



West Africa – Ebola Outbreak

FACT SHEET #4, FISCAL YEAR (FY) 2016

NOVEMBER 20, 2015

NUMBERS AT A GLANCE

28,598

Number of Suspected, Probable, and Confirmed EVD Cases to Date in Acutely Affected Countries[†]

WHO - November 20, 2015

11,299

Number of Suspected, Probable, and Confirmed EVD-Related Deaths to Date in Acutely Affected Countries[†]

WHO - November 20, 2015

8,704

Number of Confirmed EVD Cases to Date in Sierra Leone*†

WHO - November 6, 2015

3,157

Number of Confirmed EVD Cases to Date in Liberia*†

WHO - November 20, 2015

3,351

Number of Confirmed EVD Cases to Date in Guinea*†

WHO - November 20, 2015

- * Does not include probable and suspected EVD cases.
- † Figures are subject to change due to reclassification, retrospective investigation, and availability of laboratory results.

HIGHLIGHTS

- WHO declares the end of the EVD outbreak in Sierra Leone
- GoL reports new confirmed cases of EVD
- Guinea completes two consecutive weeks without a new case
- Survivor support high priority for UN Special Envoy for Ebola

USG HUMANITARIAN ASSISTANCE TO EVD OUTBREAK RESPONSE

TO DATE IN FY 2014, 2015, & 2016

USAID/OFDA1	\$ 772,452,943
USAID/FFP ²	\$ 127,070,933
OSAID/ITI	Ψ 127,070,733
USAID/GH ³	\$20,076,000
LICAID/III.	#14 100 000
USAID/Liberia	\$16,100,000
USAID/Guinea	\$3,482,000
Co, up, Camea	ψ5, 102,000
DoD ⁴	\$ 631,758,6255
CDC4	# 702 L/2 47479
CDC6	\$ 793,163,474 ^{7,8}

\$2,364,103,975

USG ASSISTANCE TO THE WEST AFRICA EVD OUTBREAK RESPONSE?

KEY DEVELOPMENTS

- On November 7, the UN World Health Organization (WHO) declared the end of the Ebola Virus Disease (EVD) outbreak in Sierra Leone, following 42 days since the last confirmed patient tested negative after surviving the disease and was discharged from care. During the outbreak in Sierra Leone, more than 8,700 people contracted the virus, with nearly 3,590 succumbing to the disease, including 221 health care workers, according to WHO.
- The Government of Liberia (GoL) reported a new confirmed case of EVD on November 19
 —a 10-year-old child from the capital city of Monrovia and the first confirmed patient since
 July 12. Subsequently, two of the child's family members tested positive for EVD.
 Previously, WHO had declared Liberia free of EVD on May 9 and September 3 when the
 country had twice passed 42 days without new cases.

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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 DoD figures represent estimated obligations as of August 31, 2015.

⁶ U.S. Centers for Disease Control and Prevention (CDC)

⁷ In FY 2014, CDC obligated \$17,439,000 to the West Africa EVD response, utilizing internal CDC operational resources. In FY 2015, CDC obligated \$763,561,781 of which approximately \$280,855,373 supported activities outside the United States and \$429,973,088 supported activities inside the U.S. The FY 2015 total includes actual obligations from all CDC sources, including estimated salaries and benefits from the Continuing Resolution (CR) period, which concluded in mid-December. In FY 2015, prior to receiving omnibus appropriations in mid-December, CDC funded response activities using a combination of internal CDC operational resources and CR funds. These obligations totaled about \$52.7 million and supported all program-related costs, including both domestic and international activities. As of November 16, 2015, CDC has obligated \$12,162,693 in FY 2016, approximately \$8,961,476 supports activities outside the U.S. and \$3,201,217 supports activities inside the U.S. The FY 2016 total includes actual obligations from CDC's Ebola Response appropriation.

⁸ The CDC funding total does not include funding from other sources such as USAID/OFDA and DoD.

⁹Total funding figure includes committed U.S. Government (USG) humanitarian and development funding to date, as well as CDC's combined contribution to the international and domestic EVD response. This number represents a subset of the total USG effort to respond to the ongoing EVD outbreak.

