

# WEST AFRICA – EBOLA OUTBREAK

FACT SHEET #8, FISCAL YEAR (FY) 2015

NOVEMBER 19, 2014

## NUMBERS AT A GLANCE

**15,119**

Total Number of Suspected and Confirmed Ebola Virus Disease (EVD) Cases in Acutely Affected Countries\*

U.N. World Health Organization (WHO) – November 19, 2014

**5,411**

Total Number of EVD-Related Deaths  
WHO – November 19, 2014

**7,069**

Total Number of EVD Cases in Liberia\*  
WHO – November 19, 2014

**6,073**

Total Number of EVD Cases in Sierra Leone\*  
WHO – November 19, 2014

**1,971**

Total Number of EVD Cases in Guinea\*  
WHO – November 19, 2014

**6**

Total Number of EVD Cases in Mali\*  
WHO – November 19, 2014

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

## HIGHLIGHTS

- The U.S. Government (USG) declared a disaster on November 17 and is assessing urgent needs in Mali following five EVD-related deaths in the capital city of Bamako.
- As progress continues in curtailing the EVD outbreak in Liberia, the Government of Liberia (GoL) announced the end of the national state of emergency on November 13. The GoL underscored continued vigilance in EVD-affected areas.
- USAID/OFDA partner the International Organization for Migration (IOM) opened an EVD Treatment Unit (ETU) in Liberia's Bomi County on November 18.

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

USAID/OFDA <sup>1</sup>	\$214,823,840
USAID/FFP <sup>2</sup>	\$34,541,850
USAID/GH <sup>3</sup>	\$17,676,000
USAID/Liberia	\$5,000,000
USAID/Guinea	\$3,482,000
DoD <sup>4</sup>	\$283,300,000
CDC <sup>5</sup>	\$40,321,000 <sup>6</sup>

**\$599,144,690**

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

## KEY DEVELOPMENTS

- On November 17, U.S. Chargé d'Affaires, a.i., Andrew Young declared a disaster due to the humanitarian consequences of an EVD outbreak in Mali, which has resulted in six confirmed or probable EVD cases and five related deaths since late October. In response, the USG Disaster Assistance Response Team (DART) is deploying personnel to Bamako in addition to CDC personnel who were working in Mali prior to the disaster declaration to help prepare the Government of Mali (GoM) for potential EVD cases. USG support may include infection prevention and control (IPC) activities, safe burial teams, case management and infection control training, the distribution of infection control commodities, and support to the GoM's newly established Ebola Emergency Operations Center (EOC).
- EVD transmission rates remain elevated in Sierra Leone, and relief agencies report that health care needs in Western Area and Port Loko districts are exceeding the capacity of EVD treatment facilities. The U.N. notes a critical need for continued surveillance to ensure that personnel can identify and respond to new EVD outbreaks.
- Between November 5 and 19, the USG provided nearly \$185 million in additional funding to support the humanitarian response to the EVD outbreak in West Africa, including emergency medical services, community education and outreach, food, and water, sanitation, and hygiene (WASH) interventions, as well as logistical support and relief commodities.

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

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

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

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

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

<sup>6</sup> CDC funding as of November 18; total includes estimated salaries and benefits and funding from all sources. USAID/OFDA funding to CDC—\$5 million—is not included in this total.

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

## CURRENT SITUATION

- With support from the USG, relief agencies continue to expand EVD response activities across affected countries in West Africa. As of November 19, WHO reported that the outbreak had resulted in more than 15,100 suspected or confirmed EVD cases and approximately 5,400 related deaths, including the death of nearly 600 health care workers. IPC quality assurance checks are underway at ETUs in Guinea, Liberia, and Sierra Leone to ensure the safety of health care personnel, while relief organizations are working to provide sufficient supplies of personal protective equipment (PPE) to all ETUs.
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### Guinea

- CDC is working closely with the Government of Guinea (GoG) National Ebola Coordination Cell to implement a four-pronged IPC strategy in Guinea. The strategy includes training health care workers on IPC principles; equipping medical facilities with PPE, chlorine, and other supplies; providing quality assurance via follow-up training; and monitoring and evaluating overall IPC implementation. CDC plans to prioritize IPC training in Kérouané, N'Zérékoré, and Macenta prefectures. CDC is also working with USAID/OFDA partner Catholic Relief Services (CRS) and other relief organizations to develop standardized checklists to measure IPC guideline implementation.
- In early November, the GoG established a countrywide EVD hotline in Guinea to respond to EVD-related questions and enable people to report suspected EVD cases. Three major cellular data companies are routing calls into the hotline, and the GoG expects that companies plan to increase the number of hours per day that calls feed into the hotline. CDC is providing extensive technical assistance to GoG staff in the national EOC to develop the hotline and inform the guidance provided to callers.
- With nearly \$1.5 million in FY 2015, USAID/OFDA partner Save the Children/U.S. (SC/US) is supporting contact tracing and surveillance systems in EVD-affected communities in Guinea, as well as areas bordering Côte d'Ivoire, Liberia, and Sierra Leone.

