

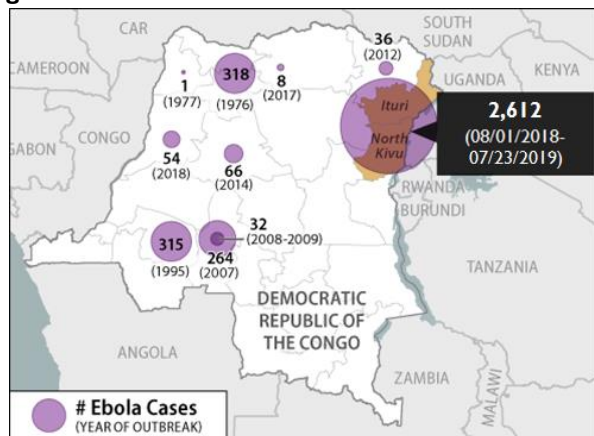
Updated July 25, 2019

Ebola Outbreak: Democratic Republic of Congo

Through annual appropriations, Congress provides funds to control infectious disease threats like Ebola. In FY2019, Congress provided \$100 million to the U.S. Agency for International Development (USAID) and \$108.2 million to the U.S. Centers for Disease Control and Prevention (CDC) to global health security and pandemic preparedness. The Trump Administration’s FY2020 budget request included \$90 million and \$100 million for USAID and CDC global health security programs, respectively. Congress also provided over \$5 billion in emergency funds in FY2015 for domestic and global efforts to contain the West Africa Ebola outbreak (P.L. 113-235). Some unspent funds are being used to fight the Ebola outbreaks in the Democratic Republic of Congo (DRC).

On August 1, 2018, the World Health Organization (WHO) reported a new Ebola outbreak in eastern DRC, about a week after declaring that a separate outbreak had ended in western DRC. The ongoing Ebola outbreak—the 10th to be documented in DRC—is the largest in the country’s history (**Figure 1**). It is occurring in North Kivu and Ituri provinces where a protracted conflict has caused a long-running humanitarian crisis. In addition to classic public health responses (surveillance, contact tracing, isolation, and safe burials), health workers (HWs) are using an investigational vaccine to prevent the spread of disease. Armed conflict and intermittent community resistance to these efforts are hindering all aspects of outbreak control.

Figure 1. Ebola Virus Outbreaks in DRC: 1976-2019



Source: CRS graphic, based on WHO data.

In July 2019, the WHO announced the Ebola outbreak had become a Public Health Emergency of International Concern (PHEIC) and called for donors to address delays in funding. The declaration followed the identification of three Ebola cases in Uganda in June 2019 and another one in the capital of North Kivu, Goma in July 2019. Goma has over 1 million people and is an operational hub for the U.N. Organization Stabilization Mission in the Democratic Republic of Congo (MONUSCO).

As of July 23, 2019, WHO reported 2,612 Ebola cases, including 1,756 deaths (**Figure 1**). Concerns about the outbreak spreading to neighboring countries without experience in Ebola control (Rwanda, Burundi, and South Sudan) are heightening. Confirmed Ebola cases are being treated with experimental drugs in Ebola Treatment Centers (ETCs). As of June 9, 2019, 564 people had been treated and discharged from ETCs. As of July 21, 2019, more than 171,000 people had been vaccinated, including more than 31,000 health workers (HWs) and front-line workers (FLWs) in the outbreak zone and over 8,000 HWs and FLWs in South Sudan, Uganda, and Rwanda. Plans are underway to vaccinate HWs and FLWs in Burundi.

International and U.S. Responses

DRC Government and Nationals. Underscoring the Congolese role in the international Ebola response, Dr. Michael Ryan, WHO Executive Director for Health Emergencies, stated at a June 6, 2019, press briefing that “there may be non-governmental organization (NGO) or WHO badges on the tents but the doctors and nurses are Congolese; surveillance officers are Congolese; 80% of the vaccinators in this response are Congolese.” The DRC government response is led by the Ministry of Health (MoH) and includes providing government personnel, hiring local first line workers, organizing volunteers, and conducting information awareness campaigns. The government has also begun offering certain health services free of charge in selected government health facilities.

U.N. Emergency Ebola Response Coordinator. On May 23, 2019, the U.N. Secretary-General appointed MONUSCO Deputy Special Representative David Gressly, a U.S. citizen, to serve as a new U.N. Emergency Ebola Response Coordinator to strengthen coordination. While the WHO will continue to lead all health operations and technical support activities to the government, Gressly is expected to lead a broader UN-wide effort to strengthen political engagement, financial tracking, humanitarian coordination, and preparedness and readiness planning for the DRC and surrounding countries. Gressly will continue to report to the head of MONUSCO and indicates his new role reflects the need for “more than just a public health response.”

