATIC REPUBLIC OF THE CONGO**

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For more than 20 years, International Medical Corps has delivered lifesaving healthcare, food security, nutrition and WASH support for those in need in the DRC. International Medical Corps has increased access to reproductive health and maternal healthcare, including training staff on emergency obstetric care and the clinical management of rape. As part of global efforts to declare Africa Polio-free by 2020, International Medical Corps has implemented community-based disease surveillance programming in North Kivu and is currently focusing on Tanganyika province. In response to brutal, ongoing violence, International Medical Corps provides training and technical supervision to strengthen the capacity of local organizations that provide holistic support to survivors of sexual and GBV, in both North and South Kivu, and is working to provide lifesaving healthcare via mobile medical units and nutrition services in Tanganyika Province. International Medical Corps is looking forward to finding funding to support health system strengthening post-Ebola and to provide care to survivors as a means of building the resilience of affected communities.

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January 1, 2020: International Medical Corps-supported Mambasa Transit Center in DRC



December 27, 2019: Handover of hygiene kits at the Screening and Referral Unit in Masereka Health Zone



December 2019: Dr. Eta, International Medical Corps' Emergencies Program Director, poses with four newly delivered ambulances to support referrals to secondary and tertiary care in health zones of Beni, Butembo, Katwa and Masereka.