

WEST AFRICA – EBOLA OUTBREAK

FACT SHEET #10, FISCAL YEAR (FY) 2015

DECEMBER 3, 2014

NUMBERS AT A GLANCE

17,119

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

U.N. World Health Organization (WHO) – December 3, 2014

6,062

Total Number of EVD-Related Deaths
WHO – December 3, 2014

7,635

Total Number of EVD Cases in Liberia*
WHO – December 3, 2014

7,312

Total Number of EVD Cases in Sierra Leone*
WHO – December 3, 2014

2,164

Total Number of EVD Cases in Guinea*
WHO – December 3, 2014

8

Total Number of EVD Cases in Mali*
WHO – December 3, 2014

*Includes laboratory-confirmed, probable, and suspected EVD cases. Numbers are subject to change due to reclassification, retrospective investigation, and availability of laboratory results.

HIGHLIGHTS

- U.N. announces progress against key EVD indicators; cautions that as some geographic areas have experienced significant improvements in the EVD situation, others have seen the rapid acceleration of EVD transmission.
- A World Bank report indicates that the EVD outbreak is significantly affecting the economies of Liberia, Sierra Leone, and Guinea. The World Bank President stresses that the human and economic impact will become more devastating as the outbreak continues.

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

USAID/OFDA ¹	\$349,763,959
USAID/FFP ²	\$34,769,529
USAID/GH ³	\$17,676,000
USAID/Liberia	\$5,000,000
USAID/Guinea	\$3,482,000
DoD ⁴	\$283,300,000
CDC ⁵	\$43,492,000 ⁶

\$737,483,488

USG ASSISTANCE TO THE WEST AFRICA EVD OUTBREAK RESPONSE⁷

KEY DEVELOPMENTS

- At a December 1 press conference marking the first 60 days of the U.N. Mission for Ebola Emergency Response (UNMEER), Special Representative of the Secretary-General (SRSG) and Head of UNMEER Anthony Banbury reported that the extraordinary response to the EVD outbreak in West Africa is beginning to show results. SRSG Banbury reported that the 70 percent targets announced in October—to isolate and provide treatment to 70 percent of EVD cases and perform safe burials for 70 percent of EVD-related deaths—are being met in the vast majority of areas in the three worst-affected countries of Liberia, Sierra Leone, and Guinea. He noted, however, that there are many areas where the targets are not being met, including in Sierra Leone's capital of Freetown. U.N. Special Envoy for Ebola Dr. David Nabarro added that EVD transmission is slowing in some districts while increasing in others, stressing that the global response must continue to be flexible and adapt to the needs on the ground.
- At the UNMEER press conference, SRSG Banbury also noted that UNMEER and its partners would begin applying a district-by-district approach in 62 districts in the three most-affected countries in an effort to tailor EVD interventions to the specific needs and challenges of each area. Mr. Banbury expressed confidence that in another 60 days all three acutely affected countries would be in a better position to fight EVD than they are today.

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 November 26; total includes estimated salaries and benefits and funding from all sources. USAID/OFDA funding to CDC—\$3 million—is not included in this total.

⁷ Total funding figures reflect committed USG humanitarian and development funding to date. This number represents a subset of the total USG effort.

CURRENT SITUATION

- On December 2, the World Bank announced that economic growth estimates in the three countries most affected by the EVD outbreak have been revised sharply downward. According to the World Bank's Ebola Economic Impact Update, the EVD outbreak is projected to result in negative or contracting growth in Liberia, Guinea, and Sierra Leone in 2015. The report also estimates that the total fiscal impact of the crisis will be more than \$500 million in 2014 alone. President of the World Bank Jim Yong Kim urged the international community to support economic recovery and development initiatives in the affected countries concurrent to the immediate health response.