### Liberia

- In a national address on November 13, President of Liberia Ellen Johnson Sirleaf cited progress in containing the EVD outbreak in Liberia and announced that the GoL would not seek an extension of the 90-day state of emergency declared in early August. Although markets are re-opening, even in border areas, President Johnson Sirleaf emphasized the continued need for interventions and response activities—particularly in rural areas experiencing new EVD cases—and the GoL will maintain a countrywide curfew that restricts movement between midnight and 6:00 a.m.
- During the week of November 9, local officials from the GoL Ministry of Health and Social Welfare (MoHSW) and CDC field staff reported an EVD hotspot in River Cess County's Keya town. Between November 11 and 13, CDC, WHO, and the county-level health team assessed the outbreak, identifying at least 25 suspected, probable, and confirmed cases. The team reported social mobilization challenges and other needs—including basic food and supply shortages due to self-quarantine and critical shortages of PPE for non-EVD health clinics. CDC will support the response in this area by providing technical assistance for contact tracing and case identification efforts.
- In response, USAID/OFDA partner Global Communities (GC) is assisting local health officials improve EVD and safe burial awareness, bolster contact tracing activities, and provide basic health care and supplies to individuals in Keya. In early November, GC positioned two safe burial teams and conducted seven safe burials in River Cess, continuing efforts to improve the management of EVD-associated deaths countrywide. USAID/FFP partner the U.N. World Food Program (WFP) mobilized food deliveries to the area, while CDC and the MoHSW are addressing other urgent needs.
- On November 14, health officials reported 28 new EVD cases in health care workers across Liberia since mid-October. The MoHSW has noted the need to investigate infections among health care workers, as it is currently unknown where the infections are occurring—in the community, at health facilities, or during private consultations.
- To help prevent health care workers from becoming infected with EVD while working in ETUs, the DoD is providing ETU staff training in Monrovia and at the county level. As of November 15, the DoD training center in Monrovia had provided training related to PPE, triaging, and managing complicated cases and dead bodies for more than 200 people, including nearly 150 ETU staff.
- Three Liberian health care workers are currently admitted at the recently opened Monrovia Medical Unit, according to the U.S. Public Health Service (USPHS) team that is managing and operating the 25-bed facility.

- On November 18, USAID/OFDA partner the IOM opened an ETU in Tubmanburg town, Bomi County, and is providing clinical services for admitted three patients. With USAID/OFDA support, IOPM is providing clinical and non-medical services for the DoD-constructed ETU.
- In FY 2015, USAID/OFDA has provided \$7.6 million to the American Refugee Committee (ARC) for the operation and management of a 50-bed ETU in River Gee County, Liberia. ARC will train clinical staff and support health care services, including patient intake and triage, EVD laboratory testing, and symptomatic monitoring and treatment. The ARC-managed ETU will also provide nutritional support and supplementation for patients in treatment.
- With nearly \$1.7 million in USAID/OFDA support, CARE is providing community-based EVD surveillance mechanisms and promoting social and behavior change through community mobilization efforts in Liberia. CARE is working to reach vulnerable populations with EVD prevention messages, expand social mobilization interventions, increase public EVD awareness through media campaigns, and reinforce training of key community mobilizers—including teachers and community leaders. Social mobilization activities are critical to educating communities about EVD and improving EVD prevention and response through outreach and media campaigns.

## **Mali**

- Health officials in Mali have identified six confirmed or probable EVD cases and five related deaths—linked to an individual who traveled from Guinea to Mali for treatment of suspected EVD symptoms and died in late October—in Mali since late October. As health officials try to control the outbreak, officials from WHO report that the number of contacts in need of monitoring had increased to more than 440 people as of November 17. Relief agencies are mobilizing response efforts quickly to support ETUs, health personnel, and contact tracing teams to contain the EVD outbreak in Mali.
- In addition to deploying health and humanitarian personnel to Bamako through the DART, USAID/OFDA is rapidly assessing the most acute humanitarian needs in Mali. CDC is also supporting the response through technical assistance for risk communications, contact tracing, case identification, exit screening, EOC development and specimen transit. Additional USG support could potentially include IPC activities, safe burial teams, case management and infection control training, the distribution of infection control commodities, and support to the GoM's newly established national EOC.

