

WEST AFRICA – EBOLA OUTBREAK

FACT SHEET #45, FISCAL YEAR (FY) 2015

SEPTEMBER 11, 2015

NUMBERS AT A GLANCE

28,164

Number of Suspected, Probable, and Confirmed EVD Cases in Acutely Affected Countries†
WHO – September 11, 2015

11,291

Number of Suspected, Probable, and Confirmed EVD-Related Deaths in Acutely Affected Countries†
WHO – September 11, 2015

8,703

Number of Confirmed EVD Cases in Sierra Leone*†
WHO – September 11, 2015

3,157

Number of Confirmed EVD Cases in Liberia*†
WHO – September 11, 2015

3,338

Number of Confirmed EVD Cases in Guinea*†
WHO – September 11, 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

- Liberia declared free of EVD transmission; enters 90-day period of heightened surveillance
- Weekly caseload remains low across the region; WHO notes potential for short-term increases in EVD case incidence
- EVD vaccine made available to eligible contacts of confirmed EVD cases in Guinea and Sierra Leone

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

USAID/OFDA ¹	\$770,773,425
USAID/FFP ²	\$124,713,067
USAID/GH ³	\$20,076,000
USAID/Liberia	\$16,100,000
USAID/Guinea	\$3,482,000
DoD ⁴	\$429,947,000
CDC ⁵	\$639,039,933 ^{6,7}
\$2,004,131,425	
USG ASSISTANCE TO THE WEST AFRICA EVD OUTBREAK RESPONSE ⁸	

KEY DEVELOPMENTS

- On September 3, the UN World Health Organization (WHO) declared Liberia free of Ebola Virus Disease (EVD) transmission for the second time, 42 days after the last case from the Margibi County cluster was released from treatment following two EVD-negative tests. The Government of Liberia (GoL) Ministry of Health (MoH) and response partners, including USAID/OFDA, continue efforts to improve Liberia's EVD surveillance and response systems as the country focuses on integrating public health disease response into Liberia's routine health care system.
- After more than 20 days with no new EVD cases, the Government of Sierra Leone (GoSL) Ministry of Health and Sanitation (MoHS) confirmed an EVD-positive case in Tonko Limba Chiefdom, Kambia District. The individual, a woman of approximately 60 years, became symptomatic as early as August 23 and died on August 28; a post-mortem swab the following day confirmed that she was EVD-positive. As of September 10, National Ebola Response Center (NERC) reports indicated that the August 29 index case had resulted in five subsequent EVD cases in Kambia.

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 In FY 2014, CDC obligated \$17,439,000 to the West Africa EVD response, utilizing internal CDC operational resources. Of the \$621,600,933 that CDC has thus far obligated in FY 2015 as of September 7, approximately \$175,985,752 supports activities outside the United States and \$393,621,104 supports 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. The CR obligations, as well as internal CDC operational resources, used during the CR period are not available to be categorized as domestic or international.

⁷ The CDC funding total does not include funding from other sources such as USAID/OFDA and DoD.

⁸ Total 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

- During the week of August 31–September 6, WHO reported two new confirmed EVD cases in the West African region, including one in Guinea and one in Sierra Leone. Both cases were high-risk contacts of EVD cases confirmed during the previous two weeks. As of September 9, WHO reported that three chains of transmission remained active in the region—two in Guinea’s Conakry and Dubréka prefectures and one in Kambia.
- As of September 6, EVD response actors had identified approximately 1,300 contacts in Guinea and Sierra Leone, reflecting a significant increase from an estimated 450 contacts under observation as of August 30. The increase is due in large part to the EVD-positive community death identified in Kambia on August 29, which generated nearly 1,000 contacts, including approximately 40 high-risk contacts, according to WHO.
- The WHO-led EVD ring vaccination trial was recently extended to include primary and secondary contacts in Sierra Leone, WHO reports. As of August 31, the GoG and WHO had vaccinated an estimated 4,880 contacts across Guinea, according to the UN.