Regional

 On November 18, UN Special Envoy for Ebola Dr. David Nabarro cautioned that while recent progress in the regional EVD response was encouraging, the response was not complete. Dr. Nabarro underscored the importance of Sierra Leone's 90-day period of heightened surveillance following the formal end of the outbreak in the country. He noted that a current high priority is survivors' needs, especially social stigma and residual medical issues that survivors confront. The Special Envoy emphasized the need for a comprehensive response package supporting safe sex practices while offering survivors medical care.

Liberia

- The GoL confirmed a new case of EVD on November 19—the first case in the country since July. The GoL Minister of Health reported that the patient is a 10-year-old child from the Paynesville neighborhood of Monrovia. On November 20, authorities announced that two members of the child's immediate family had also tested positive for the virus. The EVD-positive patients are currently receiving care at a GoL-managed EVD treatment unit (ETU) in Monrovia—staff from CDC and WHO are working with Liberian health staff to ensure the ETU is prepared to manage cases. Health responders have identified and isolated high-risk contacts, including the patient's other family members. The GoL has activated the national-level incident management system, and tracers are identifying contacts to begin monitoring for symptoms, according to USG staff in Liberia.
- On November 6, representatives from the USG Disaster Assistance Response Team (DART) attended a
 decommissioning ceremony of the USAID/OFDA-supported ETU in Sinje town, Grand Cape Mount County. Managed
 by the International Organization for Migration (IOM), the Sinje ETU was operational from December 29, 2014, to
 September 30, 2015, and treated 31 patients. Additionally, with USAID/OFDA support, IOM operated an adjunct
 mobile clinic, which screened approximately 6,500 individuals for possible EVD symptoms between April and
 November.
- From November 10 to 11, the GoL piloted an epidemic preparedness- and response-planning workshop in Lofa County. Workshop participants—Lofa County Health Team members, the county superintendent, hospital medical directors, and WHO representatives, among others—drafted a plan outlining preparedness efforts and response activities in the event of potential EVD or other infectious disease epidemics. The plan assigned specific responsibilities to District and County Health Team staff and established protocols for communities and health facilities to communicate with district and county health teams. As part of the workshop, participants assessed Lofa's existing resources and preparedness level, identifying gaps in response capacity. The workshop is part of ongoing GoL efforts to bolster infectious disease preparedness and response capacity at the county and national level. Once each county has completed a workshop, the GoL plans to integrate results into a national epidemic preparedness and response strategy.

Sierra Leone

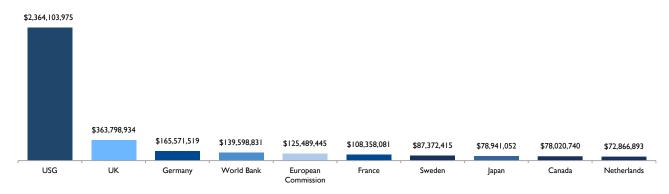
- Despite WHO declaring the formal end of the outbreak on November 7—the first confirmed case was recorded on May 24, 2014—EVD response actors caution that Sierra Leone remains at risk for potential cases given factors such as the endemic animal reservoir, potential sexual transmission among survivors, and ongoing transmission in the region. Accordingly, Sierra Leonean President Ernest Bai Koroma endorsed a WHO recommendation to undertake a 90-day period of heightened surveillance starting November 8. Sierra Leone's National Ebola Response Center (NERC) has instructed the Surveillance Pillar—the national body responsible for designing, implementing, and monitoring EVD surveillance activities—to draft a list of prioritized activities for the surveillance period.
- In parallel to the period of heightened surveillance, the Government of Sierra Leone (GoSL) will continue the transition
 from an emergency response to post-outbreak recovery. As part of the process, the NERC will stand down on
 December 31, with GoSL agencies assuming responsibility for strategic direction and coordination of national and public
 health emergencies.

• On November 15, DART members attended a ceremony marking the closure of the USAID/OFDA-supported ETU in Lunsar town, Port Loko District. The ETU ceased operating on November 7. Between December 1, 2014, and November 7, 2015, the Lunsar ETU screened more than 550 individuals and confirmed nearly 100 EVD cases.

