In the past week, 57 new confirmed Ebola virus disease (EVD) cases with an additional 46 deaths have been reported from 18 health zones in three affected provinces in the Democratic Republic of the Congo (DRC). In the 21 days from 29 July through 18 August 2019, 65 health areas in 18 health zones reported new cases, representing 10% of the 665 health areas in North Kivu, South Kivu and Ituri provinces (Table 1, Figure 2). During this period, a total of 215 confirmed cases were reported, with the majority coming from the health zones of Beni (33%, \(n=70\)) and Mandima (20%, \(n=44\)).

Cases were detected in two new health zones this past week: Mwenga Health Zone in South Kivu and Pinga Health Zone in North Kivu. In Mwenga, three confirmed cases have been reported thus far after two individuals (mother and child) had contact with a confirmed case in Beni before travelling south. The third confirmed case was a co-patient in a community health facility where the first cases initially sought care. In Pinga, one confirmed case has been reported and investigations are ongoing to identify epidemiological links between this individual and outbreak-affected areas. Rapid response teams were quickly deployed to scale up surveillance and response operations in both areas.

As of 18 August 2019, a total of 2888 EVD cases were reported, including 2794 confirmed and 94 probable cases, of which 1938 cases died (overall case fatality ratio 67%). Of the total confirmed and probable cases with reported sex and age, 58% (1672) were female, and 28% (810) were children aged less than 18 years. Cases continue to be reported among health workers, with the cumulative number infected rising to 153 (5% of all confirmed and probable cases).

Persistent insecurity and unrest are hampering the response in Beni. On 19 August 2019, a “ville morte” protest took place in Beni, Butembo and Oicha in response to recent attacks by armed groups on civilians. This resulted in a temporary suspension of Ebola response activities. Operations resumed on 20 August 2019, with extra caution. Further demonstrations are anticipated. The suspension of Ebola response activities often results in an increase in case numbers and in cases spreading to new areas in the following weeks.

Pillar 1 of the fourth Strategic Response Plan (SRP4) for the control of the EVD outbreak in the Democratic Republic of the Congo is now available on the WHO website. Pillar 1 covers the core public health response to the outbreak; the funding requirement for all partners to sustain the health response as outlined in this plan is US$ 287 million, including US$ 120-140 million for WHO. So far, US$ 15.3 million have been received, with further funds committed or pledged. WHO’s Ebola response operations are currently impacted by a lack of immediately available funds. A summary of funding received by WHO since the start of this outbreak can be found here.
Data in recent weeks are subject to delays in case confirmation and reporting, as well as ongoing data cleaning.
<table>
<thead>
<tr>
<th>Province</th>
<th>Health Zone</th>
<th>Health areas reporting at least one case in previous 21 days / Total number of Health Areas</th>
<th>Cumulative cases by classification</th>
<th>Cumulative deaths</th>
<th>Total deaths</th>
<th>Confirmed cases in the last 21 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Kivu</td>
<td>Alimbongo</td>
<td>5/20</td>
<td>5</td>
<td>0</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Beni</td>
<td>18/18</td>
<td>638</td>
<td>9</td>
<td>647</td>
<td>70</td>
</tr>
<tr>
<td></td>
<td>Biema</td>
<td>7/16</td>
<td>16</td>
<td>1</td>
<td>17</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Butembo</td>
<td>15/15</td>
<td>272</td>
<td>1</td>
<td>273</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>Goma</td>
<td>1/10</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Kalunguta</td>
<td>18/18</td>
<td>144</td>
<td>14</td>
<td>158</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>Katwa</td>
<td>18/18</td>
<td>636</td>
<td>16</td>
<td>652</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>Kayna</td>
<td>4/21</td>
<td>14</td>
<td>0</td>
<td>14</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Kyondo</td>
<td>11/22</td>
<td>20</td>
<td>2</td>
<td>22</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Lubero</td>
<td>10/19</td>
<td>31</td>
<td>2</td>
<td>33</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Mabalako</td>
<td>12/12</td>
<td>366</td>
<td>16</td>
<td>382</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Manguredjipa</td>
<td>3/10</td>
<td>18</td>
<td>0</td>
<td>18</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Masereka</td>
<td>16/16</td>
<td>49</td>
<td>6</td>
<td>55</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Musienene</td>
<td>8/20</td>
<td>78</td>
<td>1</td>
<td>79</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Mutwanga</td>
<td>11/19</td>
<td>20</td>
<td>0</td>
<td>20</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Nyiragongo</td>
<td>1/10</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Oicha</td>
<td>10/26</td>
<td>51</td>
<td>0</td>
<td>51</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Pinga</td>
<td>1/18</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Vuhovi</td>
<td>12/12</td>
<td>103</td>
<td>13</td>
<td>116</td>
<td>9</td>
</tr>
<tr>
<td>South Kivu</td>
<td>Mwenga</td>
<td>1/18</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Bunia</td>
<td>4/20</td>
<td>4</td>
<td>0</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Komanda</td>
<td>9/15</td>
<td>40</td>
<td>9</td>
<td>49</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Lolwa</td>
<td>1/8</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Mambasa</td>
<td>4/17</td>
<td>18</td>
<td>0</td>
<td>18</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>Mandima</td>
<td>15/15</td>
<td>249</td>
<td>4</td>
<td>253</td>
<td>44</td>
</tr>
<tr>
<td></td>
<td>Nyankunde</td>
<td>1/12</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Rwampara</td>
<td>2/13</td>
<td>8</td>
<td>0</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Tchomia</td>
<td>1/12</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>2794</td>
<td>94</td>
<td>2888</td>
<td>215</td>
</tr>
</tbody>
</table>