Liberia

- On September 3, WHO re-declared Liberia free of EVD transmission, marking the start of a 90-day period of heightened surveillance in the country. EVD response actors, including USAID/OFDA partners, are working to ensure continued post-mortem swabs and increased laboratory capacity during this 90-day period.
- During a press conference on the WHO declaration, the MoH highlighted the need for Liberia to recognize EVD as an endemic disease and continue prevention, surveillance, and response preparedness efforts following the completion of a 90-day heightened surveillance period. The GoL MoH also announced that 28 public health care facilities are scheduled to receive infrastructure upgrades in the coming months—including permanent triage and isolation structures constructed by the UN Office for Project Services, scheduled for completion by April 2016.
- From August 25–28, 60 national public health practitioners received training on Liberia’s integrated disease surveillance and response system, as well as community-event based surveillance, a strategy that engages communities to identify and report suspected EVD cases to rapidly stop new EVD transmission chains. With USAID/OFDA funding, WHO provided both financial and technical assistance for the training, which included representatives from at least six USAID/OFDA partner organizations, as well as the GoL MoH, non-governmental organizations, and UN agencies.
- On September 4, response partners—including the USG Disaster Assistance Response Team (DART), CDC, the International Federation of Red Cross and Red Crescent Societies (IFRC), the UN Development Program, the UN Population Fund (UNFPA), the UN Children’s Fund (UNICEF), the UN World Food Program (WFP), and WHO—met to discuss Liberia’s continued implementation of the WHO Phase 3 strategy. Liberia’s current focus is on the second objective of Phase 3: to identify and manage residual risks resulting from the EVD outbreak. The objective’s three pillars include adapting the alert management system to improve compliance and thereby strengthen surveillance, sustaining rapid response capacity, and providing survivor engagement and support.
- USAID/OFDA partner PAE formally concluded EVD response operations in Liberia on August 31, following the decommissioning of all PAE-supported EVD treatment units (ETUs), asset disposition, and staff demobilization. Since October 2014, USAID/OFDA funding supported PAE to conduct clinical and non-clinical management of 10 ETUs throughout the country.
- On August 26, USAID/OFDA partner the International Organization for Migration (IOM) handed the Tubmanburg ETU in Liberia’s Bomi County over to the Bomi County Health Team (CHT), which plans to use the decontaminated ETU structure as a local training center. IOM subsequently transferred all ETU assets—including generators, water pumps, and tents procured by the DoD—to the CHT. As of August 31, IOM had also completed handover of the decommissioned Buchanan ETU and DoD- and IOM-procured assets to the CHT in Grand Bassa County.
- Per GoL MoH guidelines, Liberia’s four remaining USAID/OFDA-supported ETUs—including the IOM-operated Sinje ETU in Grand Cape Mount County—will remain open until on or about September 30, after which they will be decommissioned. USAID/OFDA partners continue to work with MoH officials, CHTs, and other health actors to ensure that each county has the capacity to safely triage, isolate, and refer suspected EVD cases in the absence of an

ETU. To date, the MoH has identified four primary hospitals for future EVD referrals in Bomi, Bong, Lofa, and River Gee counties. The MoH plans to identify a fifth EVD referral hospital in Nimba County in the coming weeks.

- According to the USAID-funded Famine Early Warning Systems Network (FEWS NET), at least 20 percent of the population across the three EVD-affected countries are expected to face Stressed—IPC Phase 2—levels of food insecurity through September 2015 due to a prolonged lean season caused by below-average food availability and household purchasing power.⁹
- In late August, USAID/FFP supported Save the Children (SC) with nearly \$4.6 million to provide cash transfers to an estimated 25,000 EVD-affected individuals in Liberia’s Bong and Margibi counties during the 2015 and 2016 lean seasons. USAID/FFP funding will also support livelihood recovery for 4,000 farming households through the provision of agricultural inputs in February and March 2016, prior to the planting season.

