

WEST AFRICA – EBOLA OUTBREAK

FACT SHEET #4, FISCAL YEAR (FY) 2015

OCTOBER 22, 2014

NUMBERS AT A GLANCE

9,911

Total Number of Suspected and Confirmed Ebola Virus Disease (EVD) Cases in Acutely Affected Countries*
U.N. World Health Organization (WHO) – October 22, 2014

4,868

Total Number of EVD-Related Deaths
WHO – October 22, 2014

4,665

Total Number of EVD Cases in Liberia*
WHO – October 22, 2014

3,706

Total Number of EVD Cases in Sierra Leone*
WHO – October 22, 2014

1,540

Total Number of EVD Cases in Guinea*
WHO – October 22, 2014

*Includes laboratory-confirmed, probable, and suspected EVD cases.

HIGHLIGHTS

- Liberian President Ellen Johnson Sirleaf urged all countries to support the response to the EVD outbreak on October 19, citing the increasing economic impact and continued risk of the disease spreading to countries outside of those already affected
- The East African Community plans to send 600 health workers—including 41 doctors—to EVD-affected countries in West Africa
- To date, the U.S. Government (USG) has committed more than \$344.5 million in funding for the EVD response in West Africa, including funds from USAID, CDC, and DoD

USG FUNDING TOWARD EVD RESPONSE

TO DATE IN FY 2014 & 2015

USAID/OFDA ¹	\$118,835,465
USAID/FFP ²	\$20,469,521
USAID/GH ³	\$13,840,000
USAID/Liberia	\$5,000,000
USAID/Guinea	\$3,482,000
USAID Pledged Funds	\$45,308,627
DoD ⁴	\$120,900,000
CDC ⁵	\$16,722,000 ⁶

\$344,557,613⁷

USG ASSISTANCE TO THE WEST AFRICA EVD OUTBREAK RESPONSE

KEY DEVELOPMENTS

- The U.N. World Health Organization (WHO) announced the official end to the EVD outbreaks in Nigeria and Senegal on October 17 and 20, respectively, after both countries completed two 21-day cycles without an additional reported case. CDC supported the governments of Nigeria and Senegal with epidemiological surveillance as part of the countries' successful response efforts.
- The U.N. Mission for Ebola Emergency Response (UNMEER) held a four-day U.N. system meeting between October 15 and 18 at UNMEER headquarters in Ghana's capital city of Accra. The meeting produced an operational framework for a unified and coordinated approach for international support in affected countries. The Chef de Cabinet of the U.N. Secretary-General, the Director General of the WHO, the Executive Director of the U.N. World Food Program (WFP), the Special Envoy of the Secretary-General on Ebola, and the U.N. Special Representative of the Secretary-General (SRSG) and Head of UNMEER Anthony Banbury attended the meeting with international partners, including the USG.
- SRSG Banbury plans to travel to the acutely-affected countries in the coming days to brief authorities on the proposed operational plans.

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

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

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

⁴ U.S. Department of Defense (DoD)

⁵ U.S. Centers for Disease Control and Prevention (CDC)

⁶ CDC funding as of September 30; total includes estimated salaries and benefits and funding from all sources. USAID/OFDA funding to CDC—\$3 million—is not included in this total.

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

CURRENT SITUATION

- The U.N. reported on October 16 that it had received only \$100,000 for the Ebola Response Multi-Partner Trust Fund created in mid-September, a fraction of the nearly \$1 billion that the U.N. is requesting, according to international media. By October 22, deposits in the trust fund had increased to \$13.9 million. The U.N. trust fund provides a flexible platform to finance unfunded response priorities, including patient care, social mobilization, and community engagement.
- Approximately 22 percent of confirmed EVD cases are among children and youth under the age of 17 years, according to the U.N. Children's Fund (UNICEF). As of October 20, UNICEF had identified nearly 2,000 children affected by the outbreak, including more than 560 orphans stemming from the outbreak.
- As of October 22, WHO reported more than 9,900 reported cases of EVD and nearly 4,900 resulting deaths in Guinea, Liberia, and Sierra Leone.

