

WEST AFRICA – EBOLA OUTBREAK

FACT SHEET #2, FISCAL YEAR (FY) 2016

OCTOBER 23, 2015

NUMBERS AT A GLANCE

28,511

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

WHO – October 23, 2015

11,298

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

WHO – October 23, 2015

8,704

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

WHO – October 23, 2015

3,157

Number of Confirmed EVD Cases to Date in Liberia^{*†}

WHO – October 23, 2015

3,347

Number of Confirmed EVD Cases to Date in Guinea^{*†}

WHO – October 23, 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

- GoG confirms three new cases for week of October 12
- GoG plans to bolster EVD surveillance and case management in Forécariah following recent cases
- Liberia transitions to expanded oral swabbing and approves RD'Ts

USG HUMANITARIAN ASSISTANCE TO EVD OUTBREAK RESPONSE TO DATE IN FY 2014, 2015, & 2016

USAID/OFDA ¹	\$762,567,057
USAID/FFP ²	\$127,011,150
USAID/GH ³	\$20,076,000
USAID/Liberia	\$16,100,000
USAID/Guinea	\$3,482,000
DoD ⁴	\$ 631,758,625 ⁵
CDC ⁶	\$782,758,539 ^{7,8}

\$2,343,753,371

USG ASSISTANCE TO THE WEST AFRICA EVD OUTBREAK RESPONSE⁹

KEY DEVELOPMENTS

- From October 12–18, the UN World Health Organization (WHO) reported three new EVD cases—all in Guinea. One case occurred in Conakry's Ratoma sub-prefecture and two cases were recorded in Forécariah Prefecture. The Government of Guinea (GoG) plans to extend the ongoing *micro-cerclages*, or de-facto quarantines, and EVD vaccination campaign to additional villages in Forécariah.
- The Government of Liberia (GoL) and response organizations are transitioning from a policy of universal safe and dignified burials (SDBs) to expanded post-mortem oral swabbing. USAID/OFDA partner Global Communities (GC) is supporting the transition by training health care workers in swab collection and testing techniques.
- Sierra Leone reported no new cases for a third consecutive week. Provided no additional cases occur, WHO will declare the country EVD-free on November 8.

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 FY2015, 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. 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. As of October 19, 2015, CDC had obligated \$1,757,758 in FY 2016; of this, approximately \$1,682,362 supports activities outside the United States and \$75,396 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.

⁹ 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.

Liberia

- During active EVD transmission in Liberia, the GoL instituted a policy mandating universal SDBs conducted by trained burial teams in strict compliance with national protocols. Now in a 90-day period of enhanced surveillance—with all counties except Montserrado and Margibi free of known EVD transmission for more than 270 days—the GoL and response organizations are revising dead body management policies, transitioning to a prioritization of oral swab collection over SDBs.
- In the new phase, trained staff from funeral homes and health facilities and trained environmental health technicians (EHTs) will collect oral swabs for laboratory testing following suspicious deaths. To support the transition efforts, USAID/OFDA partner GC trained 21 EHTs in six southeast counties in late August and 20 EHTs in three central counties at the beginning of October, with plans to train an additional 22 southeast and central EHTs in early November. All nine counties targeted have already deactivated their SDB teams. Additionally, GC reports a reduction of SDB teams in Grand Cape Mount, Gbarpolu, Lofa, Margibi, and Nimba counties at the end of October, with plans to train 29 EHTs on October 28. EHT trainings at the district and zonal levels of Montserrado County are scheduled for October 21–23, with a planned reduction to four modified SDB teams on October 31.
- As of October 6, the Liberian Institute for Biomedical Research Ethics Committee had approved the use of OraQuick EVD rapid diagnostic tests (RDTs) in Liberia. The GoL plans to pilot the use of RDTs in Margibi and Montserrado counties in the coming weeks. EVD response actors anticipate that the expanded use of RDTs—which provide results within approximately 20 minutes—will reduce the number of samples sent to laboratories, thereby reducing turnaround time and laboratory backlog.