Note: Attributions of cases notified in recent days to a health zone are subject to changes upon in-depth investigations.
2. Actions to date

The Government and the Ministry of Health (MoH) and other national authorities in the Democratic Republic of the Congo, WHO, and partners are implementing outbreak control interventions together with teams in the surrounding provinces, who are taking measures to ensure that they are response-ready.

An overview of key activities is summarized below:

**Surveillance and Laboratory**

- Over 194,000 contacts have been registered to date and 17,568 are currently under surveillance as of 18 August 2019. Follow-up rates in the last 7 days remained high (84-87% overall) in health zones with continued operations.

- An average of 1763 alerts were received per day over the past seven days, of which 1673 (95%) were investigated within 24 hours of reporting.

- There are eight laboratories with Ebola virus diagnostic capacity operational in the Democratic Republic of the Congo, located in Mangina, Goma, Komanda, Beni, Butembo, Katwa, Bunia, and Kinshasa. All the laboratories are using GeneXpert as the primary diagnostic tool.
A laboratory with the capacity to sequence whole virus genome has been established in Katwa to support virus transmission chain analysis. Sequencing support is also available at the Kinshasa INRB laboratory.

There are currently 14 operational treatment and transit centres (TC).

**Case management**

On 24 November 2018, MoH announced the launch of a randomized control trial (RCT) for Ebola therapeutics. The RCT enrolled and treated patients at Ebola treatment centre (ETC) sites in Beni, Butembo, Katwa, and Mangina.

In an extension of the original trial, patients in the four treatment centres that participated in the RCT will now be randomized either to REGN-EB3 or mAb114.

Patients in all other treatment centres in the Democratic Republic of the Congo will also be eligible to receive one of the two treatments, despite the fact that they are not yet licensed; this is possible due to a framework called Monitored Emergency Use of Unregistered and Investigational Interventions, developed by WHO.

**Infection prevention and control (IPC) and Water, Sanitation and Hygiene (WASH)**

IPC and WASH activities continue in health facilities and in Ebola-affected communities. Activities in health facilities currently focus on briefing health workers on basic and Ebola-specific IPC principles, evaluating EVD screening, isolation and referral, decontamination when necessary, and providing supplies. In communities, teams are helping to educate communities, provide supplies, and support decontamination of households when indicated.

