

# WEST AFRICA – EBOLA OUTBREAK

FACT SHEET #12, FISCAL YEAR (FY) 2015

DECEMBER 17, 2014

## NUMBERS AT A GLANCE

**18,569**

Number of Suspected and Confirmed Ebola Virus Disease (EVD) Cases in Acutely Affected Countries\*  
U.N. World Health Organization (WHO) – December 17, 2014

**6,900**

Number of EVD-Related Deaths  
WHO – December 17, 2014

**7,797**

Number of EVD Cases in Liberia\*  
WHO – December 17, 2014

**8,356**

Number of EVD Cases in Sierra Leone\*  
WHO – December 17, 2014

**2,416**

Number of EVD Cases in Guinea\*  
WHO – December 17, 2014

**8**

Number of EVD Cases in Mali\*  
WHO – December 17, 2014

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

## HIGHLIGHTS

- On December 11, Médecins Sans Frontières (MSF) Spain discharged the last confirmed EVD patient in Mali.
- More than 1 million people in Guinea, Liberia, and Sierra Leone may experience severe food insecurity due to the EVD outbreak by March 2015—a 100 percent increase compared to December 2014.
- U.N. Secretary-General (SYG) Ban Ki-moon announced on December 11 the appointment of Ismail Ould Cheikh Ahmed as the incoming U.N. Special Representative of the SYG (SRSG) and Head of U.N. Mission for Ebola Emergency Response (UNMEER).

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

USAID/OFDA <sup>1</sup>	\$365,704,537
USAID/FFP <sup>2</sup>	\$34,769,529
USAID/GH <sup>3</sup>	\$17,676,000
USAID/Liberia	\$5,000,000
USAID/Guinea	\$3,482,000
DoD <sup>4</sup>	\$294,000,000
CDC <sup>5</sup>	\$49,525,000 <sup>6</sup>

**\$770,157,066**

USG ASSISTANCE TO THE WEST AFRICA EVD OUTBREAK RESPONSE<sup>7</sup>

## KEY DEVELOPMENTS

- MSF/Spain discharged the final confirmed EVD case from the EVD treatment unit (ETU) in Mali's capital city of Bamako on December 11. On December 17, the Government of Mali (GoM) announced the completion of the 21-day incubation period for the final 13 persons who authorities had monitored for EVD symptoms.
- The number of suspected EVD cases in Sierra Leone continues to rise, especially in Western Area, where the Government of Sierra Leone (GoSL) and relief agencies launched a surge operation on December 17.
- In Liberia, the number of new EVD cases continues to trend downward. According to the Government of Liberia (GoL), the most pressing clusters are in Bong, Grand Cape Mount, and Sinoe counties.
- CDC reports that more than 13,000 people have completed infection protection and control (IPC) trainings in EVD-affected countries as of December 17. Additionally, USAID/OFDA recently provided \$4 million to WHO to assess quality of care, triage procedures, and IPC measures in EVD facilities in Sierra Leone. Using the assessment results, WHO plans to fill response gaps and work with health care workers to strengthen IPC and triage knowledge.

<sup>1</sup> USAID's Office of U.S. Foreign Disaster Assistance (USAID/OFDA)

<sup>2</sup> USAID's Office of Food for Peace (USAID/FFP)

<sup>3</sup> USAID's Bureau for Global Health (USAID/GH)

<sup>4</sup> U.S. Department of Defense (DoD)

<sup>5</sup> U.S. Centers for Disease Control and Prevention (CDC)

<sup>6</sup> CDC funding as of December 17, 2014; total includes estimated salaries and benefits and funding from all CDC sources. USAID/OFDA funding to CDC of \$3 million and DoD funding to CDC of \$600,000 is not included in this total.

<sup>7</sup> Total funding figures reflect committed USG humanitarian and development funding to date. This number represents a subset of the total United States Government (USG) effort.