Sierra Leone

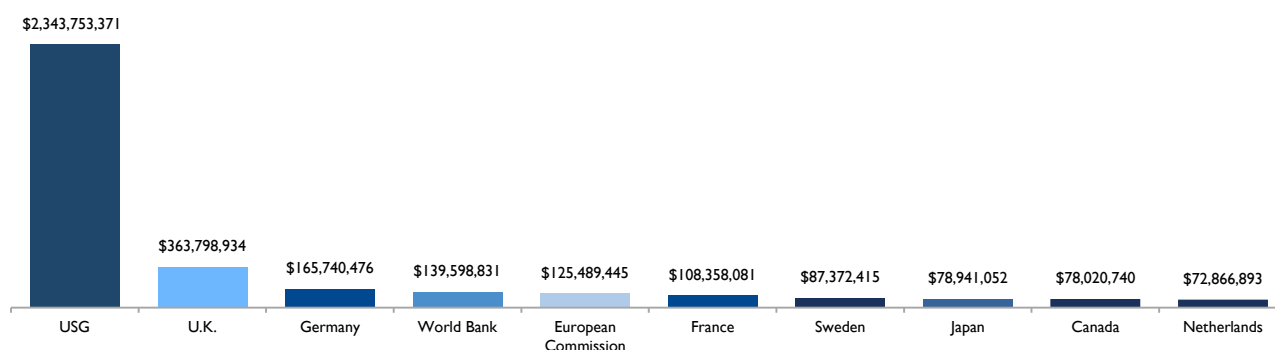
- USAID/OFDA continues to support the International Medical Corps (IMC)-managed EVD treatment unit (ETU) in Kambia District due to the potential for cross-border transmission via cases in Forécariah, Guinea. At the same time, USAID/OFDA is prioritizing the development of EVD care capacity at local health facilities as part of the response-to-recovery transition in Sierra Leone.
- With USAID/OFDA support, GOAL is constructing 90 semi-permanent isolation units in Bombali District to enhance the transition of EVD response activities to local institutions and to transfer triage and care capacity to community health authorities. The District Health Management Team (DHMT) and local authorities in Bombali approved the design and location of the isolation units; as of October 13, GOAL had completed 89 units, including 67 units with two-bed capacity for health posts and 23 units with four-bed capacity for community health centers. The isolation units are suitable for use in a potential EVD re-emergence, as well as for the treatment of other communicable diseases.
- On October 12, the USG Disaster Assistance Response Team (DART) travelled to Kambia with CDC and USAID/GH counterparts to observe and monitor ongoing USAID/OFDA programs and discuss response-to-recovery transition plans with partners and local authorities. The DART visited the International Organization for Migration (IOM)-managed Mange checkpoint, which records approximately 1,000 people crossing between Port Loko and Kambia districts per day, the Gbalamuya formal border-crossing point between Sierra Leone and Guinea, where up to 1,500 people cross per day, and the Kalamba unofficial crossing point, which records up to 50 people crossing per day. The DART also observed the IOM population flow monitoring teams, which operate 12 hours per day to record and compile basic demographic data to track and analyze population flow patterns. IOM's border monitoring and population flow mapping program continue to be an integral component of the EVD response, particularly given the fluidity of border communities.
- IOM, with USAID/OFDA assistance, is supporting EVD screening and infection prevention and control (IPC) training, mentoring, and monitoring in government hospitals throughout the country. Following a CDC assessment in Western Area that identified nearly one-third of 170 private clinics as lacking adequate IPC measures, IOM will begin supporting IPC training at 48 identified private clinics, collaborating with the MoHS to coordinate clinic participation. Through UK Department of International Development support and in collaboration with IMC, IOM also plans to conduct IPC trainings at private hospitals in Western Area Urban and Rural, Bo, Kenema, and Moyamba districts. In addition to IPC

training, the project includes basic water, sanitation, and hygiene assessments and interventions and a three-month supply of IPC materials.

Guinea

- The GoG confirmed three new EVD cases during the week of October 12–18, including a 21-year-old male from Conakry's Ratoma sub-prefecture who tested positive for EVD on October 13 and two cases from Forécariah Prefecture. According to CDC, the man from Ratoma became symptomatic on October 8. After testing positive for malaria using a RDT, his brother-in-law—an EVD survivor discharged from the ETU at Conakry's Donka Hospital in December 2014 and currently employed at the MSF-managed Nongo ETU—treated him for malaria. Following the deterioration of his health, the case travelled by taxi to the Nongo ETU.
- On October 14, the GoG confirmed a new case in Forécariah's Kaliah sub-prefecture. The case, a 35-year-old female, became symptomatic between October 8–10 and died at home on October 13 after visiting one of the traditional healers and an assistant who both tested positive for EVD on September 26–27. A post-mortem swab confirmed that the woman was EVD positive. As a measure of precaution, EVD response actors immediately transferred her three-month-old child, who was being breastfed at the time and considered high-risk, to the Nongo ETU. On October 16, diagnostic test results confirmed that the infant was also EVD-positive.
- During the October 19 National Ebola Coordination Cell meeting, EVD response actors expressed concern regarding the failure to detect the October 14 case in Kaliah, particularly given the ongoing *micro-cerclages* in nearby villages. To reinforce active EVD case detection and surveillance in the sub-prefecture, the GoG plans to extend the *micro-cerclage* and vaccination campaign to 55 satellite villages in the coming days. CDC is also urging that health care workers exercise increased vigilance when processing symptomatic individuals.
- USAID/FFP recently provided Catholic Relief Services (CRS) with an additional \$1.9 million to expand and extend the provision of food vouchers to people in the EVD-affected prefectures of Macenta and N'Zerekore. CRS also plans to assist beneficiaries restore livelihoods and productive assets lost during the EVD crisis by providing livelihood vouchers and organizing livelihood fairs. The new programming targets approximately 10,000 people.

