

DRC: THE WORLD'S FIRST EBOLA OUTBREAK INSIDE A CONFLICT

On 1 August 2018, the DRC Ministry of Health declared a new Ebola epidemic in Beni territory, North Kivu, in north-eastern DRC. As of 6th August, there were 43 cases, of which 16 have been confirmed, and 34 deaths, across 7 health zones, one of which borders Uganda.¹ Never before has Ebola struck in an area of chronic insecurity and humanitarian crisis. The challenge for DRC and its international partners is not only to rapidly control deadly Ebola, but to do so in a way that contributes to protecting communities in this vulnerable environment.

DR Congo's 9th Ebola outbreak, in Equateur Province, was officially declared over on 24 July, after what is considered to be a successful response led by the Ministry of Health. The 10th outbreak is substantially different. It was first identified in Mabalako health zone, and confirmed cases have been there and in Beni health zone – with five other health zones reporting suspected cases, including in the neighbouring province of Ituri. Many of these areas have experienced chronic conflict for 20 years.

CONFLICT-AFFECTED AREA

Between May and July 2018, 46 people were reported murdered in Beni territory, in 29 incidents, most carried out by unknown gunmen, although DRC soldiers were identified as perpetrators in 20% of cases, and armed groups in 10%.² These deaths added to more than 1100 people that civil society in Beni reports were killed by the ADF/NALU, a key non-state armed group with origins in Uganda, between October 2014 and December 2017, and more than 900 people who were abducted over the same period.³ Reports of mass killings and abductions are ongoing.⁴

In September 2017, there were 13 armed groups in the Beni area, in some cases controlling access to communities. In early 2018, the DRC army, the FARDC, launched the latest operation against them, leading to new waves of displacement. Non-state armed groups are not, however, the greatest threat to civilians; according to the UN, state security forces were responsible for 64% of extrajudicial killings and summary executions across the country between January and June 2018.⁵

The latest area affected by Ebola is along a central trade route in Eastern Congo, linking major population hubs in Bunia (366,000⁶), Beni (230,000), and Butembo (750,000), and the territory of Lubero. Legal and illegal trade also link the area to neighbouring Uganda. Many areas are remote or controlled by armed groups and difficult to reach.

Access to basic services across this region is low due to poor state capacity, poverty, and insecurity. One of the reasons the latest Ebola outbreak was only identified in late July though it may have started weeks before, is that health workers were on strike because their salaries had not been paid since January.⁷

Women often have even less access to healthcare than men. A recent Oxfam gender analysis in the village of Mangina (where Ebola was first detected in this outbreak) and nearby Cantine, shows how women and girls often suffer worse health than men and boys, but access healthcare less often. It also indicated that cost was a principal barrier to women's health care, as well as domestic obligations and their lack of autonomy in taking decisions. Generally, displaced people across the community were reported to have less access to health care than their hosts. 30% of respondents



also reported that they 'self-medicated' rather than go to health centres, and others reported that they went to traditional healers.

The vast majority of households surveyed as part of the gender analysis (82%) said that they had no role in community decision-making, and that all decisions are concentrated in the hands of a few (male) local leaders. Displaced men particularly reported being treated like children and stripped of all status they had in their place of origin, while almost all participants agreed that women play no part in community decision-making.

The UN mission, MONUSCO has a significant presence in Beni. Through the Force Intervention Brigade it has undertaken activities against the ADF/ NALU since 2014. MONUSCO is considered by communities and other armed groups as an active participant in the conflict, and suffered its biggest ever loss of peace keepers in Semiliki, near Beni, in December 2017, when 14 were killed.⁸

All of this takes place in a country in which 13 million people were *already* in need of humanitarian aid, 4.5 million people have been forced to flee their homes, more than half since the beginning of 2017, millions are short of food,⁹ and the UN's 2018 humanitarian response plan is only 21% funded 8 months into the year.¹⁰

POLITICAL CONTEXT

This Ebola outbreak is happening in a highly charged electoral context. The deadline for candidates registering for elections is 8 August. Jean Pierre Bemba, recently released by the International Criminal Court, returned to DRC in July, and has announced his candidacy for President. Moise Katumbi, a prominent opposition leader in self-imposed exile for two years to avoid contentious legal proceedings, has not been allowed to re-enter the country to register as a candidate. At the time of writing, it is not known whether President Kabila will declare his own candidacy for a third term – a move opposed by many, including in the international community – or whom he will anoint as a successor or 'dauphin'.