The Democratic Republic of the Congo Ministry of Health together with UNICEF, WHO, CDC and IPC operational partners have finalized a standardized National IPC/WASH package including standard operating procedures, training/reference materials, monitoring tools, and terms of reference for key IPC personnel. This package of materials will be launched in the coming weeks followed by supported implementation activities.

From August 2018 through 18 August 2019, 11% (319/2888) of EVD infections are thought to represent possible nosocomial infection (NI). Throughout this period, Katwa Health Zone (HZ) reported the highest number of possible NI (33%; 105/303); however, from July 2019, Beni HZ reported the majority (41%: 31/75). Additionally, 153 healthcare worker (HCW) infections, of the cases that were analysed, 5% (150/2888) of all cases, have been reported since August 2018. Overall, Katwa HZ has reported the majority of HCW infections (29%: 43/150). From July 2019, the highest number of HCW infections were reported from Beni and Mandima with 6 (26%; 6/23) reported from each.

**Points of Entry (PoE)**

During the week ending 18 August 2019, 2 280 358 screenings were performed, bringing the cumulative total close to 87 million screenings. This week, a total of 150 alerts were notified, of which 40 were validated as suspect following investigation, with no confirmed case. This brings the cumulative number of alerts to 2213 with 1026 validated as suspect, and 24 subsequently confirmed with EVD following laboratory testing. An average of 98 PoEs and PoCs reported screenings daily this week, out of 106 functioning points (92%).

WHO facilitated the finalization of the Cross-Border Coordination Road Maps between Rwanda and the Democratic Republic of the Congo. The Road Map provide a framework for resource mobilization and joint implementation of the activities that could enhance cross-border
collaboration in EVD detection, prevention and response. The implementation of the plan will start early September.

From 12 - 13 August 2019, WHO and IOM supported 2-day workshop for the development of standard operating procedures (SOPs) for health screening at Goma Airport. Through multi-sectorial approach and participatory methodology, participants from MOH, CDC, IOM and WHO developed SOPs to guide the response in case any EVD outbreak is detected in the area surrounding the airport. A draft document was the main outcome of the workshop, which will be shared for validation in the coming month.

From 14 - 15 August 2019, WHO conducted a 2-day meeting to enhance preparedness for and step-up response measures against Ebola among the Democratic Republic of the Congo and the Priority 1 countries (South Soudan, Uganda, Rwanda and Burundi). The meeting was attended by government and WHO staff from the Democratic Republic of the Congo, Burundi, Rwanda, South Sudan and Uganda, as well as WHO staff from the Regional Office for Africa and Headquarters. Supporting partners including UN-OCHA, US-CDC, Africa CDC, IOM and UNICEF. Several topics were discussed including the overview of the IHR (2005), re-enforcement of the Mandatory and Optional National IHR Focal Point (NFP) Functions and Operational Framework & Improving Cross-Border Collaboration in the context of the EVD Outbreak in the Democratic Republic of the Congo. Main recommendations include:

- All countries should establish bilateral collaboration with the Democratic Republic of the Congo and multilateral collaboration should be considered in the near future;
- MOUs, protocols and SOPs should be developed to guide the cross-border bilateral collaboration, including how coordination will be conducted at national, intermediate and local levels.

The next steps are for countries to develop and finalize bilateral road maps for the implementation of the recommendations above with concrete timelines, required resources and indicators, followed by a high level political meeting for political buy-in as well as domestic resource mobilization with the support of partners.

IOM provided all PoCs in Bunia axis with large capacity water tanks to ensure uninterrupted water supply for handwashing services at the PoE/PoCs.

A rapid response team including PNHF and IOM staff was deployed to South Kivu Province for rapid assessment and support of the response following the EVD positive cases confirmed in Mwenga, 90 km from Bukavu town. IOM has also finalized plans for conducting micro population mobility mapping (PMM) in Mwenga territory on 20 August 2019, and IOM will be supporting some PoEs/PoCs.

