An International Medical Corps team braves Lake Tanganyika to provide supplies needed to set up screening units for COVID-19 on a remote island of South East DRC.

SITUATION UPDATE

Responding to the Ebola Outbreak in Équateur Province

In September, several confirmed cases of Ebola were reported in Équateur province, including Bomongo and Lilanga Bolangi health zones. The proximity of these two health zones with the neighboring Republic of the Congo (and its capital, Brazzaville), increases the risk of the current outbreak—the eleventh in DRC’s history—spreading to neighboring countries and becoming a public health emergency of international concern (PHEIC). This risk is all the more evident as it has been reported that high-risk contacts of the newly confirmed cases have crossed over into the Republic of the Congo.

International Medical Corps deployed a Rapid Response Team (RRT) to Bomongo health zone, which has been managing suspect and confirmed Ebola cases over the past two weeks in the affected health zones, using the Buburu health center to isolate cases. The RRT is helping the Ministry of Health (MoH) upgrade this facility to an integrated Ebola Treatment center (ETC). The risk of cross infection between patients, as well as possible transmission to caregivers, has been reduced through reinforced infection prevention and control (IPC) measures. This includes providing and using personal protective equipment (PPE); supplies to ensure water, sanitation and hygiene (WASH); and medicines. Additionally, a patient circuit has been set up that separates high- and low-risk zones.

To ensure the availability of water (which is indispensable for IPC) at this facility, the team is rehabilitating its three hand pumps, which were in poor working condition. Furthermore, the RRT intends to rehabilitate the facility’s waste zone, which will reinforce waste management. The RRT also will set up a mortuary to hold the bodies of the deceased while they await safe and dignified burials, and is finalizing plans to train health facility staff in the supported health zone, to protect them during the delivery of care and reduce their risk of acquiring infections.

FAST FACTS

• The Ebola outbreak in the northeast of the DRC, the second-largest in world history, claimed the lives of 2,287 of the 3,324 patients affected. The new outbreak, in Équateur Province, has affected 13 of the province’s 17 health zones, with 128 confirmed cases and 53 deaths.

• 368,687 people have been vaccinated against Ebola (including 35 698 in Équateur).

INTERNATIONAL MEDICAL CORPS’ RESPONSE

• International Medical Corps’ Rapid Response Teams (RRTs) have managed more than 696 patients at Ebola Treatment Centers (ETCs) in Bikoro, Mbandaka and Buburu, including 26 confirmed cases.

• On June 30, when the Mangina ETC was decommissioned, the facility had cared for 3,859 suspected and 422 confirmed Ebola patients.

• International Medical Corps is providing infection prevention and control (IPC) support to 196 health facilities to ensure that healthcare delivery is safe, including 20 new facilities in Équateur.

• Since August 21, 2018, screening and referral units (SRUs) supported by International Medical Corps have provided more than 1,336, 241 screenings for Ebola and 383,666 screenings for COVID-19.
(including Ebola). Coaching and on-the-job training to staff in the integrated treatment center will enable International Medical Corps to hand over patient care to the MoH once the deployment comes to an end, and will enable the team to be available for deployment to new hotspots. These interventions Bomongo health zone are part of the overall support provided by International Medical Corps to the MoH, which also includes management of Ebola cases at two other ETCs in the Mbandaka and Bikoro health zones—the initial epicenters of the outbreak—as well as IPC support to 20 health centers in Iboko and Bikoro health zones.

**International Medical Corps’ contribution to the Ebola Transition Program in the Northeast**

In addition to the support we are providing to control the recent Ebola outbreak in the Équateur province, since May 1, 2020, the DRC mission has been supporting post-Ebola resilience efforts in the northeast of the country, where the previous outbreak of Ebola took place, claiming thousands of lives. The support we provide focuses on Beni, Butembo and Mabalako health zones, which were hotspots of the outbreak, and includes facilitating access to free primary healthcare, referrals to secondary facilities (using ambulances donated by International Medical Corps) and the donation of medicines and medical supplies.