## CURRENT SITUATION

- On December 11, SYG Ban announced the appointment of Ismail Ould Cheikh Ahmed as the incoming SRSG and Head of UNMEER, succeeding the current SRSG and Head of UNMEER Anthony Banbury in early January.
- On December 15, the U.N. Security Council (UNSC) extended the mandate of the U.N. Mission in Liberia (UNMIL) for an additional nine months, through September 2015. The UNSC noted that the EVD outbreak in Liberia has slowed government efforts to advance certain governance and national reform priorities, while emphasizing the need for continued progress on these priorities as part of UNMIL's mandate.
- On December 8, Economic Community of West African States (ECOWAS) member states pledged to deploy more than 190 military medical personnel to the West African countries most affected by the EVD outbreak. Over the next six months, the governments of Benin, Burkina Faso, Côte d'Ivoire, Ghana, Guinea-Bissau, Nigeria, Senegal, and Togo each plan to contribute eight military personnel—two medical doctors and six other health care staff—for two-month rotations. In total, each ECOWAS state will provide 24 medical personnel to serve on the regional EVD response during the six-month period.

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### Liberia

- The number of new EVD cases continues to trend downward in Liberia, according to the GoL. The most pressing clusters of cases remain in Bong, Grand Cape Mount, and Sinoe counties, while reports of most cases are primarily from seven counties—Bomi, Bong, Grand Bassa, Grand Cape Mount, Margibi, Montserrado, and Sinoe.
- An increased number of non-EVD patients are seeking care at ETUs, according to relief organizations. Health actors hypothesize that with an absence of basic health care services, Liberians are increasingly attempting to access basic health services through ETUs, further underscoring the need to restore the country's health care system.
- MSF has established a 15-bed isolation and care facility in Quenwein town, Grand Bassa—an active hot spot with 14 confirmed cases between November 20 and December 4, according to CDC. The facility has 10 beds for confirmed cases and five beds for suspected cases. GoL authorities recently identified Quenwein as the most concerning outbreak area countrywide. As of December 10, MSF was treating six confirmed patients and one suspected EVD case.
- USAID/OFDA partner Global Communities reports that two hot spot areas in Bong—Bomota and Taylorta neighborhoods—have experienced a reduction in active cases during recent weeks. In conjunction with the U.N. Children's Fund (UNICEF), Global Communities has distributed approximately 4,000 hygiene kits to more than 20 communities in Bong, including Taylorta.
- Non-governmental organization (NGO) Mercy Corps, with \$12 million in assistance from USAID/OFDA, is supporting EVD social mobilization for affected communities across Liberia. Through USAID/OFDA funding, Mercy Corps partner Women's Campaign International (WCI) will conduct community awareness promotions in Bong, Gbarpolu, Grand Cape Mount, Margibi, Maryland, Nimba, and River Gee counties. WCI and other implementing partners plan to align their efforts with GoL EVD social mobilization efforts, including the "Ebola Must Go!" campaign—developed by CDC's Prevention Risk Communication/Health Promotion Team and partners.
- During the week of December 8, more than 70 African Union (A.U.) health care workers from Nigeria arrived in Liberia to work on the EVD response as a part of CDC's A.U. Field Epidemiology Training Program. The training is part of a broader A.U.–CDC collaboration to strengthen county health teams and improve local capacity for epidemiological activities. Up to 30 Nigerian epidemiologists and an additional 60 health workers from Ethiopia are scheduled to arrive in the coming week; the GoL Ministry of Health plans to assign A.U. personnel to support response activities in EVD-affected areas across Liberia.
- Between December 12 and 15, CDC staff conducted infection prevention and contact tracing training for A.U. health workers. CDC oriented the health workers to field-level response in Liberia, instructed trainers scheduled to teach IPC in non-ETU settings, and provided an overview of general contact tracing processes.

### Sierra Leone

- The number of suspected EVD cases continues to rise in Sierra Leone, especially in Western Area. The GoSL and relief organizations launched a Western Area surge operation on December 17. In advance of the surge in EVD operations, relief actors began engaging with local communities through networks of EVD survivors, volunteers, community and religious leaders, and civil society organizations. For instance, USAID/OFDA partner the International Federation of Red Cross and Red Crescent Societies (IFRC) is providing social mobilization support through house-to-house

campaigns, community outreach activities, and awareness raising efforts. Additionally, CDC staff provided extensive training to district surveillance officers to improve active surveillance of EVD cases. Together, these efforts allow relief organizations to better identify suspected EVD cases, refer cases to treatment facilities, encourage safe burial practices, and support culturally sensitive interventions.