Liberia

- Major General Gary Volesky—commander of the 101st Airborne Division and incoming commander of the Joint Force Command (JFC)—arrived in Liberia on October 19 to replace the outgoing JFC Commander Major General Darryl Williams. On October 21, U.S. Ambassador to Liberia Deborah R. Malac, CDC staff, and representatives of the USG's Disaster Assistance Response Team (DART) met with Major General Volesky and DoD personnel to discuss ongoing EVD response efforts and the overall USG strategy.
- On October 17, a third cohort of trainees—60 workers, including 35 clinicians and 25 non-clinicians—completed classroom and mock EVD treatment unit (ETU) trainings held by the Liberian Ministry of Health and Social Welfare (MoHSW) and WHO. Trainings are divided into two phases—phase one comprises classroom training and work in a simulated ETU, and phase two is a mentorship component where students undertake work in an active ETU. Health care workers are undergoing trainings to increase the number of qualified personnel to staff additional ETUs as they begin receiving patients in the coming weeks. To date, 175 people have completed the non-mentoring portion of the training.
- MoHSW and WHO are working to improve infection prevention and control (IPC) at the Island Clinic ETU in the capital city of Monrovia. MoHSW and WHO plan to reduce the number of beds to 100—originally planned for 160—and increase the frequency of monitoring staff as measures to improve overall infection control.
- In recent weeks, CDC representatives have partnered with U.S. Peace Corps staff to provide EVD-related assistance throughout Liberia. Peace Corps representatives have provided valuable cultural insight and translation services. In addition, Peace Corps has provided drivers and program staff to support CDC representatives conducting county-level EVD response activities. On October 19, CDC and Peace Corps representatives trained 140 community members on EVD prevention in Voa community—a refugee population in Bomi County. As of October 21, the community had reported 53 EVD-related deaths.
- USAID/OFDA recently committed more than \$12 million to non-government organization (NGO) partner Mercy Corps to oversee a national, community-led social mobilization campaign. Mercy Corps' social mobilization campaign aims to reduce EVD infection rates through increasing awareness of the disease and promoting behavior that reduces transmission risk. Messages about the disease and behavior to reduce EVD transmission continue to be a pressing need in Liberia.

Sierra Leone

- On October 17, the U.N. Food and Agriculture Organization (FAO) convened a second meeting of key stakeholders in Sierra Leone to formalize the Food Security and Livelihood Working Group. FAO called upon those present—including government ministries, U.N. agencies, NGOs, and donors—to coordinate a food security response. Participants raised two immediate concerns—the status of the current agricultural season and increasing food prices during a period of reduced economic activity. WFP noted that it is designing a rapid survey to measure disruptions to agricultural production and marketing. In addition, WFP is supporting the Ministry of Agriculture, Forestry, and Food Security to strengthen price monitoring to better understand the impacts of EVD on food security and livelihoods and provide data to guide interventions.
- Between October 16 and 17, UNICEF held a two-day conference in Kenema for 36 EVD survivors. CDC and NGOs operating in the area attended, as well as a representative from the Ministry of Social Welfare Gender and Children's Affairs, who also serves as the co-chair of the Social Mobilization Pillar at the national EOC responsible for overseeing

survivor issues. According to CDC, survivors expressed strong interest and willingness to support the ongoing EVD response. Key issues surrounding EVD survivors include lost livelihoods, difficulty reintegrating due to stigma from community members, and other psychosocial trauma. At the meeting, employment was identified as a key issue; all 36 EVD survivors present were unemployed, including 13 health care workers.

- In conjunction with UNICEF and the Emergency Response Consortium—a network of seven non-governmental organizations (NGOs) involved in EVD response activities in Sierra Leone—CDC is training health care staff at peripheral health units on critical IPC measures. CDC recently conducted a national level train-the-trainers workshop for 22 trainers in Sierra Leone, with all of the trainers scheduled to train at least 20 public health workers in each of Sierra Leone’s districts, creating a cadre of more than 260 district-level trainers. In turn, the district-level trainers will conduct IPC trainings at all 1,200 peripheral health units throughout the country. The national master trainers have conducted one district-level training in the capital city of Freetown and in five other districts, with plans to provide trainings in the remaining districts by the end of October.
- WFP announced that 20 ambulances and 10 burial vehicles provided by the World Bank arrived in country on October 18. WFP will deliver the vehicles to Sierra Leone’s Ministry of Health and Sanitation in the coming days, strengthening the overall capacity of the government’s response.