IOM supported the organization of risk awareness caravan/procession of bikers and community members in the streets of Beni town to raise awareness on EVD and promote community engagement in the response. This event comes after several weeks of demonstrations by the population protesting the killings of civilians and demanding return to peace in Beni territory.

Burundi

- IOM and OCHA collected data to carry out gaps analysis for border prevention and preparedness with partner agencies, including activities mapping and equipment/material procurement mapping.
- IOM procured six motorcycles, which are expected to arrive next week to be distributed to PoEs.

South Sudan

IOM screened 25, 120 inbound travelers to South Sudan for EVD exposure and symptoms with no alert case at 15 PoE sites in Yei River State; 94 travellers with fever underwent secondary screening and those that persisted were subsequently referred to nearby health facilities and treated for conditions such as malaria, respiratory tract infection and typhoid.
This represents a slight decrease from the previous week’s figures. This can be attributed to the end of primary school activities, resulting in the number of travelers screened at Pure down to normal average. Lasu PoE only screened six travellers during the reporting period due to the continuing insecurity in the Yei-Lasu road area as in previous weeks. All other PoEs had insignificant variations compared to previous week.

IOM conducted refresher training for screeners at Pure PoE on the EVD Border Health and PoE SOP.

IOM participated in the Yei EVD simulation exercise (SimEx).

The poor mobile network makes communication from Yei Town to Lasu and Tokori more challenging, therefore remote monitoring was conducted for these towns. There was limited traffic from the Democratic Republic of the Congo to South Sudan at the nearby border in Lasu due to continuing road closure for reported insecurity in the Democratic Republic of the Congo side. Access challenge persists in some areas in Lujulu.

The latest sitrep for IOM South Sudan (5-11 August) can be found here, and the July monthly report is here.

Uganda

IOM completed Health, Border and Mobility Management (HBMM) training in Kisoro district, with 30 participants drawn from all border departments of health, security, agriculture, customs, police and revenue. A similar training will begin in the districts of Kanungu and Rukungiri this week.

The final monitoring and mentorship mission was completed in the district of Rubirizi and Kasese. The missions were facilitated by IOM with the participation of district health teams, ministry officials and partners including URCS and MTI.

A two-day refresher training for all enumerators of IOM Flow Monitoring Points in IOM-supported districts will take place this week; there will be 18 participants.

Safe and Dignified Burials (SDB)

As of 19 August 2019, there have been a total of 10 565 SDB alerts notified through the Red Cross SDB database, of which 8418 (80%) were responded to successfully by Red Cross and Civil Protection SDB teams and community harm reduction burial teams.

During the week ending in 18 August, there were 330 SDB alerts recorded in 23 health zones. Of these, 257 (78%) were responded to successfully. During this period, alerts were distributed as follows (all ZS accounting for 5% of more of SDB alerts):

- Beni: 22%
- Goma: 13%
- Mutwanga: 12%
- Bunia: 11%
- Oicha: 8%
- Komanda: 6%
- Rutshuru: 5%
Implementation of ring vaccination protocol

As of 17 August 2019, 197,172 people at risk have consented to and received the rVSV-ZEBOV-GP Ebola vaccine. Of those, 49,451 are contacts and 134,934 contacts-of-contacts. The total number of vaccinees includes 40,256 HCWs/FLWs and 62,004 children 1-17 years of age.

Risk communication, social mobilization and community engagement

In Mandima, leaders of the local committee of the Mayuwano-Somé axis benefited from capacity building to continue community dialogue initiated by the local provincial deputies.

Teams of psychologists continue negotiations to obtain the support of relatives of two confirmed cases from Mutwanga Health Zone to participate in prevention activities.

A dialogue session was held in Rutshuru with police officers on their commitment to the EVD response and in Butembo the response sub-coordination had exchanges with the political leaders of Butembo City around renewal of their commitment to the management of community incidents.

A team is supporting activities in Mwenga, South Kivu.

Preparedness and Operational Readiness

Operational readiness in North Kivu and Ituri Provinces in the Democratic Republic of the Congo:

Currently a risk analysis of the non-affected provinces bordering North Kivu is being undertaken and resources will be assigned according to those risks.