Guinea

- The Government of Guinea (GoG) last reported a new confirmed case of EVD on October 29—an infant from Forécariah Prefecture. On November 17, the infant tested negative for EVD, making Guinea free of active EVD cases, according to WHO. Since WHO declares the end of an EVD outbreak once a country is free of all cases and subsequently passes 42 consecutive days without a new confirmed case, Guinea began its 42-day period on November 17.
- The final 69 remaining contacts of known cases in Guinea—all from the Kaliah sub-district of Forécariah—graduated from a 21-day monitoring period on November 14, marking the first time since the start of the outbreak that Guinea had no contacts under observation.
- The GoG has identified survivor assistance—medical care, psychosocial support, economic assistance, and social reintegration—as one of four national priorities for Phase 3 of Guinea's EVD response. In conjunction with completing a strategic national plan, the GoG—in coordination with the UN Office for the Coordination of Humanitarian Affairs (OCHA) and WHO—is identifying partners engaged in or planning to conduct survivor-related activities. Current programs include follow-up medical care for survivors, provided by the Alliance for International Medical Action (ALIMA). ALIMA is currently providing free health care to more than 100 survivors in Beyla, Lola, Nzérékoré, and Yomou prefectures.

2014, 2015, & 2016 TOTAL FUNDING FOR THE EBOLA RESPONSE* PER DONOR



^{*} Funding figures as of November 20, 2015. All international figures are according to the 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, FY 2015, and FY 2016, which began on October 1, 2013, October 1, 2014, and October 1, 2015, respectively.

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
	USAID/OFD	\mathbf{A}^2	
	REGIONAL		
African Union (AU)	Health	Guinea, Liberia, Sierra Leone	\$10,000,000
CDC	Health	Guinea, Liberia, Sierra Leone	\$3,000,000
iMMAP	Humanitarian Coordination and Information Management	Guinea, Guinea-Bissau, Liberia, Mali, Sierra Leone	\$385,990
UN Children's Fund (UNICEF)	Health, Protection	Guinea, Liberia, Sierra Leone	\$1,100,000
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	\$4,042,536
USAID/OFDA-Airlifted Relief Commodities	Logistics Support and Relief Commodities	Guinea, Liberia, Sierra Leone	\$19,026,877
Overseas Development Institute	Humanitarian Studies, Analysis, or Applications	Guinea, Liberia, Sierra Leone	\$30,011
Tufts University	Humanitarian Studies, Analysis, or Applications	Guinea, Liberia, Sierra Leone	\$558,504
WHO	Health, Humanitarian Coordination and Information Management	Guinea, Liberia, Sierra Leone	\$477,712
	Program Support		\$8,647,095
	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	\$34,039,820
GOAL	Health	Liberia	\$7,281,500
Heart to Heart International (HHI)	Health, Protection	Liberia	\$5,055,260
International Federation of Red Cross and Red Crescent Societies (IFRC)	Health	Liberia	\$1,000,000
International Medical Corps (IMC)	Health, Protection	Liberia	\$34,619,248
IOM	Health, Protection, WASH	Liberia	\$39,021,886
International Rescue Committee (IRC)	Health, Protection	Liberia	\$24,309,454
Jhpiego	Health	Liberia	\$2,814,287
John Snow Inc. (JSI)	Health	Liberia	\$7,233,653
Medical Teams International (MTI)	Health	Liberia	\$4,702,901
MENTOR Initiative	Health	Liberia	\$3,926,216
Mercy Corps	Health, Humanitarian Coordination and Information Management	Liberia	\$24,000,000
Partners in Health (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	\$10,634,196

USAID/OFDA-Supported Non-Medical ETU Management Contracts	Health	Liberia	\$75,147,354
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 LEON	IE	
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, WASH	Sierra Leone	\$13,376,573
IOM	Health	Sierra Leone	\$6,599,410
IRC	Health	Sierra Leone	\$17,787,459
Medair	Health	Sierra Leone	\$5,349,216
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	\$12,000,000
World Vision	Logistics Support and Relief Commodities	Sierra Leone	\$2,472,525
	GUINEA		
Accion Contra el Hambre/Spain	Health	Guinea	\$1,681,043
CECI	Logistics Support and Relief Commodities, Health	Guinea	\$1,404,928
CRS	Health, WASH	Guinea	\$5,887,626
ChildFund	Health, Protection	Guinea	\$1,500,000
Danish Refugee Council	Risk Management Policy and Practice, WASH	Guinea	\$750,000
French Red Cross (FRC)	Health	Guinea	\$4,505,445
HC3	Health	Guinea	\$114,850
Helen Keller International (HKI)	Health	Guinea	\$1,719,455