Guinea

- Health officials recently reported that two individuals in Guinea’s Siguiri Prefecture tested positive for EVD—the first confirmed cases in the prefecture. Following the case in Siguiri, a suspected EVD case previously reported in Kankan Prefecture also tested positive for the disease, making it the first confirmed case in Kankan. With the newly confirmed cases in Kankan and Siguiri, WHO reports EVD cases in 17 of Guinea’s 21 prefectures.
- On October 15, the International Federation of the Red Cross and Red Crescent Societies (IFRC) conducted a training-of-trainers session in the capital city of Conakry for Guinean Red Cross teams conducting safe burials. Approximately 40 trainers originating from 18 prefectures throughout Guinea participated in the session. IFRC plans to conduct a similar training in Macenta Prefecture—one of the most affected regions in Guinea—in the coming weeks.
- Several areas of Guinea, including parts of Beyla, Boké, Coyah, Forécariah, and Yomou prefectures, continue to resist EVD interventions, according to the Government of Guinea (GoG). Currently, the GoG is drafting letters to local community leaders to appeal for support in the EVD response, while GoG partners work to identify a comprehensive list of villages refusing interventions.
- CDC and partners continue to support the GoG to establish a national emergency operations center (EOC). The national EOC will coordinate the EVD response, linking to coordinating bodies at the regional and prefecture levels. CDC is providing material and technical support, including input on short and long term activities, while assisting with the organizational structures for EOCs at national, regional, and prefecture levels.

LOGISTICS AND RELIEF COMMODITIES

- A shipment of 12 USAID/OFDA-procured tents arrived in Monrovia on October 10. The DART plans to provide the tents for use in constructing an ETU in Margibi County’s Kakata town—one of the most affected areas of Liberia.
- On October 19, a shipment of 1,300 USAID/OFDA-funded bags to safely transport human remains arrived in Sierra Leone for the EVD response. USAID/OFDA has consigned the bags, valued at \$32,500, to UNICEF. Bags to safely transport the remains of deceased EVD patients are critical for reducing the spread of EVD, as the bodies are highly infectious. Response actors had recently reported bags to be in short supply in Sierra Leone. A second shipment of 1,200 bags is scheduled to arrive on October 26.

FOOD SECURITY AND LIVELIHOODS

- On October 16, the DART in Sierra Leone accompanied WFP on a food distribution in Rumani, a small village 10 kilometers from the center of Port Loko District. The distribution was for a small number of families that had just been re-quarantined, following newly reported deaths in the village in the midst of an initial 21-day quarantine period.
- During the week of October 12, WFP delivered 2,430 metric tons (MT) of food assistance to approximately 144,600 people across eight counties in Liberia. WFP increased its monthly distribution target by 35 percent in October, planning to reach nearly 270,000 people in the month.

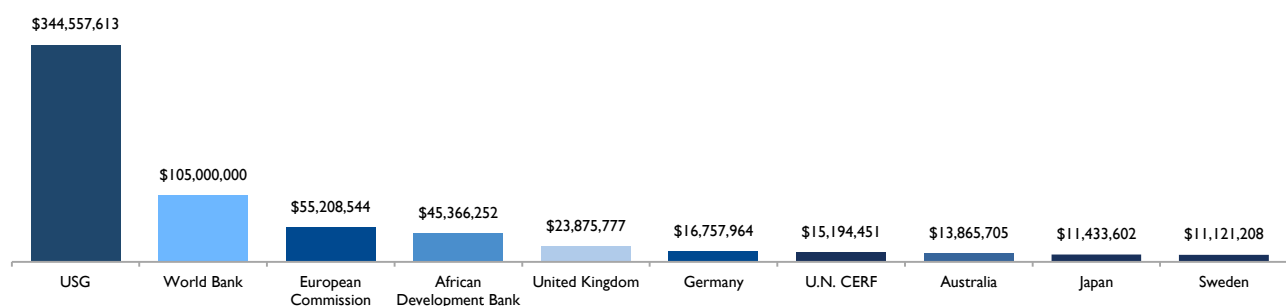
- Since April, WFP has provided more than 13,125 MT of food to approximately 776,000 EVD-affected people in West Africa. WFP is providing crucial food and nutritional assistance to communities under medical quarantine, patients receiving care, and EVD-afflicted families.
- Within the framework of the current USAID/FFP development programs, consortia led by ACDI/VOCA and Opportunities Industrialization Centers International in Sierra Leone and Liberia have responded to the EVD crisis by supporting host government, WHO, and CDC efforts to prevent the transmission of EVD. This includes coordinated messaging on EVD prevention and care, as well as providing key sanitation and safety equipment, including water buckets, chlorine, and soap to households and businesses. USAID/FFP partners have also provided logistical support to government ministries of health through the use of office space, vehicles, and fuel for contact tracing, information dissemination, and overall operations.
- USAID/FFP is working with partners and host governments to identify ways to support or address short- and medium-term acute food needs in the next 3–12 months. USAID/FFP will plan to structure food assistance investments to incentivize local markets and rice importers to sustain market functionality in the region.

