



*The last two patients discharged from International Medical Corps' Ebola Treatment Center in Katwa.*

### **COVID-19 Vaccination Campaign Launched in the DRC**

April 19 was a memorable day in the Democratic Republic of Congo (DRC), as the long-awaited launch of the COVID-19 vaccination program took place after a suspenseful two-month waiting period. The country has received the AstraZeneca vaccine, acquired from COVAX, the global initiative to facilitate access to COVID-19 vaccines. High-level national officials and representatives from agencies that have been at the frontline of the response to COVID-19, including the WHO, UNICEF and International Medical Corps, attended the launch ceremony, which was held at the largest tertiary health facility in the country—and its oldest medical school—in Kinshasa. The willingness of government officials to get vaccinated during the ceremony was widely shared on national media, with the hope that it will diminish some of the concerns among the public regarding the safety and usefulness of the vaccine.

Currently, 1.7 million vaccine doses are available in the country, and a list of priority at-risk groups has been developed to ensure a rational and effective use of this supply. This includes health staff and other frontline personnel offering public services, people aged 55 and older, and people living with comorbidities such as diabetes, hypertension and heart disease. This phase of the vaccination rollout, which will be provided free of charge, will focus on provinces with high caseload of the virus, including four provinces where International Medical Corps operates (Kinshasa, North Kivu, South Kivu and Tanganyika).

International Medical Corps is among the few partners supporting the Ministry of Health (MoH) on community engagement and communication initiatives to raise awareness, generate demand and address some of the rumors circulating in the public about the vaccine. This includes monitoring, documenting and sharing rumors, questions and perceptions circulating in the community regarding the COVID-19 vaccine, which are then shared with the MoH and other partners. This information is then used to support the development of key messages on COVID-19

### **FAST FACTS**

- On February 7, 2021, new cases of Ebola resurfaced in the northeast of the DRC 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 began less than three months after the end of 11th outbreak, which spread to 13 of 18 health zones in Équateur province, claiming the lives of 55 of the 130 cases confirmed.

### **INTERNATIONAL MEDICAL CORPS' RESPONSE**

- On June 30, 2020, 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.
- During the 11th outbreak, International Medical Corps' Rapid Response Teams (RRTs) managed more than 900 patients at ETCs in Bikoro, Mbandaka and Buburu, including 29 confirmed cases.
- During this most recent outbreak, three of the 11 cases of Ebola managed at the Katwa Ebola Treatment Center (ETC) operated by International Medical Corps passed away.

vaccination, which will be provided to media personnel, including bloggers as well as administrative and community actors such as community health workers, religious leaders, teachers, scientists and representatives of professional groups.

There are still many gaps in other pillars of the COVID-19 vaccination rollout, such as long waiting times at vaccination sites due to inadequately trained vaccinators, poor cold chain at health facilities and insufficient personal protective equipment (PPE) for health staff. There is also limited preparedness due to shortages of supplies and training on waste management, as well as limitations in monitoring and managing potential undesirable side effects. In addition, people are likely to get discouraged if they become interested in getting vaccinated as a result of demand-generation activities but then cannot receive the vaccine due to limited supplies—after all, there are 1.7 million doses available for more than 20 million persons qualified as at risk.

### ***90 Days of Heightened Surveillance Required for the Katwa Response***

May 3 marked 42 days since the last confirmed Ebola case was discharged from International Medical Corps' Ebola Treatment Center (ETC) in Katwa. This will be followed by an official 90 Days of Heightened Surveillance period, to facilitate the identification of residual transmission chains related to the 12th Ebola outbreak in the DRC, which started in February. With generous donor support, International Medical Corps will continue helping the Ministry of Health navigate this phase of the outbreak. This will include continued operation of the Katwa ETC at partial capacity, where any identified suspect and confirmed cases will be isolated and managed. We will also continue to help community health volunteers (CHVs) raise awareness and conduct active searching in their respective communities for suspect cases of EVD cases, such as unexplained deaths among contacts of EVD patients.

We also will strengthen the Ministry of Health's ability to rapidly mobilize, investigate and manage alerts by training Rapid Response Teams (RRTs) in all the health zones near this outbreak. Given the number of disease outbreaks of international concern in recent years, International Medical Corps is currently engaging other partners in a joint initiative to strengthen outbreak surveillance and preparedness in the DRC, as part of the country's Global Health Security Agenda (GHSa). In the coming months, International Medical Corps will engage with donors who have expressed interest in supporting the GHSa to present this initiative, which is based on a One Health approach.

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

- Support is needed to strengthen the health system in the DRC, especially in outbreak-prone areas. There is also need to provide holistic support to survivors of Ebola and other infectious diseases.
- Support is needed to mitigate future waves of COVID-19, particularly in the rollout of the vaccine.
- Gifts-in-kind (GIKs) are needed of items that have become sparse due to increased global demand and export restrictions resulting from the COVID-19 pandemic. This includes face masks and other PPE, as well as equipment needed for patient care, such as oxygen extractors, ventilators, etc.
- Support is needed for International Medical Corps efforts as part of the DRC's post-Ebola strategy in the northeast and in Équateur province, which seeks to reinforce the resilience of the local health system by:
  - establishing holistic programs to monitor the health of survivors and support them after they leave care, which includes monitoring the potential 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;
  - mitigating the social and mental health impacts of Ebola and other outbreaks, particularly in the case of vulnerable groups such as children and family members of survivors;
  - providing protection programs, especially for women, children, and other groups that are at higher risk for 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 infection prevention and control (IPC) and the prevention of disease outbreaks and water-borne diseases;
- establishing strong health systems and disease surveillance programs, which are needed to rapidly detect and 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**

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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 is essential to improving quality of life in the region and reducing 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 responses in the northeast and Équateur regions to the country's 10th, 11th and 12th Ebola outbreaks, 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, Ntongo and Bolenge—giving them 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**

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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 battle polio, International Medical Corps implements a community-based disease surveillance programme in Tanganyika province. In response to brutal, ongoing violence, International Medical Corps provides training and technical supervision to strengthen the capacity of local organizations in South Kivu and Tanganyika provinces that provide holistic support to survivors of sexual and gender-based violence. We also provide nutrition services, and healthcare through mobile medical units.

#### **For additional information, please contact:**

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**Activity Spotlight**



*International Medical Corps staff register and receive COVID-19 vaccinations in Goma, North Kivu province.*



*International Medical Corps staff and community health volunteers deliver supplies in hard-to-reach areas of South Kivu province.*