Internews	Risk Management Policy and Practice	Guinea	\$1,999,846
IOM	Logistics Support and Relief Commodities	Guinea	\$12,767,220
IFRC	Health	Guinea	\$5,999,552
IMC	Health	Guinea	\$14,854,760
Jhpiego	Health	Guinea	\$2,400,000
Plan International	Health, WASH	Guinea	\$2,111,738
Premier Urgence	Health, WASH	Guinea	\$1,295,000
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	\$10,555,447
Women and Health Alliance International (WAHA)	Health	Guinea	\$749,936
WFP	Health, WASH	Guinea	\$8,500,000
WHO	Health	Guinea	\$19,626,849
	GUINEA-BISSA	U	
IOM	Health	Guinea-Bissau	\$407,117
	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 ASSISTANC	E TO EVD RESPONSE EFFORTS		\$772,452,943
	USAID/FFP		
ACDI/VOCA	Cash Transfers, Agricultural Input Vouchers	Liberia	\$8,999,973
ACDI/VOCA	Cash Transfers, Agricultural Input Vouchers	Sierra Leone	\$9,000,000
CARE	Cash Transfers	Sierra Leone	\$2,769,546
CRS	Food Vouchers	Guinea	\$3,252,935
CRS	Cash Transfers	Sierra Leone	\$2,462,296
Famine Early Warning Systems Network (FEWS NET)	Food Security, Market, and Livelihood Monitoring, Analysis and Reporting	Guinea, Liberia, Sierra Leone	\$2,865,965
Mercy Corps	Cash Transfers, Agricultural Input Vouchers	Liberia	\$8,970,000
PCI	Cash Transfers, Agricultural Input Vouchers, Cash-for-Work	Liberia	\$8,030,564

