

WEST AFRICA – EBOLA OUTBREAK

FACT SHEET #31, FISCAL YEAR (FY) 2015

APRIL 28, 2015

NUMBERS AT A GLANCE

26,277

Number of Suspected, Probable, and Confirmed Ebola Virus Disease (EVD) Cases in Acutely Affected Countries*

UN World Health Organization (WHO) – April 26, 2015

10,884

Number of EVD-Related Deaths*

WHO – April 26, 2015

12,371

Number of EVD Cases in Sierra Leone*

WHO – April 26, 2015

10,322

Number of EVD Cases in Liberia*

WHO – April 23, 2015

3,584

Number of EVD Cases in Guinea*

WHO – April 26, 2015

*Includes cumulative EVD cases in Guinea, Liberia, and Sierra Leone. Numbers are subject to change due to reclassification, retrospective investigation, and availability of laboratory results.

HIGHLIGHTS

- New EVD cases continue decreasing in Guinea and Sierra Leone, but at slower rate
- Government of Guinea (GoG) authorities and EVD response actors launch a four-day EVD detection and prevention campaign in Coyah Prefecture
- WHO reports first confirmed EVD case in Sierra Leone’s Koinadugu District since mid-March

USG HUMANITARIAN ASSISTANCE TO EVD OUTBREAK RESPONSE TO DATE IN FY 2014 & FY 2015

USAID/OFDA ¹	\$596,290,058
USAID/FFP ²	\$57,479,546
USAID/GH ³	\$20,076,000
USAID/Liberia	\$16,100,000
USAID/Guinea	\$3,482,000
DoD ⁴	\$361,655,000
CDC ⁵	\$438,083,202 ⁶
\$1,493,165,806	
USG ASSISTANCE TO THE WEST AFRICA EVD OUTBREAK RESPONSE ⁷	

KEY DEVELOPMENTS

- From April 13–19, Guinea and Sierra Leone reported 33 confirmed EVD cases, according to WHO. However, the rate of decline in the number of EVD cases, which had fallen steadily since the beginning of April, has slowed. Stronger community engagement, improved contact tracing, and earlier case identification is required to bring the total number of EVD cases to zero, WHO reports.
- Despite a third consecutive week of less than 50 percent of new confirmed EVD cases appearing on contact lists, WHO reports that surveillance efforts in Guinea show signs of improvement, with an increase in suspected EVD samples tested for the fourth consecutive week. From April 12 to 19, laboratories tested 564 samples, compared to 518 samples tested the previous week.
- On April 25, the UN Secretary-General announced that Peter Jan Graaff would succeed Ismail Ould Cheikh Ahmed as the Acting Special Representative of the Secretary-General (SRSG) and Head of the UN Mission for Ebola Emergency Response (UNMEER). SRSG Graaff will work closely with the Special Envoy on Ebola, Dr. David Nabarro, and regional governments and other partners to continue combating the EVD outbreak in West Africa.

¹ USAID’s Office of U.S. Foreign Disaster Assistance (USAID/OFDA)

² USAID’s Office of Food for Peace (USAID/FFP)

³ USAID’s Bureau for Global Health (USAID/GH)

⁴ U.S. Department of Defense (DoD)

⁵ U.S. Centers for Disease Control and Prevention (CDC)

⁶ CDC funding as of April 27, 2015; total includes estimated salaries, benefits, and funding from all CDC sources for programs in West Africa and the United States. USAID/OFDA funding to CDC of \$3 million and DoD funding to CDC of \$600,000 are not included in this total.

⁷ Total funding figures reflect committed U.S. Government (USG) humanitarian and development funding to date. This number represents a subset of the total USG effort to respond to the EVD outbreak in West Africa.