Liberia

- According to WHO, EVD case incidence in Liberia has stabilized over the past five weeks after declining from mid-September through mid-October. Montserrado County, which includes Liberia's capital Monrovia, reported 40 confirmed EVD cases from November 16 through 23—comprising 60 percent of all cases reported in Liberia. For the fourth consecutive week Lofa County, which borders Guinea and Sierra Leone, reported no new EVD cases.
- UNMEER announced on December 1 that Liberia had reached the UNMEER and WHO 60-day targets of isolating 70 percent of suspected EVD cases and safely burying 70 percent of EVD-related deaths. UNMEER representatives report plans to establish new 60-day targets for Liberia, including 100 percent isolation of suspected EVD cases, safe burials for 100 percent of EVD-related deaths, and an increase in the number of EVD cases identified from contact tracing lists.
- USAID/OFDA partner the U.N. Children's Fund (UNICEF) recently opened two field offices in Liberia's Grand Gedeh and Bong counties in an effort to strengthen its field presence, reinforce partner coordination, and identify new partnership opportunities. UNICEF plans to open a third field office in Liberia's Maryland County in the coming weeks. UNICEF recently reported that all EVD-affected counties in Liberia have access to a laboratory for case confirmation within 24 hours of sample collection.
- During the week of November 24, USAID/OFDA partner the International Rescue Committee (IRC) and CDC partner eHealth Africa began training approximately 60 new case investigators in Montserrado County in coordination with CDC, WHO, the Government of Liberia (GoL) Ministry of Health and Social Welfare (MoHSW), the county health team (CHT), and other non-governmental organizations (NGOs). In the coming weeks, the trainees will participate in on-the-job training with current case investigation teams before assuming positions with safe burial teams and in EVD treatment units (ETUs), according to IRC. IRC staff and the CHT recently met with management staff at four ETUs in Montserrado to prepare the facilities to integrate the case investigators into their staff.
- USAID/OFDA partner UNICEF is sponsoring a young women's group in Liberia called "Adolescents Leading the Intense Fight against Ebola", or "A-Life." As of late November, A-Life had reached 4,140 households in Monrovia's urban slum communities with EVD prevention messages. In addition, UNICEF recently trained and deployed more than 200 youth volunteers to 12 counties in Liberia to reach 30,000 people in 145 communities and more than 80 schools, health facilities, and youth centers with messages on active case identification, hygiene promotion, infection prevention and control (IPC), and early warning signs.
- Four IPC teams managed by Medical Teams International (MTI)—a member of the USAID/OFDA-funded IRC-managed NGO consortium—visited 41 health facilities in Montserrado between November 17 and 23 to assess IPC protocols, demonstrate triage procedures and proper use of personal protective equipment (PPE), and provide IPC supplies. MTI distributed essential IPC supplies—such as PPE suits, gloves, masks, and hand sanitizer—to 23 of the facilities visited. To identify IPC gaps and challenges countrywide, USAID/OFDA partner John Snow, Inc. (JSI) organized a two-day workshop on November 27 and 28 to convene all EVD response actors engaged in IPC activities. JSI plans to use the information gathered at the workshop to map IPC activities throughout Liberia to enhance coordination and coverage.

Sierra Leone

- WHO reports that EVD transmission remains intense in Sierra Leone, particularly in northern and western areas of the country, including the capital of Freetown, despite significant international efforts to strengthen coordination mechanisms, scale up treatment capacity, and intensify social mobilization activities. The Government of Sierra Leone (GoSL) has reported that people between 25 and 35 years of age represent the highest number of cases, with females and males equally affected. To supplement response efforts in Sierra Leone, UNMEER recently deployed Field Crisis Managers to each of Sierra Leone's districts to strengthen the coordination of international response efforts at the local level.

- According to U.N. Development Program (UNDP) Administrator Helen Clark, the success of the EVD response in West Africa depends on the health care workers fighting the disease. Administrator Clark highlighted that paying the thousands of EVD response personnel—including treatment unit staff, lab technicians, contact tracers, and burials teams—in a timely fashion is a critical component of response efforts. UNDP reports that it assisted the GoSL with two nationwide payments in November, benefitting more than 12,000 EVD response workers. According to UNDP, efforts are also underway in Liberia and Guinea to reinforce existing payment systems.
- From December 5 to 8, the GoSL Ministry of Health and Sanitation (MoHS) plans to implement the first phase of a mass campaign—targeting 2.4 million people in EVD-affected areas—to distribute anti-malarial pharmaceuticals. The campaign aims to reduce the number of people who become infected with malaria and experience malaria-related fevers. People experiencing malaria, which has symptoms similar to EVD, may be mistakenly isolated as suspected EVD cases—potentially with patients confirmed to have EVD. The MoHS, in cooperation with Médecins Sans Frontières (MSF) and UNICEF, plans to distribute the anti-malarial medications in EVD hotspots in the districts of Bombali, Kambia, Koinadugu, Moyamba, Port Loko, Tonkolili, and in Western Area.
- On November 27, a USAID/OFDA shipment of approximately 30,000 sachets of oral rehydration solution (ORS) arrived at Lungi International Airport in Sierra Leone’s capital of Freetown. USAID/OFDA consigned the sachets to the International Organization for Migration (IOM), which plans to partner with Action Contre la Faim and Oxfam to distribute ORS and other basic supplies—such as chlorine and gloves—to suspected EVD cases awaiting treatment beds.
- On November 28, U.S. Ambassador to Sierra Leone John F. Hoover—along with other high-level USG officials—transferred ownership of 24 multi-purpose vehicles and 29 motorbikes to Sierra Leone’s National Emergency Response Center (NERC). The CDC Foundation—through a donation from Mark Zuckerberg, the founder of Facebook—procured and airlifted the vehicles, which the NERC will use for EVD response activities. The cost of the vehicles and airlift was approximately \$1.6 million, CDC reports.
- The USAID/OFDA-funded, International Medical Corps (IMC)-operated ETU in Lunsar town, Port Loko District, officially opened on December 1. As planned, IMC limited initial intake at the ETU to four confirmed EVD patients, each transported via ambulances dispatched by the Port Loko command and control center. The ETU, which has the capacity to scale up to 60 treatment beds if necessary, will likely begin providing triage services as operations scale up in the coming weeks.
- USAID/OFDA recently provided more than \$4.4 million to IRC in Sierra Leone to carry out IPC activities at non-EVD health care centers. IRC plans to provide IPC training and mentoring to health workers at non-EVD health facilities in an effort to reduce EVD transmission at health facilities. In addition, IRC will carry out awareness-raising activities in EVD-affected areas to inform communities about the importance of continuing to receive health services—such as antenatal and postnatal care, family planning services, and immunizations—within the context of the EVD outbreak.