UNICEF	In-Kind Food Assistance	_	
UNICEF		Guinea	\$3,494,546
	In-Kind Food Assistance	Liberia	\$1,013,502
UNICEF	In-Kind Food Assistance	Sierra Leone	\$1,703,244
Save the Children (SC)	Cash Transfers, Agricultural Input Vouchers	Liberia	\$4,574,526
SC	Cash Transfers	Sierra Leone	\$4,384,010
WFP	In-Kind Food Assistance to EVD- Affected Ivorian Refugees: Title II and Local and Regional Procurement	Liberia	\$8,921,600
WFP	Assistance for EVD-Affected Ivorian Returnees from Liberia: Cash Transfers, Local and Regional Procurement	Cote d'Ivoire	\$3,650,000
WFP	WFP School Feeding Operation	Guinea	\$7,182,907
WFP	WFP School Feeding Operation	Liberia	\$7,370,323
WFP	WFP Regional Emergency Operation	Guinea	\$8,772,002
WFP	WFP Regional Emergency Operation	Liberia	\$12,633,568
WFP	WFP Regional Emergency Operation	Sierra Leone	\$13,433,659
World Vision	Cash Transfers, Agricultural Input Vouchers	Sierra Leone	\$3,585,767
TOTAL USAID/FFP ASSISTANCE	TO EVD RESPONSE EFFORTS		\$127,070,933
	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
TOTAL USAID/GH ASSISTANCE	TO EVD RESPONSE EFFORTS USAID/Liberia	1	\$20,076,000
TOTAL USAID/GH ASSISTANCE GoL Ministry of Health		1 Liberia	\$20,076,000 \$6,600,000
	USAID/Liberia		
GoL Ministry of Health UNICEF	USAID/Liberia Health	Liberia	\$6,600,000
GoL Ministry of Health UNICEF	USAID/Liberia Health Education	Liberia Liberia	\$6,600,000 \$9,500,000
GoL Ministry of Health UNICEF	USAID/Liberia Health Education ICE TO EVD RESPONSE EFFORTS	Liberia Liberia	\$6,600,000 \$9,500,000
GoL Ministry of Health UNICEF TOTAL USAID/Liberia ASSISTAN Jhpiego	USAID/Liberia Health Education ICE TO EVD RESPONSE EFFORTS USAID/Guinea	Liberia Liberia	\$6,600,000 \$9,500,000 \$16,100,000
GoL Ministry of Health UNICEF TOTAL USAID/Liberia ASSISTAN Jhpiego	USAID/Liberia Health Education ICE TO EVD RESPONSE EFFORTS USAID/Guinea Health	Liberia Liberia	\$6,600,000 \$9,500,000 \$16,100,000 \$3,482,000
GoL Ministry of Health UNICEF TOTAL USAID/Liberia ASSISTAN Jhpiego	USAID/Liberia Health Education ICE TO EVD RESPONSE EFFORTS USAID/Guinea Health ICE TO EVD RESPONSE EFFORTS	Liberia Liberia	\$6,600,000 \$9,500,000 \$16,100,000 \$3,482,000
GoL Ministry of Health UNICEF TOTAL USAID/Liberia ASSISTAN Jhpiego TOTAL USAID/Guinea ASSISTAN	USAID/Liberia Health Education ICE TO EVD RESPONSE EFFORTS USAID/Guinea Health ICE TO EVD RESPONSE EFFORTS DoD	Liberia Liberia Guinea	\$6,600,000 \$9,500,000 \$16,100,000 \$3,482,000 \$3,482,000
GoL Ministry of Health UNICEF TOTAL USAID/Liberia ASSISTAN Jhpiego TOTAL USAID/Guinea ASSISTAN DoD	USAID/Liberia Health Education ICE TO EVD RESPONSE EFFORTS USAID/Guinea Health ICE TO EVD RESPONSE EFFORTS DoD	Liberia Liberia Guinea	\$6,600,000 \$9,500,000 \$16,100,000 \$3,482,000 \$3,482,000
GoL Ministry of Health UNICEF TOTAL USAID/Liberia ASSISTAN Jhpiego TOTAL USAID/Guinea ASSISTAN DoD	USAID/Liberia Health Education ICE TO EVD RESPONSE EFFORTS USAID/Guinea Health ICE TO EVD RESPONSE EFFORTS DoD	Liberia Liberia Guinea	\$6,600,000 \$9,500,000 \$16,100,000 \$3,482,000 \$3,482,000
GoL Ministry of Health UNICEF TOTAL USAID/Liberia ASSISTAN Jhpiego TOTAL USAID/Guinea ASSISTAN DoD TOTAL DoD ASSISTANCE TO EX	Health Education ICE TO EVD RESPONSE EFFORTS USAID/Guinea Health ICE TO EVD RESPONSE EFFORTS DoD VD RESPONSE EFFORTS CDC Health	Liberia Liberia Guinea Liberia	\$6,600,000 \$9,500,000 \$16,100,000 \$3,482,000 \$3,482,000 \$631,758,625 \$631,758,625

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 licensed or approved treatment available for EVD other than supportive care. Experimental therapies are under development, but have not yet been fully tested for safety or effectiveness.
- On October 2, 2015, U.S. Ambassador John F. Hoover re-declared a disaster in Sierra Leone. U.S. Ambassador Deborah R. Malac re-declared a disaster due to the continued effects of the EVD outbreak in Liberia on October 5.
 On October 5, U.S. Ambassador Alexander M. Laskaris re-declared a disaster in Guinea. U.S. Chargé d'Affaires, a.i., Andrew Young declared a disaster in Mali on November 17, 2014.
- The USG deployed a field-based DART on August 5, 2014, and established a corresponding Response Management
 Team based in Washington, D.C. The DART—including disaster response and medical experts from USAID and
 CDC—continues working to identify key needs stemming from the EVD outbreak, amplify humanitarian response
 efforts, and coordinate all USG efforts to support the EVD response.

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:
 - USAID 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.

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

² Decreases in total USAID/OFDA assistance for EVD response efforts reflect adjustments in programmatic funding due to improved humanitarian conditions and a reduction in EVD case totals throughout the West African region.