World Health Organization. The WHO is coordinating international Ebola control efforts with some 700 personnel deployed to the DRC. The WHO has also conducted readiness assessments in neighboring countries. In February 2019, WHO called for \$148 million to contain the outbreak within six months. As of July 7, 2019, \$109.3 million had been pledged. At a July 15 meeting on Ebola in Geneva, WHO and other U.N. officials urged donors to provide additional support for Ebola control efforts. At the

conference, the United Kingdom pledged up to £50 million (\$62 million) and Italy pledged €300,000 (\$338,000).

U.S. Responses. The United States is providing more than any other country for the Ebola response in the DRC, as well as for humanitarian assistance and MONUSCO. As of July 24, the United States had allocated more than \$136 million to Ebola control in the DRC. The Administration has placed strict constraints on U.S. personnel movement due to security threats. U.S. personnel are providing technical support from Kinshasa, Goma, and neighboring Rwanda and Uganda, while implementing partners (U.N. agencies and NGOs) are using U.S. resources for Ebola control activities.

Selected Challenges

U.S. Aid Restrictions Related to Trafficking in Persons. DRC is currently ranked as “Tier III” (worst) under the Trafficking Victims Protection Act (TVPA, P.L. 106-386, as amended), which triggers prohibitions on certain U.S. aid absent a full or partial presidential waiver. President Trump partially waived these restrictions for DRC for FY2018, but not for FY2019. Thus, pursuant to the TVPA, no “non-humanitarian, non-trade-related” assistance could be provided “to the government” of DRC. USAID’s IDA account, the core source of funding for U.S. Ebola response support to date, is exempt from the restriction.

Although the TVPA indicates that support to NGOs is to be generally excluded from restrictions, in practice, the Administration has applied the prohibition to various programs funded through the Development Assistance (DA) and Economic Support Fund (ESF) accounts, including some implemented by NGOs. Two bills introduced in the 116th Congress (S. 1340 and H.R. 3085) would authorize the USAID Administrator to provide assistance for Ebola control efforts, “notwithstanding any other provision of law.”

Insecurity. Security threats have hampered response efforts by forcing temporary cessation of Ebola case management, interrupting contact tracing, and frustrating surveillance efforts in high transmission areas. Dozens of armed groups are active in the areas most affected by the outbreak. Road travel is often dangerous, with frequent reports of militia attacks, armed robbery, and kidnappings. State security force personnel reportedly maintain ties with armed groups and have been implicated in abuses, including a series of civilian massacres in Beni since 2014.

Communities in Beni and Butembo have long opposed DRC’s central government and complained of neglect and persecution. WHO officials have urged broader international support for political mediation, engagement with opposition, and negotiated solutions, asserting that focusing exclusively on community engagement will not address deep-seated political issues that need to be addressed at a higher level.

Ideas that outsiders are profiting from the outbreak and that international concern is driven more by fear of contagion than concern for locals’ well-being, appear to be fueling conspiracy theories and community resistance. WHO

Director-General Dr. Tedros Adhanom Ghebreyesus said that Congolese in the outbreak zone had asked him whether international organizations were there to help the Congolese or to prevent Ebola from spreading to their countries. Dr. Tedros expressed his embarrassment and urged donors to consider broader support for the Congo to counter this perception. DRC’s Health Minister also asserted that perceptions of the response bringing cash into the region had fueled threats to health workers, including kidnappings.

Health System Constraints. Perceptions among some Congolese that the infusion of Ebola resources are to protect the donors rather than to help the people of the DRC are also rooted in long-standing and ongoing health challenges. Since January, for example, a measles outbreak has killed almost 2,000 people in Ituri province. There has been little press discussion of this or other health issues, such as high maternal and infant mortality, that have regularly killed more people than the Ebola outbreak within the same time frame. Further contributing to local frustrations, resource constraints have demanded that health resources in some areas be diverted to Ebola control.

Public health care shortfalls have also hindered Ebola control efforts. The WHO has reported that Ebola transmission is likely occurring in ill-equipped and understaffed health facilities. Inconsistent adherence to infection prevention and control, periodic disruptions in supply chain systems, and limited access to water for handwashing in some health facilities have complicated Ebola control efforts. In addition, some health workers have refused to wear personal protective equipment in health facilities or perform rudimentary infection prevention and control measures due to threats of violence by some members of the community. As of July 21, 2019, 140 health workers had contracted Ebola. The MoH, WHO, and other partners have identified health facilities of concern and are addressing lapses around triage, case detection, and infection prevention and control.

Outlook

One year later, the Ebola outbreak in the DRC continues to spread, with several new cases occurring outside known transmission chains. The 2015 Ebola emergency appropriations that are being used to fund U.S. Ebola control efforts are expected to be mostly expended by the end of FY2019. The Trump Administration has requested \$90 million under the USAID Global Health Programs (GHP) account and sought \$100 million through CDC for global pandemic preparedness efforts in FY2020.

H.R. 2166, the Global Health Security Act of 2019, would codify an Obama-era executive order setting out agency roles in promoting global health security. Also, H.R. 826 would seek to facilitate research and treatment of neglected tropical diseases, including Ebola. Members may continue to debate what role, if any, the United States should play to bolster global health security and whether to adjust funding levels to address infectious disease threats.

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