Sierra Leone

- The MoHS reported one new EVD case during the week ending September 6. The new case was the first to emerge in connection to the post-mortem EVD confirmation in Kambia District on August 29. The individual was under quarantine in Sella village, Tonko Limba chiefdom, when she became symptomatic on September 3. Health care workers transferred the patient to the USAID/OFDA-supported International Medical Corps (IMC) ETU in Kambia town, Kambia, where lab results confirmed that the patient was EVD positive on September 4. From September 8–10, the NERC reported four additional EVD cases in Kambia, bringing the total number of cases in the current cluster to six.
- As of September 7, the Kambia District Ebola Response Center (DERC) had quarantined approximately 850 people—including 44 high-risk contacts—in connection to the August 29 index case. UNICEF and WFP are providing food and water to quarantined households, while the DERC is implementing an agricultural livelihood support project to mitigate the quarantine’s impact on the harvest season.
- The GoSL MoHS and GoSL Ministry of Social Welfare, Gender, and Children’s Affairs (MSWGCA)—with support from survivor advocacy groups, UNICEF, and WHO—have developed a strategy to provide Sierra Leone’s more than 4,000 EVD survivors with specialized clinical care, nutrition, social protection, and psychosocial services, as well as water, sanitation, and hygiene support. The strategy aims to deliver a standardized package of services to every survivor, beginning from the confirmation of diagnosis and continuing through convalescence. Under the framework, the MoHS and MSWGCA are responsible for training health care and psychosocial support personnel to provide specialized care to EVD survivors.
- Poor households in Sierra Leone’s Bo, Kambia, Port Loko, Moyamba, Kailahun, and Kenema districts are expected to experience food consumption gaps—IPC Phase 3—through the 2015 lean season due to significant disruptions in agricultural production and market activities, according to FEWS NET.
- USAID/FFP recently allocated approximately \$2.5 million to Catholic Relief Services (CRS) to provide more than 26,600 EVD-affected individuals in Kenema with targeted cash transfers. The project aims to reduce acute food insecurity and increase household purchasing power during the 2015 and 2016 lean seasons.

Guinea

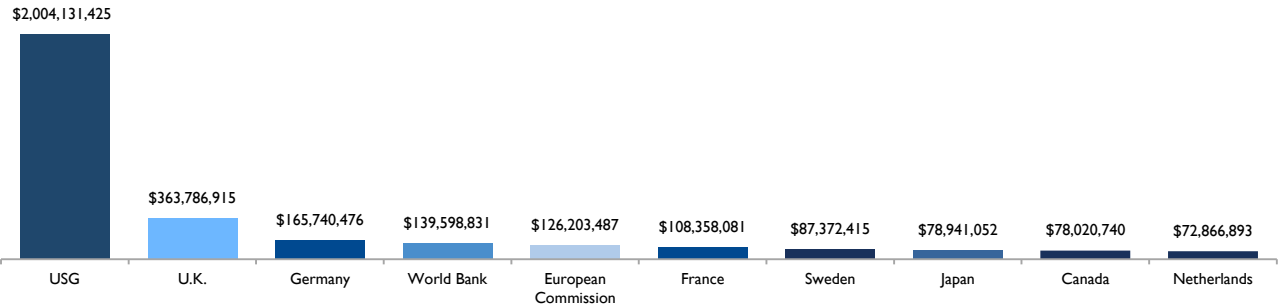
- The Government of Guinea (GoG) confirmed one new EVD case during the week ending September 6. The case—a 13-year-old child—was identified on September 1 in Ratoma sub-prefecture, Conakry Prefecture. Despite being a registered contact, the child had not received an EVD vaccine due to WHO protocols prohibiting the vaccination of children younger than 18 years of age. In early September, WHO leadership revised the vaccine’s age restriction to include primary and secondary contacts of confirmed EVD cases ages six years and older.
- On September 4, following several days of intensified surveillance efforts by WHO and other response staff in Forécariah Prefecture, all 95 remaining contacts of the August 14 case from Doto village in Moussayah sub-prefecture—the most recent confirmed EVD case in the prefecture—graduated from monitoring. The August 14 case convalesced and was discharged as an EVD survivor from the USAID/OFDA-supported Forécariah ETU, managed by the French Red Cross

⁹ The Integrated Food Security Phase Classification (IPC) is a standardized tool that aims to classify the severity and magnitude of food insecurity. The IPC scale, which is comparable across countries, ranges from Minimal—IPC 1—to Famine—IPC 5.