INTERNATIONAL RESPONSE

- The Government of Sweden’s (GoS) International Development Cooperation Agency recently announced SEK 25 million—\$3.5 million—to support EVD response efforts in Liberia through the Swedish Civil Contingencies Agency (MSB). The GoS support is providing accommodation, logistics, and medical support for medical response personnel in Liberia. Additionally, GoS is providing cooled rooms at five ETUs where staff working outdoors in full personal protective equipment can rest, increasing the safety and endurance of health care workers. Between October 18 and 19, staff and two cargo planes arrived in Liberia with equipment to establish a camp for international response personnel, as well as medical personnel to provide health support for international staff.
- The Government of the U.K. (GoUK) airlifted blood storage kits, centrifuges, personal protective equipment, and other medical supplies valued at almost £900,000—\$1.5 million—into Freetown, Sierra Leone, on October 18. The medical equipment will support a planned ETU in Kerry Town, Western Area. The U.K.’s International Development Secretary Justine Greening stated that the airlifted supplies to Kerry Town were to support one of six ETUs that the GoUK plans to support constructing.
- On October 21, nearly 150 additional British Army personnel—mostly medics—arrived in Sierra Leone. The arriving personnel will operate an Ebola training academy, where local health care workers and hygienists will train in IPC.
- The Government of China recently contributed \$6 million to support WFP’s emergency operation aiming to assist approximately 1.3 million EVD-affected people in Guinea, Liberia, and Sierra Leone with food assistance. WFP plans to evenly distribute the funds between the three countries.

2014 TOTAL FUNDING FOR THE EBOLA RESPONSE*

PER DONOR



* Funding figures are as of October 22, 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, body 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.
- The USG deployed a field-based Disaster Assistance Response Team (DART) on August 5 and established a corresponding RMT based in Washington, D.C. The DART—comprising disaster response and medical experts from USAID/OFDA, CDC, and DoD—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 ASSISTANCE TO THE EBOLA RESPONSE PROVIDED IN FY 2014 & 2015¹

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
USAID/OFDA²			
REGIONAL			
African Union	Health	Guinea, Liberia, Sierra Leone	\$10,000,000
CDC	Health	Guinea, Liberia, Sierra Leone	\$3,000,000
UNICEF	Health	Guinea, Liberia, Sierra Leone	\$600,000
U.N. Humanitarian Air Service (UNHAS)	Logistics Support and Relief Commodities	Guinea, Liberia, Sierra Leone	\$250,000
	Program Support		\$1,536,004
LIBERIA			
Global Communities (GC)	Health	Liberia	\$18,014,224
IFRC	Health	Liberia	\$1,000,000
International Medical Corps (IMC)	Health	Liberia	\$4,906,604
International Organization for Migration (IOM)	Health	Liberia	\$28,048,894
International Rescue Committee (IRC)	Health	Liberia	\$2,969,196
MENTOR Initiative	Health	Liberia	\$1,598,314
Mercy Corps	Health, Humanitarian Coordination and Information Management	Liberia	\$12,000,000
Project Concern International (PCI)	Health, Logistics Support and Relief Commodities	Liberia	\$1,550,723
Samaritan's Purse (SP)	Health, Logistics Support and Relief Commodities	Liberia	\$7,782,027
Save the Children (SC)	Health, Protection, Water, Sanitation, and Hygiene	Liberia	\$8,276,263
UNICEF	Health	Liberia	\$2,224,044
UNICEF	Logistics Support and Relief Commodities	Liberia	\$680,333
USAID/OFDA-Airlifted Relief Commodities	Logistics Support and Relief Commodities	Liberia	\$2,122,816