Liberia

- As of April 22, representatives from the Government of Liberia (GoL) Ministry of Health (MoH) and WHO, accompanied by USG Disaster Assistance Response Team (DART) staff, had visited eight Liberian counties—Gbarpolu, Grand Bassa, Grand Gedeh, Grand Kru, Lofa, Maryland, River Gee, and River Cess—to discuss the GoL-led EVD treatment unit (ETU) transition plan. Each county visited has a closed ETU or an ETU scheduled to close in the coming month. During the visits, MoH and WHO representatives explained the ETU decommissioning process and timeline, and sought to identify gaps in county-level capacity to safely isolate, triage, test, and refer suspected EVD patients in the absence of an ETU. The MoH and WHO plan to conduct visits to the remaining six counties beyond Montserrado County—Bomi, Bong, Grand Cape Mount, Margibi, Nimba, and Sinoe—in the coming weeks.
- EVD specimen transport remains a challenge in many parts of Liberia and a growing concern as the May–October rainy season approaches. To help address transport needs, the CDC Foundation has supported the non-governmental organization (NGO) Riders for Health to establish a specimen transport network in Liberia. To date, Riders for Health reports training couriers in Montserrado and is working with county health teams to identify and train couriers in seven counties in southern Liberia by the end of May, followed by training couriers in the northern counties by the end of June.
- With nearly \$7.8 million in USAID/OFDA support, Samaritan’s Purse is implementing EVD response programs, including EVD awareness messaging for more than 284,000 people and distributing more than 47,000 infection prevention and control (IPC) kits in Gbarpolu, Grand Kru, Lofa, Margibi, Montserrado, and River Gee. Samaritan’s Purse also established and is managing community care centers and providing training to build county-level capacity to implement the GoL Rapid Isolation and Treatment of Ebola strategy. On April 23, DART staff traveled to Lofa to meet with Samaritan’s Purse and visit two EVD-affected communities in Kolahun District where Samaritan’s Purse is responding. Both communities have received household IPC kits, including buckets, chlorine, and soap, as well as EVD education. DART staff observed that the majority of houses in the communities had hand washing facilities, and community members were able to identify EVD symptoms, list best behavioral practices to avoid EVD, and explain the process for reporting and referring a suspected EVD case.

Sierra Leone

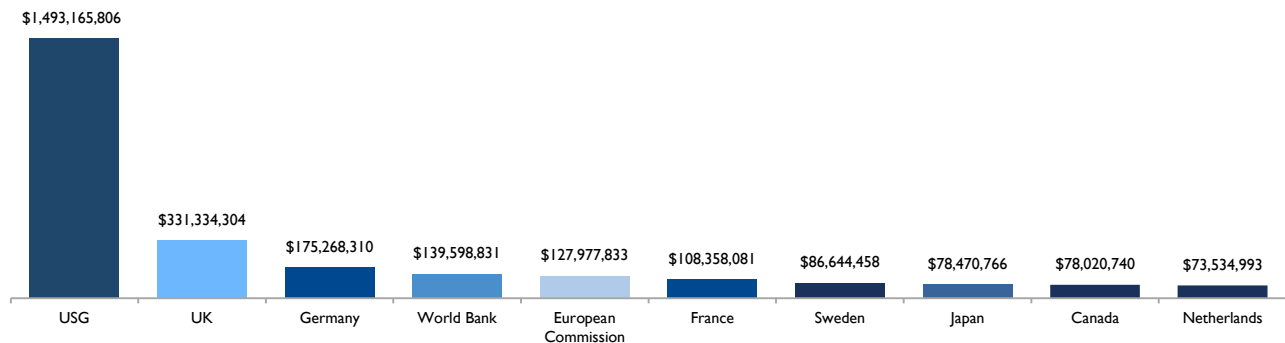
- On April 22, WHO reported that Sierra Leone’s Western Area Urban District—which includes the capital Freetown—confirmed six EVD cases, or half of the country’s 12 cases, in the week of April 13–19. Koinadugu District, which borders Guinea to the north, and Port Loko District each reported one new confirmed case, and Kambia District reported four confirmed cases. The case in Koinadugu is the first confirmed EVD case since mid-March, according to WHO. The National Ebola Response Center (NERC) reports that the new case remains under investigation, with the source of transmission unknown. The Koinadugu District Ebola Response Center had quarantined a number of the confirmed case’s contacts and continues contact tracing and surveillance efforts.
- In early April, the International Medical Corps (IMC) assumed management of the USAID/OFDA-supported holding center in Kambia. In coordination with the Kambia District Ebola Response Center, IMC scaled up the facility’s capacity to treat patients and reopened the site as an ETU on April 13. On April 22, the NERC formally approved the establishment of the Kambia ETU, noting ongoing transmission in the district and highlighting that an ETU within the Kambia community is likely to improve community engagement and cooperation with ongoing EVD response efforts.
- In coordination with the Government of Sierra Leone (GoSL), NGO partners, and other stakeholders, CDC continues to support EVD screening at all points of entry and exit throughout Sierra Leone. At Freetown’s Lungi International Airport, CDC is supporting the International Organization for Migration (IOM) to monitor screening. As of April 10, the program had assessed more than 25,400 travelers, including people arriving to Freetown and departing for other locations, since September. CDC also provided technical assistance to response actors developing maritime standard operating procedures, which includes screening procedures for individuals traveling through Sierra Leone’s seaport.
- USAID/OFDA is supporting the International Rescue Committee (IRC) with \$5.3 million to strengthen IPC capacity in Sierra Leone’s hospitals. In Kono’s Koidu Government Hospital, an IRC IPC mentor is training approximately 300 hospital staff based on the IPC curriculum developed by CDC and the GoSL Ministry of Health and Sanitation. After the staff receive training, IRC plans to shift activities to on-the-job training and IPC supervision. Separately at Koidu, the

