

FACT SHEET: EBOLA ERADICATION ACT OF 2019

The Ebola outbreak in the eastern region of the Democratic Republic of Congo—now in its 13th month—has infected [over 3,000 people and killed over 2,000](#). Response efforts in the region have been hampered by persistent insecurity and attacks on medical facilities and personnel by armed actors, as well as by widespread community resistance to healthcare response teams. Despite large-scale efforts by Congolese and the international community through community outreach, and use of experimental vaccines and treatments, the outbreak remains uncontained, and risks spreading. Cases have now been detected in South Kivu and in the border region of [Uganda](#). As recent Editorials in [Bloomberg](#), [the New York Times](#) and an opinion piece in the [Washington Post](#) point out, containing the outbreak requires an urgent international response.

S. 1340: Ebola Eradication Act of 2019

The Ebola Eradication Act of 2019 directs the USAID Administrator to immediately provide assistance, including multi-sectoral, non-humanitarian, and non-trade related foreign assistance, to the Democratic Republic of the Congo (DRC) and other vulnerable countries to effectively combat the Ebola outbreak. It authorizes USAID to waive aid restrictions under Section 4 of the TVPA, “to avoid significant adverse effects on vulnerable populations”. It was approved by the Foreign Relations Committee in June without a single objection and has bipartisan support.

- USAID briefed staff in May on a new strategy to broaden its response beyond emergency health intervention already funded through the International Disaster Assistance account to include basic development assistance activities.
- The theory is that if we are able to offer basic services to affected communities that are relevant to the needs we’ve identified, we will be able to lower community resistance to responders seeking those who may be infected with Ebola. Such [non-health related foreign assistance](#) to support medical personnel, improve community outreach, and address development needs in the DRC is critical to overcoming the formidable community resistance and insecurity in the region. However such non-emergency, non-humanitarian assistance to DRC to could be restricted by Congo’s Tier 3 designation under the Trafficking Victim’s Protection Act (TVPA).
- The White House has not issued a country waiver for DRC, despite the provision for such in the TVPA, hampering USAID’s ability to implement the strategy. Administrator Mark Green [testified](#) in May that this bill will be helpful to USAID to carry the strategy forward.
- The [CBO](#) estimates that implementing S. 1340 would cost \$70 million over the four-year period from 2020-2024.
- The Amendment under consideration directs the Administrator of the United States Agency for International Development to immediately provide assistance for global health and actions necessary to respond to the threat posed by Ebola to the Democratic Republic of the Congo, South Sudan, and Burundi to effectively combat the disease
- It requires assistance to be provided at levels commensurate both to address the threat posed by the Ebola outbreak and conduct activities necessary for an effective response.
- The amendment prioritizes activities to expand and improve access to communities heavily affected by the Ebola outbreak.

Ebola Disease Facts

- Ebola virus disease (EVD) is a highly virulent and contagious virus with a [fatality rate](#) of around 50%.
- [EVD](#) is transmitted between humans through contact with body fluids such as blood, or saliva.
- There is currently no known cure, however recently developed vaccines have proven effective and a vaccination campaign is underway in affected areas.

Current Outbreak

- As of September 12, 3091 cases were reported; 2074 have died. Recent cases have been detected in South Kivu and Uganda underscoring concerns about geographic spread.
- This is the second worst outbreak on record, and remains uncontained.
- The outbreak has been ongoing for over a year. It was first recognized in August of 2018 in the Ituri and North Kivu provinces of the DRC's eastern region.
- Numerous EVD response health workers have been [attacked and killed](#) in violent resistance to response efforts.
- 56% of the EVD cases in the DRC are female, and 28% are children under the age of 18, according to a [USAID](#) report.
- [USAID](#) has provided \$136.4 million in preparedness and response funding to the DRC and neighboring countries since the start of the outbreak.
- The [most serious EVD outbreak](#) ever occurred in West Africa in 2014-2016, infecting over 28,000 and killing 11,000, spreading to 10 countries, including the US.
- Many of the same vulnerabilities in health systems and community resistance to response efforts are present today in the DRC as were in West Africa in 2014.
- The U.S. provided over \$2.3 billion and deployed thousands of medical personnel to West Africa in response to the 2014 EVD outbreak.