**EVD IMPACT** (as of 10 Aug)

- 84 confirmed cases
- 36 deaths
- 9 active hotspots

**COVID-19 IMPACT** (as of 10 Aug)

- 9545 confirmed cases (all of DRC)
- 224 deaths (all of DRC)
- 8324 recovered (all of DRC)

**RISK ASSESSMENT EVD**

- **very high** at national level
- **moderate** at regional level
- **low** at global level

**FUNDING – Jul to Sept 2020**

- **WHO funding requirement**: US$ 18.4 million, of which US$ 15.6 million is to support the implementation of the SRP and US$ 2.8 million is for human resources.

  *WHO released US$ 2.3 million from its Contingency Fund for Emergencies (CFE) to support the initial response activities in Equateur province.*

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**At a glance**

The 11th Ebola virus disease outbreak in the Democratic Republic of the Congo (DRC) was announced on 1 June 2020 after a cluster of cases was detected in Mbandaka health zone of Equateur Province in the west of the DRC. This outbreak occurs right after the devastating EVD outbreak in North and South Kivu and Ituri Provinces, eastern DRC, which was declared over on 25 June 2020, after almost 2 years and over 3400 cases and 2280 lives lost. Whilst setting up and responding to yet another EVD response, the country also battles the COVID-19 pandemic that reached Equateur on 4 June, as well as outbreaks of measles, cholera, and polio in other parts of the DRC and is in critical need of support to its already fragile health system.

**Current situation**

As of 10 August 2020, there are a total of 84 EVD cases, including 36 deaths. 29 health areas in Equateur province have reported at least one confirmed or probable case of EVD since the start of this outbreak, in nine of the 18 health zones in the province.

The number of EVD cases reported in this outbreak increases steadily with new health zones affected in hard to reach, remote villages. Despite ongoing efforts to engage with communities, there remains issues with reaching full adherence of the population to some response operations (such as reporting community deaths, testing and safe and dignified burial, admission to an Ebola treatment center, or vaccination). Sick individuals with confirmed EVD have been reported to stay in the community where further transmission of the disease might occur, very few community deaths are reported and tested, and teams struggle to reach and communicate from remote villages where cases have occurred or contacts are listed, further hampering case investigation and fueling the outbreak. Although all pillars of the response are active, further actions are required to limit the spread to other areas.
This **Strategic Response Plan to combat EVD and COVID-19** is based on a series of strategic documents such as, the Universal Health Coverage Declaration, the National Health Development Plan, the National Health Security Action Plan and the Integrated Disease Surveillance and Response Plan (3rd version), and the Multi-Sectoral Humanitarian Response Plan in support of the EVD response.

The overall objectives are:

**A) To halt the transmission of EVD and COVID-19 in the province of Equateur and prevent their spread to other provinces of the DRC and neighboring countries.**

**B) To implement multi-sectoral interventions** that not only enhance the effectiveness of the health response, but also address other priority needs of populations and increase access to basic services.

**Aim:** To contain community transmission of EVD and COVID-19.

**Implementation Period:**
3-month implementation from July to September 2020.

The duration reflects experience in responding to the 2018 EVD outbreak in Equateur. However, flexibility in implementing the plan and budget will be necessary to account for the dynamics of the outbreak as it evolves.

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**Combined Strategic Response Plan (SRP) for Ebola and COVID-19**

The overall goal of the response is to stop the spread of Ebola virus disease (EVD) in affected communities, prevent the spread to surrounding provinces and countries by identifying and ending all transmission chains and ensuring all patients with Ebola virus disease have rapid access to safe, high quality care. While also supporting the COVID-19 response and ensuring continuation of essential medical service and access to care.

WHO, as primary partner of the Ministry of Health, is supporting the Government on ongoing activities to curtail the spread of EVD and COVID-19. Below are some of the **achievements and progress in fighting these most recent outbreaks to date**:

- **Surveillance:** Deployment of surveillance teams in all hotspot health zones to support investigation of cases, contact tracing and alert surveillance system. Intense active case finding to identify and interrupt possible missed chains of transmission. Support to MoH in data collection, management and analysis to understand the dynamic of the outbreak and adjust operations accordingly.

- **Coordination of the response:** With national health authorities, WHO is regularly engaging operational partners in coordinating at technical-level the response by identifying and addressing regularly issues and challenges associated to the response.

- **Vaccination:** As of 10 August, 21’604 people have been vaccinated in affected health zones (including 2’347 front line responders). Ring vaccination continues in affected health zones.

- **Infection Prevention and Control:** More than 300 health facilities are being supported daily on IPC implementation standards through the IPC scorecard and tools developed during the 10th EVD outbreak (briefing of healthcare providers, training, evaluation and provision of kits).

- **Points of Entry/ Points of Contacts:** 27 points of entry and control are currently operational, with more than 526,700 travelers (92%) screened since the start of the outbreak.

- **Case Management:** As of 8 August, 11 patients received monoclonal antibodies administered across seven facilities.

- **Laboratory Testing:** As of 9 August, a total of 2’726 samples tested (43 per day) with only 123 swabs. 34 samples were sequenced showing two possible introductions in human population.