(FRC), on September 1, according to the GoG. An additional 59 contacts in Conakry’s Matam sub-prefecture graduated from monitoring on September 3. As of September 8, Ratoma and neighboring Dubréka-Centre sub-prefecture, Dubréka, were Guinea’s only areas with known EVD transmission within the past 21 days.

- A high-level WHO delegation—including Assistant Director-General Dr. Bruce Aylward and Africa Region Health Security and Emergencies Director Dr. Ibrahima-Socé Fall—met with the National Ebola Coordination Cell on September 4, congratulating the GoG on the accomplishments of Guinea’s EVD response thus far. Citing reticence and violent attacks on aid workers, among other response challenges, in Forécariah in recent months, Dr. Aylward highlighted the continued risk of transmission by survivors and cross-border population movement. WHO representatives also underscored the importance of strengthening community-based surveillance and engagement in Guinea, as missing and unknown contacts could also generate additional clusters of cases.
- Through nearly \$5.5 million in USAID/OFDA funding, IOM is conducting surveillance activities along Guinea’s borders with neighboring countries, including Forécariah’s border with Sierra Leone’s Kambia District. IOM monitoring, sanitation, and community engagement activities at three key crossing points reached nearly 37,600 individuals between July 23 and August 27.
- USAID/OFDA recently provided approximately \$750,000 to the Women and Health Alliance (WAHA) in Guinea to train health facility staff in infection prevention and control and triage protocols, while strengthening sustainable triage systems. WAHA will also support referrals of suspected and confirmed EVD cases to health care facilities.
- In addition, USAID/OFDA supported the Danish Refugee Council with \$750,000 to reinforce EVD prevention measures, vigilance, and community-based early warning systems. With USAID/OFDA funding, DRC will also distribute hygiene promotion kits, among other non-food items, and rehabilitate water infrastructure to ensure improved sanitation and access to safe drinking water.

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



* Funding figures as of September 11, 2015. All international figures are according to 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 licensed or approved vaccine or treatment available for EVD other than supportive care. Experimental vaccines and therapies are under development, but have not yet been fully tested for safety or effectiveness.
- On August 4, 2014, 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, 2014, 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/OFDA			
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
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
UN Office for the Coordination of Humanitarian Affairs (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
	Program Support		\$8,121,641
LIBERIA			
Action Contre la Faim (ACF)	Health, Protection, Water, Sanitation, and Hygiene (WASH)	Liberia	\$1,013,803
American Refugee Committee (ARC)	Health	Liberia	\$9,083,178
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

CRS	Health	Liberia	\$960,447
Global Communities	Health	Liberia	\$32,076,365
GOAL	Health	Liberia	\$7,281,500
Heart to Heart International (HHI)	Health, Protection	Liberia	\$7,001,161
IFRC	Health	Liberia	\$1,000,000
IMC	Health, Protection	Liberia	\$34,619,248
IOM	Health, Protection, WASH	Liberia	\$39,021,886
International Rescue Committee (IRC)	Health, Protection	Liberia	\$22,619,332
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	\$10,650,684
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
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, WASH	Sierra Leone	\$12,936,976
IOM	Health	Sierra Leone	\$6,599,410