Guinea

- Although Guinea’s N’Zèrèkorè region remains the epicenter of the EVD outbreak, the Government of Guinea has recorded a significant decline in the number of cases in the area, particularly in Macenta Prefecture. UNICEF attributes the decline in EVD transmission to strong community mobilization efforts; however, community resistance to safe burial practices remains in some areas.
- To date, the U.N. Population Fund (UNFPA), UNICEF, and WHO have set up more than 270 community watch committees (CWCs) throughout Guinea. CWCs are composed of elected community members who volunteer to implement social mobilization activities and refer suspected EVD cases to ETUs and community care centers. The CWC model—considered the backbone of the UNICEF communication for development strategy—equips individual communities to serve as their own advocates in the fight against EVD.
- Following robust efforts by the USG Disaster Assistance Response Team (DART) and relief agencies, UNICEF reports that Guinea currently has sufficient vehicles to meet EVD patient and specimen transport needs. Adding to the nearly 40 ambulances already in Guinea to support EVD response efforts, 100 additional vehicles—procured by the CDC Foundation to augment transportation capacity—arrived in Guinea on December 1.
- Members of the USG Disaster Assistance Response Team (DART), accompanied by USAID/OFDA partner Plan International, travelled to eastern Guinea’s Coyah Prefecture on November 26 to conduct focus groups with women and youth. The DART, Plan International, the Coyah Prefect, and the mayor of Coyah invited community members to share their concerns and questions regarding the EVD outbreak and response. The DART found community acceptance of

EVD and associated response efforts encouraging; however, women in particular underscored concerns regarding stigmatization against EVD survivors.

- USAID/OFDA is supporting five partners to carry out community outreach activities in Guinea, including EVD awareness-raising activities and psychosocial support programs to benefit EVD survivors and families affected by EVD. With more than \$7 million in USAID/OFDA support, the International Federation of Red Cross and Red Crescent Societies (IFRC) in Guinea is carrying out media and house-to-house social mobilization campaigns, reaching more than 1 million people as of November 26. In addition, IFRC has provided psychosocial support services to more than 1,000 people.

Mali

- As of December 3, WHO reports a total of eight EVD cases—one suspected and seven confirmed—in Mali; including six EVD deaths. The Government of Mali (GoM) continues to conduct contact tracing activities, with support from CDC, to track approximately 227 people believed to have come into contact with EVD, according to WHO.
- Mali currently has one operational ETU, located in the capital city of Bamako. The ETU—managed and staffed by MSF/Spain and the GoM Ministry of Health—comprises seven doctors and 15 nurses. MSF/Spain reports that it recently expanded the ETU from 15 to 35 beds, with the capacity to expand to 50 beds, if needed.