USAID/OFDA-supported organization Partners in Health (PiH) is supporting triage and screening at the hospital entrance.

Guinea

- From April 12 to 19, the GoG and WHO reported 21 new confirmed EVD cases—a 25 percent decrease from the 28 cases reported the previous week. With 18 cases, Forécariah Prefecture accounted for 86 percent of all new cases. The capital city of Conakry reported one new confirmed case, compared to six confirmed cases documented the prior week. Coyah and Fria prefectures also reported one new confirmed case each.
- On April 24, prefectural-level GoG authorities and EVD response actors launched a four-day EVD detection and prevention campaign in Coyah. Preliminary reports indicate that approximately 600 teams visited more than 42,400 households. EVD response actors received 23 community death alerts, although none tested positive for EVD. On April 27, the Coyah prefectural-level emergency operations center reported that 43 households refused to speak with the sensitization teams. Despite some minor setbacks, the National Ebola Coordination Cell confirmed effective implementation of the campaign.
- A Guinean court has sentenced 11 people to life in prison for killing members of an EVD response team that was raising awareness of EVD risks in September 2014. The attack, which occurred in Womey, Nzérékoré Prefecture, led to the deaths of eight persons, including two doctors and three journalists, according to an UNMEER report.
- In response to an uptick in community reticence against EVD response actors in Boffa, Boké, and Lola prefectures, WHO Guinea released safety and security guidelines for EVD response actors. The guidelines state that response actors should obtain agreement from local authorities before visiting prefectures, request security elements when travelling in reticent areas, meet the village chief before starting operations, maintain vigilance of personal surroundings at all times, and report security incidents to local authorities, among other directives. The safety protocols come after community members in Boffa attacked Guinean Red Cross staff on April 21, seriously injuring two Guinean Red Cross staff and two local officials, in addition to damaging the only operable ambulance in the prefecture.

2014 & 2015 TOTAL FUNDING FOR THE EBOLA RESPONSE* PER DONOR



* Funding figures are as of April 28, 2015. All international figures are according to the UN Office for the Coordination of Humanitarian Affairs (OCHA) Financial Tracking Service and based on international commitments during 2014 and to date in 2015, while USG figures are according to the USG and reflect USG commitments from FY 2014 and FY 2015, which began on October 1, 2013, and October 1, 2014, respectively.

CONTEXT

- EVD is a severe illness transmitted through direct contact with the blood, bodily fluids, and tissues of infected animals or people. There is currently no cure or preventive vaccine for EVD.
- On August 4, U.S. Ambassador Deborah R. Malac declared a disaster due to the effects of the EVD outbreak in Liberia. U.S. Chargé d’Affaires Kathleen FitzGibbon declared a disaster in Sierra Leone on August 13. On August 15, U.S. Chargé d’Affaires Ervin Massinga declared a disaster in Guinea. U.S. Chargé d’Affaires, a.i, Andrew Young declared a disaster in Mali on November 17.
- The USG deployed a field-based DART on August 5 and established a corresponding Response Management Team (RMT) based in Washington, D.C. The DART—including disaster response and medical experts from USAID and CDC—is working to identify key needs stemming from the EVD outbreak, amplify humanitarian response efforts, and coordinate all USG efforts to support the EVD response.