SIERRA LEONE			
IFRC	Health	Sierra Leone	\$3,500,000
IMC	Health, Protection	Sierra Leone	\$5,164,183
UNICEF	Health, WASH	Sierra Leone	\$1,584,214
GUINEA			
IFRC	Health	Guinea	\$999,552
Plan International	Health	Guinea	\$1,028,074
TOTAL USAID/OFDA ASSISTANCE TO EVD RESPONSE EFFORTS			\$118,835,465
USAID/FFP			
WFP	WFP Regional Emergency Operation	Guinea, Liberia, Sierra Leone	\$20,469,521
TOTAL USAID/FFP ASSISTANCE TO EVD RESPONSE EFFORTS			\$20,469,521
USAID/GH			
WHO	Health	Guinea, Liberia, Nigeria, Sierra Leone; neighboring at-risk countries	\$8,950,000
Johns Hopkins Center for Communication Programs (JHCCP)	Health	Guinea, Liberia, Sierra Leone	\$4,890,000
TOTAL USAID/GH ASSISTANCE TO EVD RESPONSE EFFORTS			\$13,840,000
USAID/Liberia			
GoL Ministry of Health and Social Welfare	Health	Liberia	\$5,000,000
TOTAL USAID/Liberia ASSISTANCE TO EVD RESPONSE EFFORTS			\$5,000,000
USAID/Guinea			
	Planned Health Assistance	Guinea	\$3,482,000
TOTAL USAID/Guinea ASSISTANCE TO EVD RESPONSE EFFORTS			\$3,482,000
USAID Pledged Funds			
Uncommitted Funds to Response Agencies	Multi-Sectoral	Guinea, Liberia, Sierra Leone	\$45,308,627
TOTAL USAID Pledged Funds			\$45,308,627
DoD			
DoD		Liberia	\$120,900,000
TOTAL DoD ASSISTANCE TO EVD RESPONSE EFFORTS			\$120,900,000
CDC			
CDC	Health	West Africa	\$16,722,000
TOTAL CDC ASSISTANCE TO EVD RESPONSE EFFORTS			\$16,722,000
USG ASSISTANCE TO EVD RESPONSE EFFORTS IN FY 2014 & 2015			\$344,557,613

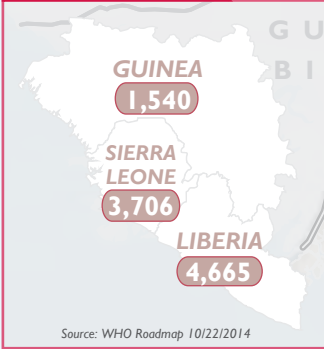
¹ Year of funding indicates the date of commitment or obligation, not appropriation, of funds.

PUBLIC DONATION INFORMATION

- The most effective way people can assist relief efforts is by making cash contributions to humanitarian organizations that are conducting relief operations. A list of humanitarian organizations that are accepting cash donations for disaster responses around the world can be found at www.interaction.org.
- USAID encourages cash donations because they allow aid professionals to procure the exact items needed (often in the affected region); reduce the burden on scarce resources (such as transportation routes, staff time, and warehouse space); can be transferred very quickly and without transportation costs; support the economy of the disaster-stricken region; and ensure culturally, dietary, and environmentally appropriate assistance.
- More information can be found at:
 - The Center for International Disaster Information: www.cidi.org or +1.202.821.1999.
 - Information on relief activities of the humanitarian community can be found at www.reliefweb.int.

USAID/OFDA bulletins appear on the USAID website at
<http://www.usaid.gov/what-we-do/working-crises-and-conflict/responding-times-crisis/where-we-work>