PROTECTION

- CDC staff recently met with more than 100 EVD survivors in Monrovia and surrounding areas of Montserrado County to discuss challenges following recovery and discharge from EVD treatment facilities. During a November 28 GoL-led Psychosocial Technical Working Group meeting, representatives of the national survivors' network reported that access to shelter and livelihoods remain challenging due to EVD-related stigmatization. Survivor advocates plan to meet with local leaders to improve EVD awareness and facilitate community acceptance, allowing survivors to return home. In addition, UNICEF is providing employment opportunities for 50 EVD survivors to work with children in interim care centers, ETUs, and holding centers in Liberia for a six-month period. UNICEF is also planning additional psychosocial support activities to begin in 2015.
- The UNICEF-led Family Tracing and Reunification (FTR) network recently reported that 7,050 children have been directly affected by the EVD epidemic in Sierra Leone. Of those, more than 2,750 children have lost one or both parents to EVD, and 371 have become unaccompanied or separated from a caregiver. The FTR network has provided psychosocial support services to more than 3,400 children and united 360 affected children with relatives or foster care.
- On November 20 and 21, a USAID/OFDA protection advisor participated in a regional child protection workshop—hosted by the GoSL MoHS and UNICEF in Freetown—focused on critical issues affecting children and strategies for providing safe and effective child protection interventions in Liberia, Sierra Leone, and Guinea. Protection actors reported a need to collaborate with communities and governments to develop systems that will meet the needs of children during the EVD response and after the emergency is over. Key issues discussed during the workshop included child protection case management, surveillance of asymptomatic children who have had contact with EVD cases, and involvement of EVD survivors in psychosocial support services.

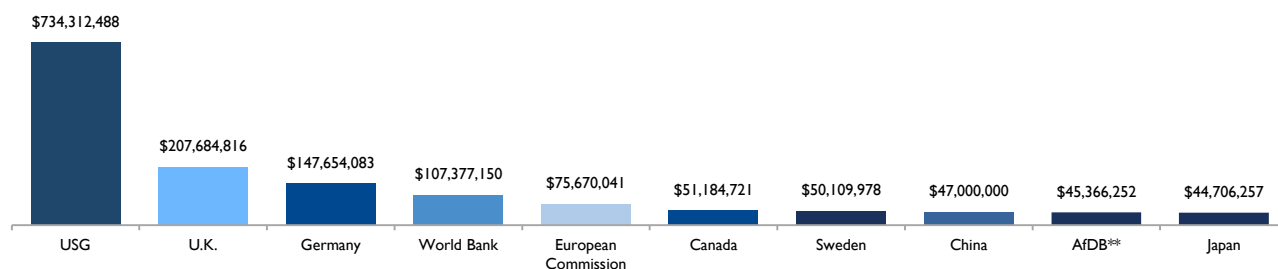
LOGISTICS AND RELIEF COMMODITIES

- Between November 10 and 28, USAID/OFDA airlifted a total of 130,000 PPE sets—including suits, gloves, goggles, hoods, masks, and other equipment—for consignment to WHO in Liberia. DART logistics officers are facilitating the transport of the supplies to the Logistics Cluster hub—led by the U.N. World Food Program (WFP)—near SKD Stadium in Monrovia and the logistics base at Roberts International Airport for onward distribution to health care facilities. The DART is coordinating with the MoH, WFP, WHO, and other U.N. agencies to analyze existing stock and distribute all remaining supplies in Liberia to ensure timely delivery to EVD response actors.
- UNICEF reports that four flights recently arrived in Sierra Leone carrying 142 metric tons (MT) of PPE, medicine, and chlorine for EVD response efforts. As of late November, UNICEF had coordinated 20 flights delivering nearly 1,100 MT of essential supplies.

FOOD SECURITY AND LIVELIHOODS

- Participants at the Food Crises Prevention and Management Network held a special session on food insecurity in EVD-affected countries during a November 18 through 20 meeting in Senegal's capital city of Dakar. The U.N. Food and Agriculture Organization, UNICEF, WFP, and other organizations presented preliminary findings from a recent study that indicated a decrease in food production and demand, disruptions in food markets, deterioration in livelihoods, a decline in household purchasing power, and a risk of worsening nutritional situations in some areas of Liberia, Sierra Leone, and Guinea.

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



* Funding figures are as of December 3, 2014. All international figures are according to the U.N. Office for the Coordination of Humanitarian Affairs (OCHA) Financial Tracking Service and based on international commitments during the 2014 calendar year, 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.