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



* Funding figures as of October 23, 2015. All international figures are according to the UN Office for the Coordination of Humanitarian Affairs (OCHA) Financial Tracking Service and based on international commitments during 2014 and to date in 2015, while USG figures are according to the USG and reflect USG commitments from FY 2014, FY 2015, and FY 2016, which began on October 1, 2013, October 1, 2014, and October 1, 2015, 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 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 5, 2015, U.S. Ambassador Deborah R. Malac re-declared a disaster due to the continued effects of the EVD outbreak in Liberia. U.S. Ambassador John F. Hoover re-declared a disaster in Sierra Leone on October 2. 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.

USG HUMANITARIAN ASSISTANCE TO THE EVD OUTBREAK RESPONSE PROVIDED IN FY 2014, 2015, & 2016¹

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
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
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		\$8,346,884
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
CRS	Health	Liberia	\$960,447

GC	Health	Liberia	\$32,076,365
GOAL	Health	Liberia	\$4,702,667
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
IMC	Health, Protection	Liberia	\$34,619,248
IOM	Health, Protection, WASH	Liberia	\$39,021,886
International Rescue Committee (IRC)	Health, Protection	Liberia	\$22,614,354
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
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	\$17,787,459

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			
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
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			\$762,567,056
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
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	Guinea	\$3,583,698
UNICEF	In-Kind Food Assistance	Liberia	\$1,119,078
UNICEF	In-Kind Food Assistance	Sierra Leone	\$1,720,733
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	\$13,161,659
World Vision	Cash Transfers, Agricultural Input Vouchers	Sierra Leone	\$3,585,767
TOTAL USAID/FFP ASSISTANCE TO EVD RESPONSE EFFORTS			\$127,011,150
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	\$631,758,625
TOTAL DoD ASSISTANCE TO EVD RESPONSE EFFORTS			\$631,758,625
CDC			
CDC	Health	West Africa and USA	\$782,758,539
TOTAL CDC ASSISTANCE TO EVD RESPONSE EFFORTS			\$782,758,539
TOTAL USG ASSISTANCE TO EVD RESPONSE EFFORTS IN FY 2014, 2015, & 2016			\$2,343,753,371

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>



USAID
FROM THE AMERICAN PEOPLE



USG RESPONSE TO THE EBOLA OUTBREAK IN WEST AFRICA

Last Updated 10/23/15

CRISIS IMPACT

28,511

CUMULATIVE
CASE COUNT



11,298

CUMULATIVE
CASE DEATHS

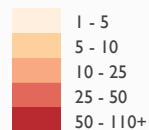


Source: WHO Situation Summary
10.23.15

USAID/OFDA USAID/GH 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



Source: CDC. Number of New Confirmed Cases in the previous 21 days as of 10.20.15.

Cumulative Cases

Source: WHO Situation Summary, 10.23.15

GUINEA-BISSAU

IOM

GUINEA
BISSAU

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

SENEGAL

MALI

GUINEA

ACH

CECI

ChildFund

DRC

FRC

HC3

HKI

IFRC

IMC

Internews

IOM

Jhpiego

Premiere Urgence

RI

Terres Des Hommes

UNICEF

WAHA

WFP

WHO

CRS

WFP

MALI

CRS

IMC

IOM

World Vision

IVORY COAST

WFP

IVORY
COAST

LIBERIA

ARC

Concern

CRS

GOAL

Global Communities

IFRC

IMC

IOM

IRC

Jhpiego

JSI

MTI

Mentor

Mercy Corps

PCI

PiH

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.