IRC	Health	Sierra Leone	\$17,792,347
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			
Action Contra El Hambre	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
DRC	Risk Management Policy and Practice, WASH	Guinea	\$750,000
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
WAHA	Health	Guinea	\$749,936
WFP	Health, WASH	Guinea	\$8,500,000
WHO	Health	Guinea	\$19,626,849
GUINEA-BISSAU			
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 ASSISTANCE TO EVD RESPONSE EFFORTS			\$770,773,425²
USAID/FFP			
ACDI/VOCA	Cash Transfers, Agricultural Input Vouchers	Liberia	\$9,000,000
ACDI/VOCA	Cash Transfers, Agricultural Input Vouchers	Sierra Leone	\$9,000,000
CARE	Cash Transfers	Sierra Leone	\$2,769,546
CRS	Food Vouchers	Guinea	\$1,325,443
CRS	Cash Transfers	Sierra Leone	\$2,462,296
FEWS NET	Food Security, Market, and Livelihood Monitoring, Analysis and Reporting	Guinea, Liberia, Sierra Leone	\$2,495,348
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	Guinea	\$3,583,698
UNICEF	In-Kind Food Assistance	Liberia	\$1,119,078
UNICEF	In-Kind Food Assistance	Sierra Leone	\$1,720,733
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	\$13,161,658
World Vision	Cash Transfers, Agricultural Input Vouchers	Sierra Leone	\$3,585,767
TOTAL USAID/FFP ASSISTANCE TO EVD RESPONSE EFFORTS			\$124,713,067

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	\$429,947,000
TOTAL DoD ASSISTANCE TO EVD RESPONSE EFFORTS			\$429,947,000
CDC			
CDC	Health	West Africa and USA	\$639,039,933
TOTAL CDC ASSISTANCE TO EVD RESPONSE EFFORTS			\$639,039,933
TOTAL USG ASSISTANCE TO EVD RESPONSE EFFORTS IN FY 2014 & 2015			\$2,004,131,425

¹ 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.

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.

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>

CRISIS IMPACT

28,164

CUMULATIVE CASE COUNT



11,291

CUMULATIVE CASE DEATHS



Source: WHO Situation Summary 09/11/15

USAID/OFDA USAID/IGH USAID/FFP

- Agriculture and Food Security
- Cash-For-Work
- Cash Transfers
- Food Assistance
- Food Vouchers
- Health
- Humanitarian Coordination & Information Management
- Humanitarian Studies, Analysis, or Applications
- Local and Regionally Procured Food Assistance
- Logistics Support & Relief Commodities
- Protection
- Risk Management Policy & Practice
- WASH

New Confirmed Cases

- 1 - 5
- 5 - 10
- 10 - 25
- 25 - 50
- 50 - 110+

Source: CDC. Number of New Confirmed Cases in the previous 21 days as of 08/26/15.