- Relief organizations report that the EVD outbreak and related stigmatization in Sierra Leone has exacerbated vulnerabilities among children, EVD survivors, women, and other vulnerable groups. In response, USAID/OFDA has provided more than \$2.9 million in FY 2014 and FY 2015—or nearly 11 percent of total USAID/OFDA assistance to date in Sierra Leone—to support ongoing standalone protection programs through partnerships with International Medical Corps (IMC) and UNICEF.
- With USAID/OFDA support, IMC is implementing psychosocial support activities in Port Loko District to mitigate the impact of EVD on families, health care workers, and patients throughout the identification, hospitalization, and release or notification of death and burial process. IMC’s activities emphasize alleviating stress, managing potential stigma, and linking survivors to basic services upon release from treatment facilities.
- Throughout Sierra Leone, USAID/OFDA partner UNICEF is enabling survivors to reintegrate into society and become resources for social mobilization efforts in EVD-affected communities. UNICEF is supporting psychosocial services at EVD treatment facilities for approximately 6,000 survivors, coordinating service delivery efforts to ensure basic needs are met for survivors upon release, reuniting separated children with families, restoring livelihoods, and empowering and training survivors to share EVD prevention messages with members of their communities.
- In addition to ongoing support for health care services and IPC in Sierra Leone, USAID/OFDA recently provided \$4 million to WHO to assess quality of care, triage procedures, and IPC measures in EVD facilities. Using the assessment results, WHO will fill response gaps and work with health care workers to strengthen IPC and triage knowledge at the district and facility levels.

## **Guinea**

- While the number of EVD cases in Guinea remains stable, WHO reported 261 new EVD cases between November 28 and December 14. Since late November, reported new EVD cases are concentrated in southwestern and southeastern Guinea—including the capital city of Conakry, as well as Coyah, Macenta, and Nzerekore prefectures.
- CDC Director Dr. Thomas Frieden travelled to Guinea between December 13 and 16 to meet with representatives from the U.S. Embassy in Conakry, the Government of Guinea, implementing partners to the response, CDC, and the National Ebola Coordination Cell.
- In early December, CDC and partners trained more than 260 health care workers in infection control practices. Additionally, CDC and NGO Catholic Relief Services (CRS) trained 41 infection prevention specialists who will serve in medical facilities or provide infection prevention supervision at the prefecture level.
- UNICEF reported on December 9 that it had finished construction of the *centre de transit communautaire* (CTComm) in Kouremale town, Siguiri Prefecture. Overall, UNICEF is currently constructing or rehabilitating 10 CTComms across Guinea, with plans to construct 41 CTComms in total through 2015. Once operational, the CTComms will provide isolation while suspected EVD case specimens are tested in a laboratory; health authorities will subsequently transport positive cases to an ETU. Given their long distances from an ETU, four of the 10 CTComms—Kerouane, Kissidougou, Kouroussa, and Lola—will provide patients with intravenous rehydration to provide early supportive care.

## **Mali**

- MSF/Spain discharged Mali’s final confirmed EVD case from its ETU in Bamako on December 11; no patients remain at the facility. On December 17, the GoM announced that it has released the final 13 people that contact tracers were monitoring for EVD symptoms.
- The GoM is shifting its focus to EVD prevention efforts, such as IPC training, procurement of medical and non-medical equipment for EVD treatment, and logistical support for Mali’s emergency operation center. The GoM and the EVD response community continue to assess prevention needs and other response requirements in Mali given the recent reduction in EVD cases.
- Between December 10–11, IFRC and MSF conducted safe and dignified burial trainings in Bamako for 25 Mali Red Cross volunteers. The volunteers returned to their homes in Bamako and Kayes, Koulikoro, and Sikasso regions, and IFRC plans to call them to serve on burial teams as needed. Currently, no IFRC burial teams are needed in Mali for safe burials of EVD cases.