USG HUMANITARIAN ASSISTANCE TO THE EVD OUTBREAK RESPONSE PROVIDED IN FY 2014 & 2015¹

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
USAID/OFDA²			
REGIONAL			
African Union (AU)	Health	Guinea, Liberia, Sierra Leone	\$10,000,000
CDC	Health	Guinea, Liberia, Sierra Leone	\$3,000,000
UN Children’s Fund (UNICEF)	Health	Guinea, Liberia, Sierra Leone	\$600,000
UN Humanitarian Air Service (UNHAS)	Logistics Support and Relief Commodities	Guinea, Liberia, Sierra Leone	\$250,000
OCHA	Humanitarian Coordination and Information Management	Guinea, Liberia, Sierra Leone	\$2,042,536
USAID/OFDA-Airlifted Relief Commodities	Logistics Support and Relief Commodities	Guinea, Liberia, Sierra Leone	\$19,026,877
Overseas Development Institute (ODI)	Humanitarian Studies, Analysis, or Applications	Guinea, Liberia, Sierra Leone	\$30,011
Tufts University	Humanitarian Studies, Analysis, or Applications	Guinea, Liberia, Sierra Leone	\$558,504
	Program Support		\$6,313,676
LIBERIA			
Action Contre la Faim (ACF)	Health, Protection, Water, Sanitation, and Hygiene (WASH)	Liberia	\$1,013,803
American Refugee Committee (ARC)	Health	Liberia	\$7,633,633
BRAC	Protection	Liberia	\$1,177,902
CARE	Health	Liberia	\$1,652,992
ChildFund	Health, Protection	Liberia	\$3,502,025
Concern	Health, Protection	Liberia	\$6,806,343
Catholic Relief Services (CRS)	Health	Liberia	\$960,447
Global Communities	Health	Liberia	\$32,076,365
GOAL	Health	Liberia	\$4,702,667
Heart to Heart International (HHI)	Health, Protection	Liberia	\$7,001,161

International Federation of Red Cross and Red Crescent Societies (IFRC)	Health	Liberia	\$1,000,000
IMC	Health, Protection	Liberia	\$23,767,075
IOM	Health	Liberia	\$28,048,894
IRC	Health, Protection	Liberia	\$18,456,673
Jhpiego	Health	Liberia	\$2,814,287
John Snow Inc. (JSI)	Health	Liberia	\$3,164,720
Medical Teams International (MTI)	Health	Liberia	\$4,021,836
MENTOR Initiative	Health	Liberia	\$3,926,216
Mercy Corps	Health, Humanitarian Coordination and Information Management	Liberia	\$12,000,000
PiH	Health, Protection	Liberia	\$24,393,170
Plan USA	Health	Liberia	\$1,508,821
Project Concern International (PCI)	Health, Logistics Support and Relief Commodities, Protection	Liberia	\$11,354,485
Samaritan's Purse	Health, Logistics Support and Relief Commodities	Liberia	\$7,782,027
Save the Children/U.S. (SC/US)	Health, Protection, WASH	Liberia	\$8,276,263
U.S. Public Health Service	Health	Liberia	\$4,988,272
UNICEF	Health, Logistics Support and Relief Commodities, Protection, WASH	Liberia	\$54,260,411
Welthungerhilfe (WHH)	Health, WASH	Liberia	\$1,955,645
UN World Food Program (WFP)	Logistics Support and Relief Commodities	Liberia	\$57,277,108
WHO	Logistics Support and Relief Commodities, Health, Protection	Liberia	\$35,000,000
SIERRA LEONE			
CRS	Health	Sierra Leone	\$548,619
Christian Aid	Health, Humanitarian Coordination and Information Management, Logistics Support and Relief Commodities, Protection	Sierra Leone	\$945,690
GOAL	Health, WASH	Sierra Leone	\$2,005,780
IFRC	Health	Sierra Leone	\$13,000,000
IMC	Health, Protection	Sierra Leone	\$5,164,183
IOM	Health	Sierra Leone	\$3,469,410
IRC	Health	Sierra Leone	\$9,688,573
Medair	Health	Sierra Leone	\$2,858,272
Oxfam/Great Britain (Oxfam/GB)	Health	Sierra Leone	\$690,646
PiH	Health, Protection	Sierra Leone	\$7,881,461
UNICEF	Health, Protection, WASH	Sierra Leone	\$16,080,214
WFP	Humanitarian Coordination and Information Management, Logistics Support and Relief Commodities	Sierra Leone	\$20,000,000