While violence has been present in much of eastern DRC for the past 20 years, recent spikes may be linked to the political situation.¹¹ Since 2016 conflict has erupted in the Kasai and Tanganika provinces, and broken out again in Ituri province. There has been more activity from armed groups in North and South Kivu, and security in Katanga province is potentially fragile. In recent weeks, there have been multiple rumours of insecurity and coordination between armed factions across Burundi, Rwanda, Uganda and DRC.¹² In the Grand Nord area of North Kivu dominated by the Nande ethnic group, President Kabila is frequently viewed with suspicion, and it is highly likely that the Ebola response will be seen through the prism of fraught contested politics, as has already happened to some extent in Equateur. Should President Kabila present himself for a new term or the election calendar be altered, it is likely there will a strong reaction from this area.

THE RESPONSE

The DRC government's experience in responding to Ebola, an urgent approach to funding, and the trial of vaccines were all central to tackling the recent outbreak in Equateur. The government's \$56.8m three-month action plan was fully financed within 48 hours, starting with \$4m from the government itself.

Oxfam's work with communities in Equateur suggests lessons that could be of use in the latest response. Two-way communication is vital in building trust and understanding with communities, and, for example, making the essential changes to burial practices that are needed to stem the spread of the disease while still being acceptable to communities. In a July 2018 evaluation of the Equateur response, Oxfam found that 26% of respondents linked Ebola to witchcraft, and a group of men explained Ebola as 'a thief's disease that became an outbreak'. Given the political, security and cultural factors at play in the Grand Nord of Kivu, building trust and communication are likely to be even more important.

The DRC government, the UN, and particularly WHO have rapidly scaled up in response to the latest outbreak in Beni, alongside key humanitarian actors, including MSF and Oxfam. Mobile testing units

have been set up in Beni, contact tracing is ongoing and vaccinations are starting. A response plan has been developed, and key communications messages shared with local leaders. 10 national NGOs and 12 international NGOs, including Oxfam, had programmes in Beni territory before the Ebola outbreak, and OCHA leads humanitarian coordination in the town.¹³

Humanitarians and DRC state institutions have worked together and alongside each other for years. In some sectors, such as health and education, there is a welcome and close collaboration, and one that often extends into areas where armed groups control the area. In sectors such as protection however, the government's active role in the conflict makes close collaboration more complicated.

The Ebola response, coordinated by the government and WHO, is planned to work in parallel with the wider international humanitarian response coordinated by OCHA, the UN humanitarian coordination body, which also makes the link between the two responses. The protection 'cluster' has not been involved in the Ebola response to date.

The ongoing humanitarian response is expected to continue, as roads remain open. However, large gatherings such as distributions will need to be avoided. Both the modalities of this ongoing response and how it and the vital government-led Ebola response complement each other, without either having any negative consequences on the other, will need to be carefully thought through. Likewise, ensuring that the Ebola response is impartial, targeting areas most in need regardless of who controls them, will need to be carefully monitored.

For the new Ebola response, a tenth Commission on security has been established to coordinate information on insecure areas and access. It will be important to ensure that this commission does not adopt a 'securitised' approach in what is already a heavily militarised area, and that it includes community perspectives on protection.

The role MONUSCO will play likewise needs to be carefully monitored. It was a critical actor in the Equateur Ebola response, particularly supporting logistics, a role it is stepping up to in Beni. However, measures are currently being put in place to rely as much as possible on humanitarian capacities (ECHO is providing increased flights to Beni, for example), ensure better security analysis and minimise the use of MONUSCO logistics or escorts.