The preparedness coordination centre in Goma reports preparedness activities directly to the response team. Goma provides a base for preparedness training in North Kivu and will eventually develop into a centre of excellence on EVD outbreak management.

Six teams consisting of one WHO consultant and four MoH EVD experts each, are deployed in North Kivu and Ituri. The readiness teams have rolled out a standard package of readiness activities in the 50 non-affected health zones of North Kivu (18) and Ituri (32) provinces. Currently the readiness teams are working with local governments in training frontline health workers in IPC.

Key Performance Indicators (KPIs) were recently assessed in 13/18 non-affected health zones in North Kivu. The three health zones closest to Goma scored approximately 70% on preparedness, while the next 10 health zones north and west of Goma scored 10-15% each.

Readiness teams in North Kivu have identified 5/18 non-affected health zones (Binza, Katoyi, Kibua, Itebero and Bambo) to be covered by mobile teams where security issues prevent a continuous presence.
Operational readiness activities continue in priority 1 (Burundi, Rwanda, South Sudan, Uganda) and priority 2 (Angola, CAR, Congo, Tanzania, Zambia) countries neighbouring the Democratic Republic of the Congo:

Priority 1 countries

Burundi

- Burundi is engaging in biweekly technical support meetings with the WCO and MoH to support the approval processes and cold chain logistics to accelerate vaccination of frontline workers in Burundi. Vulnerabilities among the population result from continued political instability, a weak health system, food insecurity and a high burden of infectious disease. For example, the number of malaria cases recorded since the start of 2019 is equivalent in number to 25% of the population. There have been no confirmed cases of EVD reported from Burundi to date.

Rwanda

- Rwanda shares its full western border with the Democratic Republic of the Congo, and it has identified 15 districts as high priority, hosting 185 health centres. The majority of the 148 000 registered refugees in Rwanda are from the Democratic Republic of the Congo. An Ebola Treatment Centre has been set up in Rwanda and 23 isolation units are being prepared in hospitals in 15 priority districts. Ebola response simulation exercises have been conducted in Kanombe Military Hospital, Gihundwe District Hospital, Kamembe International Airport, and Rugerero Ebola Treatment Centre to test Rwanda’s preparedness in response to a case, which will include Emergency Operations Centre activation, active surveillance, case management and laboratory testing. About 3000 health workers in high-risk areas have been vaccinated as a preventative measure, including more than 1100 in Gisenyi. There have been no confirmed cases of EVD reported from Rwanda to date.

The Republic of South Sudan

- Since the current EVD outbreak began in the Democratic Republic of the Congo, South Sudan has not reported any Ebola case. As of 17 August 2019, 80 alerts have been reported. To date 2974 frontline workers have been vaccinated and no serious adverse effects have been reported.

- A one-day full scale simulation exercise (SIMEX) took place on 14 August 2019 in Juba, Nimule and Yei states. The objective was to test and validate capabilities for early detection, rapid response, and effective coordination at national, state and community levels, in view of the ongoing Ebola outbreak in the Democratic Republic of Congo. A debriefing session was delivered to the NTF on Friday 16th August at the PHEOC: [http://www.afro.who.int/news/south-sudan-conducts-full-scale-simulation-exercise?country=876&name=South Sudan](http://www.afro.who.int/news/south-sudan-conducts-full-scale-simulation-exercise?country=876&name=South Sudan)

- Since August 2018, 2 329 582 persons have been screened at 30 screening sites at border entry points; four isolation units have been established with dedicated ambulances; 900 frontline healthcare workers and community volunteers have been trained on signs, symptoms and protective measures, including infection prevention and control; 28 Rapid Response Teams (RRTs) have been trained and equipped to respond to alerts; and personal protective equipment (PPE) has been pre-positioned in high-risk locations including screening and surveillance points.