**African Development Bank (AfDB)

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—comprising disaster response and medical experts from USAID/OFDA 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 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
UNICEF	Health	Guinea, Liberia, Sierra Leone	\$600,000

U.N. Humanitarian Air Service (UNHAS)	Logistics Support and Relief Commodities	Guinea, Liberia, Sierra Leone	\$250,000
	Program Support		\$5,571,211
LIBERIA			
American Refugee Committee (ARC)	Health	Liberia	\$7,633,633
BRAC	Protection	Liberia	\$1,177,902
CARE	Health	Liberia	\$1,652,992
Concern	Health, Protection	Liberia	\$6,806,343
Catholic Relief Services (CRS)	Health	Liberia	\$960,447
Global Communities (GC)	Health	Liberia	\$20,768,606
Heart to Heart International (HHI)	Health, Protection	Liberia	\$7,001,161
IFRC	Health	Liberia	\$1,000,000
IMC	Health, Protection	Liberia	\$19,674,298
IOM	Health	Liberia	\$28,048,894
IRC	Health, Protection	Liberia	\$20,434,570
JSI	Health	Liberia	\$3,164,720
MENTOR Initiative	Health	Liberia	\$1,598,314
Mercy Corps	Health, Humanitarian Coordination and Information Management	Liberia	\$12,000,000
Partners in Health (PIH)	Health, Protection	Liberia	\$11,277,896
Plan USA	Health	Liberia	\$1,508,821
Project Concern International (PCI)	Health, Logistics Support and Relief Commodities	Liberia	\$11,354,485
Samaritan's Purse (SP)	Health, Logistics Support and Relief Commodities	Liberia	\$7,782,027
Save the Children (SC)	Health, Protection, Water, Sanitation, and Hygiene (WASH)	Liberia	\$8,276,263
UNICEF	Health, Logistics Support and Relief Commodities, Protection, WASH	Liberia	\$50,767,691
U.N. Office for Project Services (UNOPS)	Logistics Support and Relief Commodities	Liberia	\$6,875,714
Welthungerhilfe (WHH)	Health, WASH	Liberia	\$1,302,322
WFP	Logistics Support and Relief Commodities	Liberia	\$45,008,916
USAID/OFDA-Airlifted Relief Commodities	Logistics Support and Relief Commodities	Liberia	\$13,975,467
SIERRA LEONE			
IFRC	Health	Sierra Leone	\$7,000,000
IMC	Health, Protection	Sierra Leone	\$5,164,183
IRC	Health	Sierra Leone	\$4,400,000
UNICEF	Health, Protection, WASH	Sierra Leone	\$4,084,214
USAID/OFDA-Airlifted Relief Commodities	Logistics Support and Relief Commodities	Sierra Leone	\$15,966

GUINEA			
CRS	Health	Guinea	\$4,041,621
Internews	Humanitarian Coordination and Information Management	Guinea	\$799,846
IFRC	Health	Guinea	\$1,999,552
Plan International	Health	Guinea	\$1,028,074
Relief International (RI)	Health, Logistics Support and Relief Commodities	Guinea	\$4,000,000
SC	Health	Guinea	\$1,499,203
WFP	Health, WASH	Guinea	\$2,500,000
USAID/OFDA-Airlifted Relief Commodities	Logistics Support and Relief Commodities	Guinea	\$3,758,607
TOTAL USAID/OFDA ASSISTANCE TO EVD RESPONSE EFFORTS			\$349,763,959
USAID/FFP			
WFP	WFP Regional Emergency Operation	Guinea, Liberia, Sierra Leone	\$34,769,529
TOTAL USAID/FFP ASSISTANCE TO EVD RESPONSE EFFORTS			\$34,769,529
USAID/GH			
Johns Hopkins Center for Communication Programs (JHCCP)	Health	Guinea, Liberia, Sierra Leone; neighboring at-risk countries	\$4,888,500
WHO	Health	Guinea, Liberia, Sierra Leone; neighboring at-risk countries	\$12,787,500
TOTAL USAID/GH ASSISTANCE TO EVD RESPONSE EFFORTS			\$17,676,000
USAID/Liberia			
GoL MoHSW	Health	Liberia	\$5,000,000
TOTAL USAID/Liberia ASSISTANCE TO EVD RESPONSE EFFORTS			\$5,000,000
USAID/Guinea			
	Planned Health Assistance	Guinea	\$3,482,000
TOTAL USAID/Guinea ASSISTANCE TO EVD RESPONSE EFFORTS			\$3,482,000
DoD			
DoD		Liberia	\$283,300,000
TOTAL DoD ASSISTANCE TO EVD RESPONSE EFFORTS			\$283,300,000
CDC			
CDC	Health	West Africa	\$43,492,000
TOTAL CDC ASSISTANCE TO EVD RESPONSE EFFORTS			\$43,492,000
TOTAL USG ASSISTANCE TO EVD RESPONSE EFFORTS IN FY 2014 & 2015			\$737,483,488

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>