- With funding from the CDC Foundation, the CDC and High Islamic Council (HIC)—a consortium of 42 religious leaders from across Mali—conductrf workshops in Bamako during the week of December 10 for approximately 1,000 Bamako-based imams. In the workshops, CDC and HIC presented comprehensive information on EVD, as well as information on how funeral rites and burials for deceased persons with EVD can be safe and in accordance with Islamic law. These workshops followed HIC President Mohamoud Dicko’s safe burial address to an estimated 300 imams on December 1.
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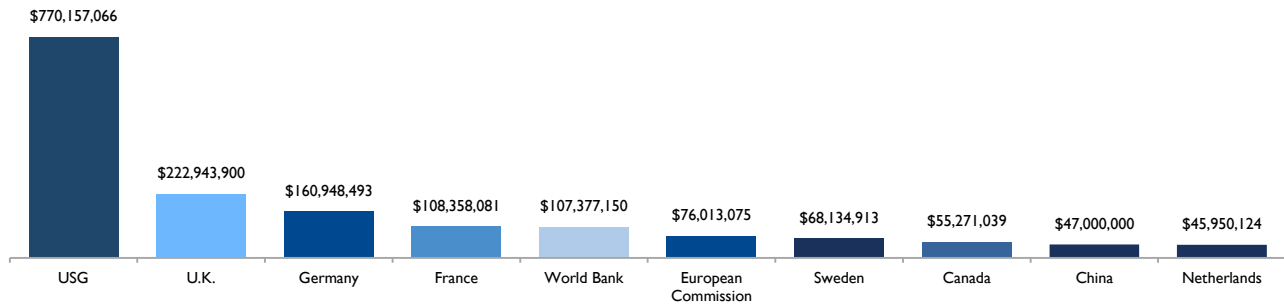
## **LOGISTICS AND RELIEF COMMODITIES**

- To support quality IPC practices and the safety of health care workers, the DoD Logistics Agency provided 36 pallets of personal protective equipment—including 160,000 biohazard bags for medical waste and 560,000 medical gloves—via the USG Disaster Assistance Response Team (DART) to the U.N. World Food Program (WFP), a USG partner in the logistics sector, in mid-December.
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## **FOOD SECURITY AND LIVELIHOODS**

- Approximately 500,000 people in Guinea, Liberia, and Sierra Leone are experiencing severe food insecurity due to the EVD outbreak as of December 2014, according to a recent report by the U.N. Food and Agriculture Organization (FAO) and the WFP. Border closures, quarantines, hunting bans, and other restrictions have hindered people’s access to food—threatening livelihoods, disrupting food markets, and exacerbating crop losses. Lost productivity and income due to EVD-related deaths and illness have further exacerbated the economic situation for households across the region.
- The report projects that more than 1 million people—including approximately 470,000 people in Guinea; 300,000 people in Liberia; and 280,000 people in Sierra Leone—may experience severe food insecurity due to the EVD outbreak by March 2015.
- In response, FAO is providing livelihoods support to approximately 200,000 people in Guinea, Liberia, and Sierra Leone. Recent activities include community campaigns to prevent EVD transmission, expanding savings and loan opportunities, and providing direct financial support for affected communities. Additionally, WFP—with nearly \$35 million in USAID/FFP assistance to date—is supporting the basic food and nutrition needs of EVD-affected communities, providing emergency food assistance to more than 2 million people since the inception of the EVD outbreak. WFP is also providing crucial transport and logistics support, particularly to medical partners, and is building Ebola treatments centres and storage hubs for humanitarian interventions.
- On December 12, WFP distributed one-month emergency food rations to approximately 1,500 non-quarantined households in Sierra Leone’s city of Waterloo, Western Rural District. During the distribution, WFP piloted a new delivery method that incorporates improved health security for beneficiaries via an incrementally distributed ration card system, which discourages large crowds from gathering. Surveillance teams were active during the distribution to isolate any suspected EVD cases. If successful, WFP plans to expand the new system during surge operations in the Western Area.

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



\* Funding figures are as of December 17, 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.