- South Sudan has is nearing the end of its 5th month of its second National EVD Preparedness Plan, April-September 2019, aimed at optimizing EVD preparedness and response by identifying prioritized activities. No donor funding has been received by WHO in phase two of preparedness and remains a serious concern for sustaining the preparedness efforts.
Uganda

Uganda continues focusing on preparedness activities in all districts, including the 30 high-risk districts, through active surveillance in all communities, health facilities and at formal and informal border crossings. Alert cases continue to be identified, isolated, treated and blood samples collected for testing by the Uganda Virus Research Institute (UVRI). Since August 2018, Uganda has reported and investigated over 6000 alerts. A total of 4915 health workers in 150 health facilities were vaccinated as a preventative measure in Uganda, followed by a second round of vaccination that commenced on 15 June 2019 for contacts of the two confirmed cases in Kasese district. Challenges in funding continue. There are currently no confirmed cases of EVD in Uganda.

Priority 2 Countries

Angola, Central Africa Republic, Congo, Tanzania and Zambia do not have any confirmed case of EVD related to the Democratic Republic of the Congo outbreak to date. However, financial support for implementing emergency preparedness activities in these countries remains insufficient to allow them to reach optimal IHR core compliance. WHO is currently providing technical support for preventative vaccination approvals in priority 2 countries. Vulnerabilities in these countries include over 2.3 million people facing food insecurity due to drought in the next 4-5 months in Angola; CAR remains politically volatile; and Tanzania and Zambia experience high mobility across borders and currently host over 325 000 and 78 000 refugees respectively.

Operational partnerships

Under the overall leadership of the Government of the Democratic Republic of the Congo and in support of the Ministry of Health, WHO is supporting public health operations and regional preparedness as outlined in the Strategic Response Plan. WHO is working intensively with wide-ranging, multisectoral and multidisciplinary national, regional and global partners and stakeholders for EVD response, research and preparedness.

Various international organizations and UN agencies, specialized agencies and non-governmental organizations are involved in response and preparedness activities; the organizations and their specific contributions have been previously reported. See ‘Who is doing what, where’ for week 25 (17 to 23 June).

WHO continues to engage the Global Outbreak Alert and Response Network (GOARN), Emerging and Dangerous Pathogens Laboratory Network (EDPLN), Emerging Disease Clinical Assessment and Response Network (EDCARN), and the Emergency Medical Team (EMT) initiative – as well as regional operational partners and collaboration centres in Africa – to deploy experts and multidisciplinary teams for the response, and to support intensive preparedness and readiness activities in neighbouring and at-risk countries.

WHO encourages wider coverage of partner operations via this report in response to demand from our planning teams. If you would like to see the activities of your agency or organization appears in the report, please send an email to goarn@who.int.

WHO advise against any restriction of travel to, and trade with, the Democratic Republic of the Congo based on the currently available information. There is currently no licensed vaccine to protect people from the Ebola virus. Therefore, any requirements for certificates of Ebola vaccination are not a reasonable basis for restricting movement across borders or the issuance of visas for travellers to/from the affected countries. WHO continues to closely monitor and, if necessary, verify travel and trade measures in relation to this event. Currently, no country has implemented travel measures that significantly interfere with international traffic to and from the Democratic Republic of the Congo. Travellers should seek medical advice before travel and should practice good hygiene. Further information is available in the WHO recommendations for international traffic related to the Ebola Virus Disease outbreak in the Democratic Republic of the Congo.

3. Conclusion

The response to the EVD outbreak in Democratic Republic of the Congo remains challenged by continued insecurity, unrest, pockets of community resistance and funding shortfalls. Although there is a slight declining trend in the overall number of new confirmed case reported this week, the disease continues to spread to new health zones. This was again demonstrated in a case who travelled 700 km from the original place of exposure in Beni in North Kivu to Mwenga in South Kivu. The response continues to be challenged by insecurity.

While response strategies keep evolving to adapt to the local context, capacities for operational readiness and preparedness should continue to be enhanced and sustained in non-outbreak affected areas including neighbouring countries. WHO is calling for a more united approach in which NGOs and UN partners collectively accelerate all activities, with all partners being accountable for their role in the response.