



An International Medical Corps community mobilizer encourages a local tailor in DRC to consider producing cloth face masks to meet local needs.

International Medical Corps has been at the frontline of response to the new outbreak of Ebola in the DRC

On Wednesday, March 3, International Medical Corps discharged the first cured patients from the Ebola Treatment Center (ETC) that we set up and manage in the town of Katwa, the current epicenter of the new outbreak, in the northeast. This latest outbreak, confirmed as the 12th in the country's history, comes only three months after the 11th outbreak, in Équateur province, was declared over in November 2020. It also arrived less than a year after the end of the 10th outbreak, also in the northeast and the worst in the DRC's history.

The first confirmed cases of the outbreak passed away before they could seek medical care; the two patients who were cured and discharged were health staff who became infected while caring for other Ebola patients, due to insufficient infection prevention and control (IPC) measures. So far, four of the 11 confirmed cases in the current outbreak have died. It's worth noting that most had not received the Ebola vaccine. As in previous outbreaks, two of every three confirmed cases are women, which could be attributed to their traditional role in providing care, particularly to the ill, in the DRC.

International Medical Corps' Rapid Response Team (RRT) deployed to Katwa 24 hours after the outbreak was confirmed, and has managed eight of the 11 cases confirmed so far, using a temporary structure converted into an ETC with the support of USAID's Bureau for Humanitarian Assistance. Among challenges encountered thus far are gaps in patient transport; poor IPC practices at health facilities; community resistance, particularly toward the Ebola vaccine (which some believe is the COVID-19 vaccine being distributed under the guise of an Ebola vaccine); and inadequate partner presence to support the response. The latter is partly a result of competing needs caused by the COVID-19 pandemic and the rollout of the COVID-19

FAST FACTS

- New cases of Ebola resurfaced in the northeast of the DRC on February 7, less than a year after the 10th Ebola outbreak claimed the lives of 2,287 of the 3,324 patients confirmed in this region. This new outbreak comes less than three months after the end of 11th outbreak, which spread to 13 of Équateur province's 18 health zones, and claimed the lives of 55 of the 130 cases confirmed.
- Four of the 11 cases confirmed so far in this new Ebola outbreak have passed away.
- 1,083 people have been vaccinated against Ebola since this new outbreak started.

INTERNATIONAL MEDICAL CORPS' RESPONSE

- During the 11th outbreak, International Medical Corps' Rapid Response Teams (RRTs) managed more than 900 patients at Ebola Treatment Centers (ETCs) in Bikoro, Mbandaka and Buburu, including 29 confirmed cases.
- On June 30, when the Mangina ETC in the northeast was decommissioned at the end of the 10th outbreak, the facility had cared for 3,859 suspected and 422 confirmed Ebola patients.
- Eight confirmed cases and 16 suspect cases have been managed in the ETC set up and run by our rapid response team in Katwa, as part of response to the current outbreak.

vaccine. International Medical Corps is distributing a survey to help the DRC government better understand factors that contribute to Ebola vaccine hesitance, as well as vaccine hesitancy in general, in this region of the DRC.

Support to COVID-19 vaccine introduction preparedness in the DRC

Disease outbreaks of international concern such as Ebola and COVID-19 are common in the DRC. The introduction of an Ebola vaccine in 2018 enabled the country to mitigate the impact of the last three last outbreaks. Based on this experience, the DRC government hopes to mitigate the COVID-19 outbreak through the rollout of any effective COVID-19 vaccine that becomes available. To support this rollout, the DRC has enrolled in the Global COVID-19 Vaccine Initiative (COVAX), which seeks to enable more equitable access to COVID-19 vaccines in low-income countries. Preparedness activities for the introduction and distribution of the vaccine, which will hopefully begin during the first quarter of 2021, are being coordinated by a national committee. Support is being sought from partners for the rollout of the vaccine, including demand generation, cold-chain and logistics management, waste management and post immunization surveillance. Vaccination will prioritize high-risk groups such as healthcare workers and other frontline staff, people living with comorbidities and the elderly. During February, International Medical Corps held community consultations across four provinces to identify common rumors and people's perceptions toward potential COVID-19 vaccines. We will share the results from these sessions with the Ministry of Public Health, which will use them to inform a national workshop to update the government's community engagement and communication plans, and prepare for the COVID-19 vaccine rollout.

With additional donor support, International Medical Corps looks forward to supporting the DRC government with other aspects of the COVID-19 vaccine rollout. The DRC government has announced the introduction of three vaccines: AstraZeneca and vaccines produced in China and Russia. The criteria for the vaccine selection took into consideration the cold-chain storage capacity in the country. To strengthen COVID-19 barrier measures in schools, International Medical made a donation of hard and soft copies of a picture book on how to prevent further spread of COVID-19 and what to do when encountering symptoms. This donation is being distributed thanks to the reopening of schools in the DRC in February. Schools had been closed since November as part of measures employed to control the second wave of the pandemic in the DRC.

GAPS FOR WHICH SUPPORT IS NEEDED

Support is needed:

- to ensure that International Medical Corps can provide post-Ebola outbreak assistance in Équateur province beyond the 90-day period of heightened surveillance, including strengthening IPC; water, sanitation and hygiene (WASH); health information management systems; and surveillance. International Medical Corps also wishes to facilitate access to primary healthcare services and referrals, and to provide holistic support to Ebola survivors who could serve as a source of new outbreaks, due to the persistence of the virus in some of their body fluids.
- to enable International Medical Corps to continue mitigating future waves of the COVID-19 outbreak following the reopening of the country.
- in gifts-in-kind (GIKs) for items that have become sparse due to increased global demand and export restrictions, including facemasks and other PPE, and equipment for patient care, such as oxygen extractors, ventilators, etc.
- to enable International Medical Corps to continue contributing to the DRC government's post-Ebola strategy in the northeast, which seeks to reinforce the resilience of the local health system through:
 - 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, monitoring the transmission of the disease to their partners and contacts (a process known as ring surveillance) and 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 and 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.

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 DRC's 10th Ebola outbreak, International Medical Corps conducted multi-sectoral efforts in the wake of the 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, Ntondo 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 implemented community-based disease surveillance programming in North Kivu and 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



Temporary structures set up from tents and tarpaulin to permit safe isolation and management of suspect and confirmed Ebola cases in Katwa, in the northeast of the DRC.



International Medical Corps Country Director for the DRC takes a group picture with the Minister of Education and school children at a ceremony to present to the Minister a picture book that we developed to raise the awareness of children to COVID-19 barrier measures, as schools resumed after months of being closed as part of pandemic control measures.



International Medical Corps staff hold a focus group discussion with religious leaders, one of the groups that we consulted to learn about rumours, perceptions and attitudes about COVID-19 vaccination.