To support timely decisionmaking, International Medical Corps is reinforcing the country’s health information management systems by providing training and data collection tools at 18 health facilities. Furthermore, our team is strengthening community health workers’ ability to identify and report any unusual health occurrences of interest, including potential outbreaks. We also are helping local health authorities investigate suspected disease outbreaks. International Medical Corps is also strengthening mother and child services by supporting the administration of maternal death audits, and training staff on infant and young-child feeding (IYCF) and the diagnosis and referral of cases of malnutrition.

We are working to ensure the availability of water at health facilities, as well as proper waste management, by connecting health facilities to community water grids. We also are training staff at International Medical Corps-supported health facilities on the foundations of mental health and psychosocial support (MHPSS), enabling them to provide basic psychological first aid (PFA) to peers, patients and their families. We have provided similar training to Ebola-survivor support groups, to enable them to do the same for their peers, and have supported safe screening for Ebola at 63 health facilities in Beni, Butembo and Mabalako as part of our contribution to the 90-day period of heightened Ebola surveillance in the northeast of the DRC.

International Medical Corps will hand over these activities at the end of October 2020 to local MoH authorities (Central Health Zone Offices/BCZs). We need support from donors if we are to continue these post-Ebola efforts in support of the government’s 18-month post-Ebola program.

**GAPS FOR WHICH SUPPORT IS NEEDED**

- Support is needed to strengthen International Medical Corps’ Ebola outbreak response in Équateur province, including case management, surveillance, IPC and wrap around-like activities that reinforce community trust.
- Support is needed to enable International Medical Corps to continue contributing to the government’s northeast post-Ebola strategy, which seeks to reinforce the resilience the health system through such measures as:
  - establishing holistic programs to monitor the health of survivors and support them after they leave care, which includes testing for the persistence of the virus in their bodily fluids and monitoring the transmission of the disease to their partners and contacts (a process known as ring surveillance), as well as providing clinical and mental health care and livelihood support for survivors and their dependents;
  - providing 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;
  - providing protection programs, especially for women and children, who are at higher risk of contracting Ebola and other contagious diseases such as COVID-19;
strengthening access to clean water and waste management in health facilities and communities, which is indispensable for IPC and the prevention of water-borne diseases;

- establishing disease surveillance and health system-strengthening programs, because strong health systems are needed to rapidly control disease outbreaks; and

- facilitating access to primary healthcare and referrals, especially for vulnerable groups.

Support also is needed to enable the organization to further leverage structures set up during the Ebola response to help control the COVID-19 outbreak in the DRC.

INTERNATIONAL MEDICAL CORPS’ PREVIOUS EXPERIENCE IN RESPONDING TO DISEASE OUTBREAKS

International Medical Corps has extensive experience responding to Ebola and other outbreaks of infectious disease. In 2014, International Medical Corps responded to the largest outbreak of the disease in history, 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. Our five ETCs in Liberia and Sierra Leone cared for more than 2,500 suspected and confirmed patients. In Liberia, Sierra Leone and Guinea, our SRUs screened tens of thousands of health facility users for Ebola.

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.

Before its response in the northeast to the country’s tenth Ebola outbreak, International Medical Corps conducted multi-sectoral efforts in the wake of the DRC’s ninth outbreak, which began in Équateur 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) in six health zones—Bikoro, Ikobo, Wangata, Mbandaka, Ntando and Bolenge—giving them with the knowledge and skills needed to protect themselves and their facilities from Ebola transmission. In addition, International Medical Corps provided PPE and basic WASH supplies to 65 health facilities.

INTERNATIONAL MEDICAL CORPS IN THE DEMOCRATIC REPUBLIC OF THE CONGO

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 gender-based violence 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 seeking funding to support health system strengthening post-Ebola and to provide care to survivors as a means of building the resilience of affected communities.

For additional information, please contact:
Dr. Rigo Fraterne Muhayangabo
Country Director: DRC
rfmuhayangabo@internationalmedicalcorps.org

Paula Olson
Response Manager: West, Central, Southern Africa & The Americas
polson@internationalmedicalcorps.org
Activity Spotlight:

A young boy in Goma practices hand hygiene based on what he learned during an awareness session conducted by community health volunteers trained by International Medical Corps.

Simulation exercises, focusing on airway and cardiovascular support, by one of International Medical Corps’ rapid response teams in the DRC.