Cumulative Cases
Source: WHO Situation Summary, 08/28/15

GUINEA-BISSAU

IOM

REGIONAL

UNICEF

Commodity Airlift

iMMAP

OCHA

Tufts University

JHCCP

WHO

FEWS NET

UNICEF

WFP

SIERRA LEONE

CRS

GOAL

IFRC

IMC

IOM

IRC

Medair

Oxfam/GB

PiH

UNICEF

WFP

WHO

World Vision

ACDI/VOCA

CARE

CRS

SC

World Vision

GUINEA

ACH

CECI

CRS

ChildFund

DRC

FRC

HC3

HKI

IFRC

IMC

Internews

IOM

Jhpiego

Premiere Urgence

RI

SC/US

Terres Des Hommes

UNICEF

WAHA

WFP

WHO

CRS

WFP

MALI

CRS

IMC

IOM

World Vision

IVORY COAST

WFP

LIBERIA

ARC

BRAC

CARE

ChildFund

Concern

CRS

GOAL

Global Communities

IFRC

IMC

IOM

IRC

Jhpiego

JSI

MTI

Mentor

Mercy Corps

PCI

PiH

Plan

SC/US

UNICEF

WFP

WHO

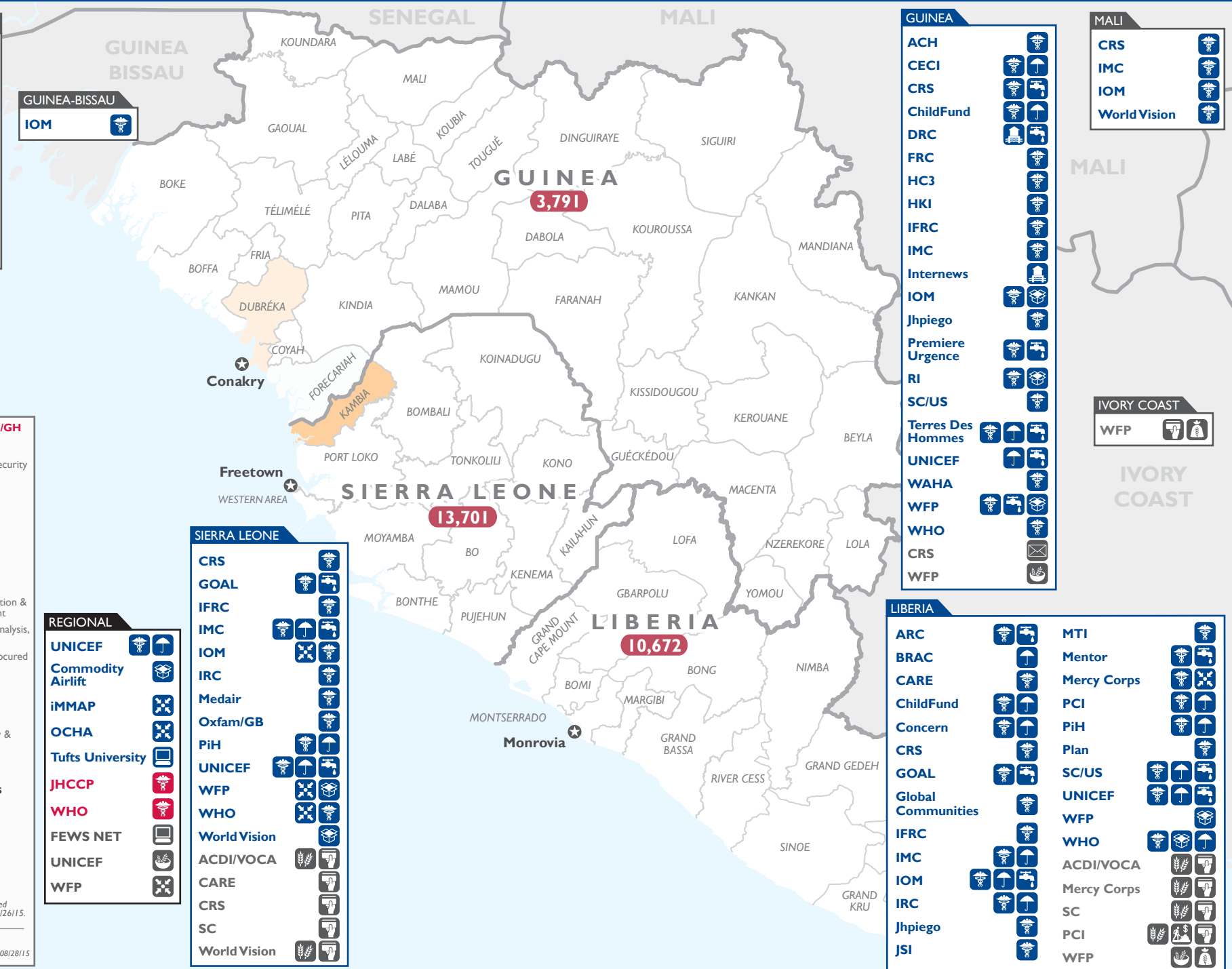
ACDI/VOCA

Mercy Corps

SC

PCI

WFP



The boundaries, names, and data used on this map do not imply official endorsement or acceptance by the U.S. Government and are not drawn to scale.