International Medical Corps is at the frontline of mitigating rumors and doubts related to COVID-19 Vaccination in the DRC

The first case of COVID-19 was confirmed in the DRC in March 2020. More than a year later, the DRC still struggles, like many other countries, to manage the multiple waves of the pandemic, despite its extensive experience in responding to outbreaks of disease.

Just as there have been many rumors and questions in the DRC about COVID-19, there have been even more rumors about strategies used to curb the outbreak. In addition to efforts to raise awareness and control transmission and infection in high-risk settings and populations—including prisons, hospitals and other public areas—International Medical Corps conducted a wide range of consultations early this year to learn about people’s thoughts and perspectives about the COVID-19 vaccine. These consultations were conducted through focus group discussions (FGDs) with at-risk groups such as the elderly, healthcare workers, frontline workers and people living with comorbidities. The FGDs targeted both people in both urban and rural settings in several provinces, as well as groups containing those who influence behavior and service uptake, such as youth, religious, community, political and administrative leaders.

International Medical Corps shared the findings from these consultations with the Ministry of Health (MoH) during a national workshop in the nation’s capital, Kinshasa, and collaboratively updated the National Communication and Community Engagement Plan to ramp up COVID-19 vaccination efforts and mitigate rumors. Support is needed to develop fact sheets to be disseminated to the community and other stakeholders, such as health workers and religious and other community leaders,

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.

- Three confirmed cases of death out of a total of eight managed by International Medical Corps, and 11 total cases confirmed so far in this new Ebola outbreak (the 12th) have passed away.

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.

- 8 confirmed cases and 30 suspect cases have been managed in the ETC set-up and run by our RRT in Katwa, as part of response activities to the current 12th Ebola outbreak.
based on the questions raised by community members and rumors documented during the community consultations. The fact sheets will also leverage International Medical Corps’ experience, and showcase best practices learned during the organization’s COVID-19 response efforts and those captured in our vaccine hesitancy study, which focused on the Ebola vaccine and other vaccines successfully introduced over the years in the DRC. Further donor support is needed to realize the activities prioritized in the updated national COVID-19 vaccination community engagement and communication plan. This includes support to produce and share messages through radio, TV spots, jingles, posters, fliers and pull-up banners, which will include testimonies from individuals who have successfully received the vaccine, as well as advice from survivors of who have contracted the disease.

**International Medical Corps’ Katwa Ebola response**

Eight of the 11 confirmed Ebola cases identified during the latest outbreak of Ebola (the 12th) in the DRC have been successfully managed at International Medical Corps’ Katwa Ebola Treatment Center (ETC). With the last confirmed case discharged as cured on March 22, the countdown to declaring the DRC Ebola-free once again has started. However, all authorities and actors remain vigilant to the possibility of new confirmed cases that could arise over this period, as has happened in the past.

Community-based surveillance efforts supported by International Medical Corps began in April, with the support of community health workers, to ensure that hidden chains of transmission (including suspect cases) are rapidly identified, isolated and managed. As part of outbreak-preparedness measures, the organization is actively seeking support to roll out a comprehensive program for Ebola survivors and their close contacts. The current and past outbreaks in the DRC and Guinea have been identified as potentially coming from infections that could possibly resurge after survivors’ immunity wanes and dormant viruses in parts of their bodies once again become active and contagious. Our comprehensive program also seeks to tap into the potential for survivors to contribute to various Ebola-response activities—for example, transporting Ebola patients and samples, transporting patients, providing patient care in ETCs, and assisting with risk communication and community engagement, as well as surveillance activities.

**GAPS FOR WHICH SUPPORT IS NEEDED**

- Support is needed to ensure that International Medical Corps can provide post-Ebola outbreak support in Équateur, North Kivu and other provinces beyond the 90-day period of heightened surveillance, including strengthening infection prevention and control (IPC); water, sanitation and hygiene (WASH); health information management systems; and surveillance. Additionally, support is needed to facilitate access to primary healthcare services and referrals. There is also need for a program to provide holistic support to Ebola survivors who present a risk of being the source of new outbreaks, due to the persistence of the virus in some of their body fluids.

- Support is needed to enable International Medical Corps to continue mitigating future waves of the COVID-19 outbreak following the reopening of the country.

- Gifts-in-kind (GIKs) are needed of items that have become sparse due to increased global demand and export restrictions. This includes facemasks and other PPE, as well as equipment needed for patient care, such as oxygen extractors, ventilators, etc.

- Support is needed 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 the following:
  - 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 for 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 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 country’s 10th 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.

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Activity Spotlight

Health workers refill water at a handwashing point at the Katwa ETC.

Decontamination of used garments at the Katwa ETC.

Ebola survivors celebrate their release from the Katwa ETC.

National Communication and Community Engagement Plan workshop in Kinshasa.