### 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 & 2015<sup>1</sup>

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
<b>USAID/OFDA</b>			
<b>REGIONAL</b>			
A.U.	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
USAID/OFDA-Airlifted Relief Commodities	Logistics Support and Relief Commodities	Guinea, Liberia, Sierra Leone	\$18,981,758
	Program Support		\$5,788,524
<b>LIBERIA</b>			
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

CRS	Health	Liberia	\$960,447
Global Communities	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
International Organization for Migration (IOM)	Health	Liberia	\$28,048,894
International Rescue Committee (IRC)	Health, Protection	Liberia	\$20,434,570
JHPIEGO	Health	Liberia	\$2,814,287
John Snow Inc. (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	Health, Logistics Support and Relief Commodities	Liberia	\$7,782,027
Save the Children/U.S. (SC/US)	Health, Protection, WASH	Liberia	\$8,276,263
UNICEF	Health, Logistics Support and Relief Commodities, Protection, WASH	Liberia	\$50,767,691
Welthungerhilfe (WHH)	Health, WASH	Liberia	\$1,302,322
WFP	Logistics Support and Relief Commodities	Liberia	\$45,008,916
<b>SIERRA LEONE</b>			
IFRC	Health	Sierra Leone	\$7,000,000
IMC	Health, Protection	Sierra Leone	\$5,164,183
IOM	Health	Sierra Leone	\$1,469,410
IRC	Health	Sierra Leone	\$4,400,000
UNICEF	Health, Protection, WASH	Sierra Leone	\$4,084,214
WHO	Health	Sierra Leone	\$4,000,000
<b>GUINEA</b>			
CRS	Health	Guinea	\$4,041,621
ChildFund	Health, Protection	Guinea	\$1,500,000
French Red Cross (FRC)	Health	Guinea	\$4,505,445
Helen Keller International (HKI)	Health	Guinea	\$1,719,455
Internews	Humanitarian Coordination and Information Management	Guinea	\$799,846
IOM	Logistics Support and Relief Commodities	Guinea	\$2,000,000
IFRC	Health	Guinea	\$1,999,552
Plan International	Health	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	WASH	Guinea	\$1,000,000
WFP	Health, WASH	Guinea	\$2,500,000
<b>MALI</b>			
UNICEF	Health	Mali	\$400,000
<b>TOTAL USAID/OFDA ASSISTANCE TO EVD RESPONSE EFFORTS</b>			<b>\$365,704,537</b>
<b>USAID/FFP</b>			
WFP	WFP Regional Emergency Operation	Guinea, Liberia, Sierra Leone	\$34,769,529
<b>TOTAL USAID/FFP ASSISTANCE TO EVD RESPONSE EFFORTS</b>			<b>\$34,769,529</b>
<b>USAID/GH</b>			
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
<b>TOTAL USAID/GH ASSISTANCE TO EVD RESPONSE EFFORTS</b>			<b>\$17,676,000</b>
<b>USAID/Liberia</b>			
GoL Ministry of Health and Social Welfare (MoHSW)	Health	Liberia	\$5,000,000
<b>TOTAL USAID/Liberia ASSISTANCE TO EVD RESPONSE EFFORTS</b>			<b>\$5,000,000</b>
<b>USAID/Guinea</b>			
	Planned Health Assistance	Guinea	\$3,482,000
<b>TOTAL USAID/Guinea ASSISTANCE TO EVD RESPONSE EFFORTS</b>			<b>\$3,482,000</b>
<b>DoD</b>			
DoD		Liberia	\$294,000,000
<b>TOTAL DoD ASSISTANCE TO EVD RESPONSE EFFORTS</b>			<b>\$294,000,000</b>
<b>CDC</b>			
CDC	Health	West Africa	\$49,525,000
<b>TOTAL CDC ASSISTANCE TO EVD RESPONSE EFFORTS</b>			<b>\$49,525,000</b>
<b>TOTAL USG ASSISTANCE TO EVD RESPONSE EFFORTS IN FY 2014 &amp; 2015</b>			<b>\$770,157,066</b>

<sup>1</sup> 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](http://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](http://www.cidi.org) or +1.202.821.1999.
  - Information on relief activities of the humanitarian community can be found at [www.reliefweb.int](http://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>