GETTING THE RESPONSE RIGHT NOW

Rapidly controlling the spread of deadly Ebola is absolutely essential. It is also complicated by conflict, and by a history of communities who feel marginalised and not listened to. To get the response right:

- **International aid donors should respond rapidly, as they did to the Equateur outbreak. They should immediately commit new funds,** as well as modifying existing grants as needed. Any funds diverted from other areas should be replenished as soon as possible.
- **The DRC Ministry of Health and WHO should ensure timely information sharing.**
- **They should include community-based approaches across the whole response,** including two-way communications, *listening* to communities to build trust and understand their perceptions.
- **All actors should design programmes to reach all vulnerable groups,** going beyond existing health-related structures to support women in their communities and to consider the security and livelihood restrictions that people experience. Robust, gender-, diversity- and conflict-sensitive monitoring and evaluation is needed to ensure that all groups have equal access to services, and that populations at risk in conflict affected areas are not overlooked because they have more restricted access to services and information.
- **The UN should ensure that protection considerations are hardwired into the response at every step.** It should include senior humanitarian protection staff in key strategic and operational decision-making forums.
- **The UN and DRC government should work together to strengthen coordination in the government-led response.** The experience of UN-led clusters and OCHA should be called on to

support government-led commissions, including around information management, defining technical approaches and coordination.

- **Clear procedures for coordination around protection should be put in place** seeking advice from the protection cluster and conscious of security services' role and reputation among communities.
- **The UN should invest in sufficient resources to support civilian – military relations**, including potential negotiations with armed groups, as well as relations with the FARDC and MONUSCO. OCHA should urgently deploy civilian-military relations expertise (CM-Coord) as part of the UN operational response team, and play a key role in negotiating the tensions between the ongoing humanitarian response and the government-led ebola response, including preserving the space for independent, neutral and impartial assistance to populations in conflict areas.
- **International aid donors should continue to fund the wider DRC humanitarian appeal**, for Ebola is not the only humanitarian crisis affecting DRC.
- **The international community should also ensure that momentum towards free and fair elections in DRC is maintained**

NOTES

- 1 Ministry of Health, DRC, 6th August 2018
- 2 <https://kivusecurity.org/map#>
- 3 https://reliefweb.int/sites/reliefweb.int/files/resources/note_defis_humanitaires_suite_aux_operations_militaires_lancees_le_13_janvier_2018.pdf
- 4 According to the Beni Security Commission, 14 corpses have recently been discovered on the road towards Mangina, where Ebola cases have been confirmed after they on 2 August, and on 7 August more than 100 people were kidnapped near Beni.
- 5 UN Joint Human Rights Office in the DRC|(UNJHRO) MONUSCO – OHCHR (2018), 'Overview of the Human Rights situation during the first semester of 2018'
- 6 All population figures are estimates with the last sources 2012–2013, for example Institut National de la Statistique (November 2014). 'Superficie et Densité de la Population en 2013'. Bulletin Annuel des Statistiques Sociales, Province du Nord-Kivu (2013):
- 7 <https://actualite.cd/2018/08/02/Ebola-bien-que-les-infirmiers-du-nord-kivu-appelles-a-ne-transmettre-que-des-rapports-sur-des-maladies-de-surveillance-epidemiologique/>
<https://news.un.org/en/story/2017/12/638812-dr-congo-over-dozen-un-peacekeepers-killed-worst-attack-blue-helmets-recent>
- 9 <http://fews.net/southern-africa/drc>
- 10 <https://fts.unocha.org/countries/52/summary/2018>
- 11 https://foreignpolicy.com/2018/08/03/will-congo-go-to-the-polls-or-go-to-war-kabila-drc-rwanda-kivu/amp/?__twitter_impression=true
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- 13 https://reliefweb.int/sites/reliefweb.int/files/resources/qfgo_nord-kivu_avril_2018final.pdf