WHO	Health	Sierra Leone	\$4,000,000
World Vision	Logistics Support and Relief Commodities	Sierra Leone	\$2,472,525
GUINEA			
CRS	Health	Guinea	\$4,041,621
ChildFund	Health, Protection	Guinea	\$1,500,000
French Red Cross (FRC)	Health	Guinea	\$4,505,445
HC3	Health	Guinea	\$1,000,000
Helen Keller International (HKI)	Health	Guinea	\$1,719,455
Internews	Risk Management Policy and Practice	Guinea	\$799,846
IOM	Logistics Support and Relief Commodities	Guinea	\$12,767,220
IFRC	Health	Guinea	\$2,999,552
IMC	Health	Guinea	\$14,854,760
Jhpiego	Health	Guinea	\$2,400,000
Plan International	Health, WASH	Guinea	\$2,111,738
Relief International (RI)	Health, Logistics Support and Relief Commodities	Guinea	\$4,000,000
SC/US	Health	Guinea	\$1,499,203
Terres Des Hommes	Health, Protection, WASH	Guinea	\$875,000
UNICEF	Protection, WASH	Guinea	\$6,000,400
WFP	Health, WASH	Guinea	\$8,500,000
WHO	Health	Guinea	\$19,626,849
MALI			
CRS	Health	Mali	\$954,122
IMC	Health	Mali	\$2,000,000
IOM	Health	Mali	\$2,033,983
UNICEF	Health	Mali	\$400,000
World Vision	Health	Mali	\$550,646
TOTAL USAID/OFDA ASSISTANCE TO EVD RESPONSE EFFORTS			\$596,290,058
USAID/FFP			
CRS	Food Vouchers	Guinea	\$1,325,443
Mercy Corps	Emergency Food Assistance	Liberia	\$8,970,000
PCI	Cash Transfers, Agricultural Input Vouchers	Liberia	\$8,030,564
Save the Children (SC)	Cash Transfers	Sierra Leone	\$4,384,010
WFP	WFP Regional Emergency Operation	Guinea, Liberia, Sierra Leone	\$34,769,529
TOTAL USAID/FFP ASSISTANCE TO EVD RESPONSE EFFORTS			\$57,479,546

USAID/GH			
Johns Hopkins Center for Communication Programs (JHCCP)	Health	Guinea, Liberia, Sierra Leone; neighboring at-risk countries	\$7,288,500
WHO	Health	Guinea, Liberia, Sierra Leone; neighboring at-risk countries	\$12,787,500
TOTAL USAID/GH ASSISTANCE TO EVD RESPONSE EFFORTS			\$20,076,000
USAID/Liberia			
GoL MoH	Health	Liberia	\$6,600,000
UNICEF	Education	Liberia	\$9,500,000
TOTAL USAID/Liberia ASSISTANCE TO EVD RESPONSE EFFORTS			\$16,100,000
USAID/Guinea			
Jhpiego	Health	Guinea	\$3,482,000
TOTAL USAID/Guinea ASSISTANCE TO EVD RESPONSE EFFORTS			\$3,482,000
DoD			
DoD		Liberia	\$361,655,000
TOTAL DoD ASSISTANCE TO EVD RESPONSE EFFORTS			\$361,655,000
CDC			
CDC	Health	West Africa and USA	\$438,083,202
TOTAL CDC ASSISTANCE TO EVD RESPONSE EFFORTS			\$438,083,202
TOTAL USG ASSISTANCE TO EVD RESPONSE EFFORTS IN FY 2014 & 2015			\$1,493,165,806

¹ Year of funding indicates the date of commitment or obligation, not appropriation, of funds.

PUBLIC DONATION INFORMATION

- The most effective way people can assist relief efforts is by making cash contributions to humanitarian organizations that are conducting relief operations. A list of humanitarian organizations that are accepting cash donations for disaster responses around the world can be found at www.interaction.org.
- USAID encourages cash donations because they allow aid professionals to procure the exact items needed (often in the affected region); reduce the burden on scarce resources (such as transportation routes, staff time, and warehouse space); can be transferred very quickly and without transportation costs; support the economy of the disaster-stricken region; and ensure culturally, dietary, and environmentally appropriate assistance.
- More information can be found at:
 - The Center for International Disaster Information: www.cidi.org or +1.202.821.1999.
 - Information on relief activities of the humanitarian community can be found at www.reliefweb.int.

USAID/OFDA bulletins appear on the USAID website at <http://www.usaid.gov/what-we-do/working-crises-and-conflict/responding-times-crisis/where-we-work>