COUNTRY CASES

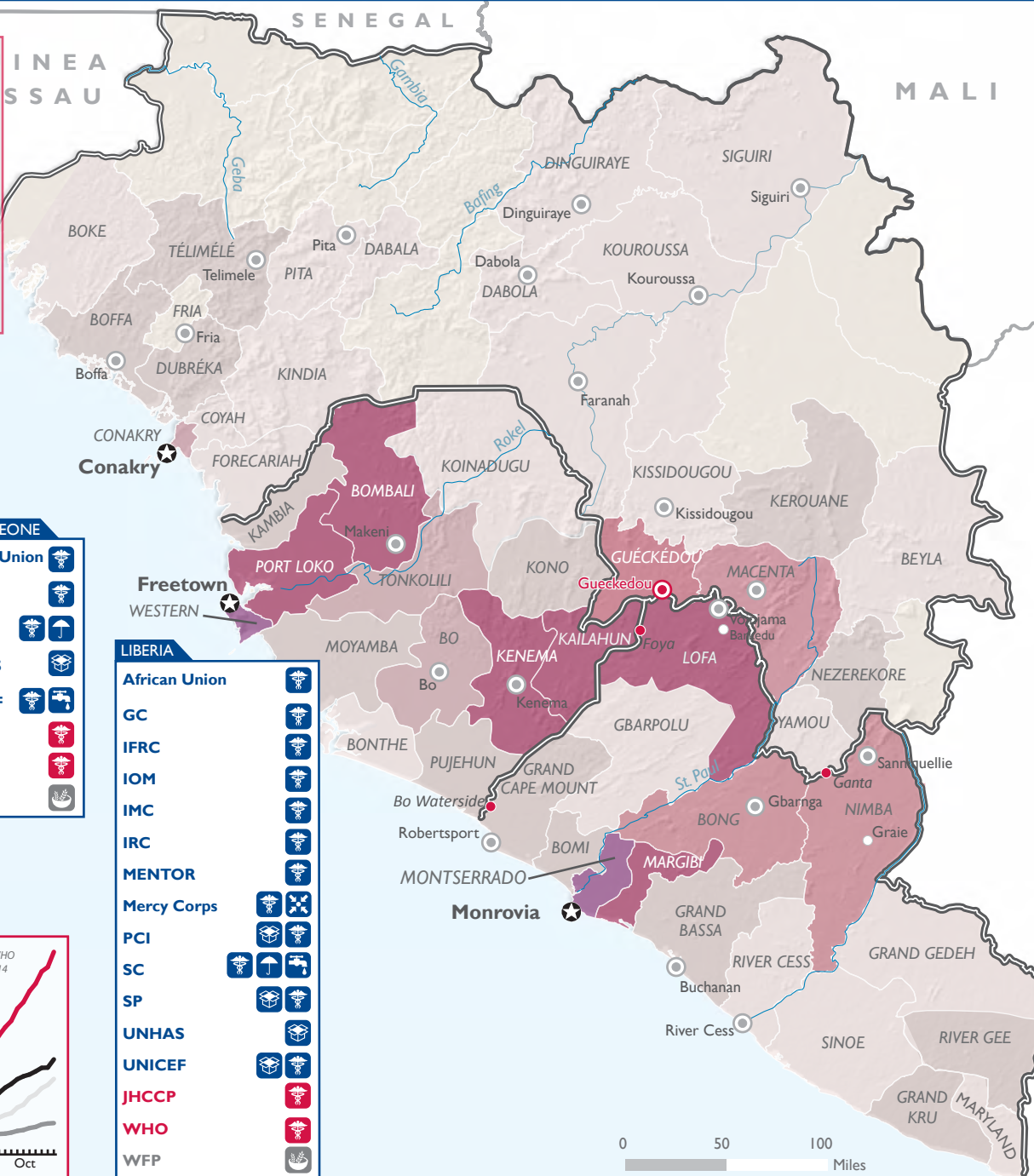
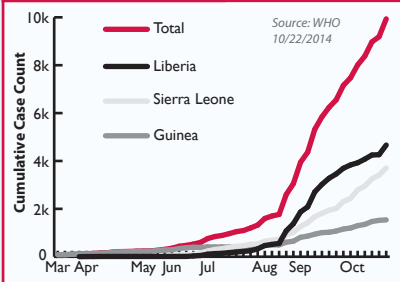


- GUINEA**
- African Union
 - IFRC
 - Plan
 - UNHAS
 - UNICEF
 - JHCCP
 - WHO
 - WFP

- SIERRA LEONE**
- African Union
 - IFRC
 - IMC
 - UNHAS
 - UNICEF
 - JHCCP
 - WHO
 - WFP

- LIBERIA**
- African Union
 - GC
 - IFRC
 - IOM
 - IMC
 - IRC
 - MENTOR
 - Mercy Corps
 - PCI
 - SC
 - SP
 - UNHAS
 - UNICEF
 - JHCCP
 - WHO
 - WFP

TIMELINE OF CASES



KEY

USAID/OFDA
USAID/GH **USAID/FFP**

- Open Country Border
- Closed Country Border
- Prefecture/District/County Border
- River or Lake
- National Capital
- Provincial Capital
- Outbreak Epicenter (GUÉCKÉDOU forest region)
- Prefecture, District, or County with 1-15 EVD Cases
- 15-150
- 150-250
- 250-500
- 500-1,000
- 1,000+
- Suspected
- Crossing where Entry is Limited and Monitored

Program Key

- Health
- Logistics Support & Relief Commodities
- Protection
- Food Assistance
- WASH

Sources: CDC, WHO, MoH, State/IIU, OCHA/IROWCA, GADM



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.