## **Sierra Leone**

- According to WHO, EVD transmission remains high in Sierra Leone, with more than 400 new confirmed EVD cases—including nearly 200 cases in Western Area—reported during the week of November 3. However, WHO reported decreased EVD transmission in Kailahun and Kenema districts—the previous epicenters of the EVD outbreak in Sierra Leone—reflects the breadth of response efforts in Eastern Province, including improved isolation of patients, comprehensive contact tracing, and robust IPC measures. Nevertheless, the U.N. notes a critical need for continued surveillance to ensure that health and response personnel can quickly identify new outbreaks, including in areas where data indicate low levels of EVD transmission.
- Increased, suspected, probable, and confirmed EVD cases in Western Area continue to exceed available bed capacity, and approximately 50 people have remained in their communities due to lack of available beds at EVD holding centers, according to relief agencies. As of November 11, patients with EVD were occupying approximately 194 of 205 EVD treatment beds in Port Loko, while an estimated 89 additional people were awaiting clinical care. The Government of the U.K. Ministry of Defense is exploring options to establish emergency holding units in Port Loko schools as a temporary measure to address inadequate bed capacity. However, WHO continues to express concerns about safety standards and IPC procedures in holding centers.
- From October 6–17, the Government of Sierra Leone Ministry of Health and Sanitation and partners assessed primary health units (PHUs) in Sierra Leone. The assessment examined all of the estimated 1,185 PHUs throughout the country, using direct observation, interviews, and analysis of PHU registers to determine the effect of the EVD outbreak on the overall health system. Most PHUs across the country are open and functional, according to the assessment findings. Northern Province's Bombali District, Southern Province's Bonthe District, and Western Area had the highest proportion of closed facilities, with authorities reporting lack of staff as the primary reason for the closures.
- On November 14, the International Federation of Red Cross and Red Crescent Societies (IFRC) in Sierra Leone reported that 50 IFRC-supported safe burial teams will be operational in all 14 districts of Sierra Leone by November 30. During the same period, IFRC also plans to increase bed capacity—from 40 to 60 beds—at the USAID/OFDA-supported ETU

in the eastern city of Kenema. USAID/OFDA support is enabling IFRC to implement social mobilization activities, support contact tracing teams, provide psychosocial support to EVD survivors and families, and conduct safe burials in Sierra Leone.

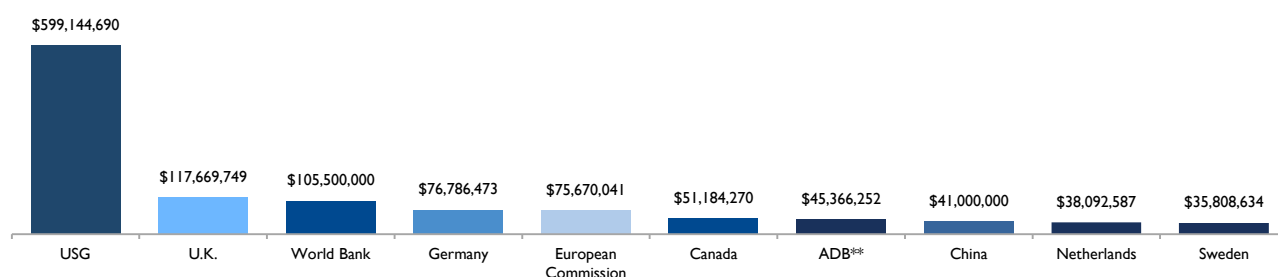
## LOGISTICS AND RELIEF COMMODITIES

- CDC is working with NGO eHealth and the GoL MoHSW to address urgent EVD-related transportation needs of county-level health departments countrywide. CDC recently procured five vehicles from local markets for conversion into ambulances, which will supplement more than 80 ambulances previously purchased by CDC and currently en route to Liberia.

## FOOD SECURITY AND LIVELIHOODS

- During the week of November 17, USAID/FFP provided an additional \$14 million to support WFP’s Ebola Emergency Operation to people affected by the EVD outbreak in Guinea, Liberia, and Sierra Leone, including individuals receiving treatment in ETUs, EVD survivors who are discharged from treatment centers, the families of people infected with EVD, and communities with widespread transmission. USAID/FFP’s \$14 million contribution will enable WFP to purchase approximately 8,400 metric tons (MT) of rice, pulses, and oil—sufficient to provide the equivalent of a one-month food ration for 509,000 people—in local and regional markets to sustain market functionality in the region.
- USAID/FFP’s recent contribution also includes 1,910 MT of in-kind U.S. Corn Soy Blend Plus, a fortified food to help prevent nutritional deficiencies and provide EVD patients and survivors, as well as nursing mothers and children, with supplemental nutritional support. To date, USAID/FFP has provided \$34.5 million to WFP.
- WFP is providing logistical support to the U.N. Mission for Ebola Emergency Response to enhance the humanitarian community’s EVD response in Guinea, Liberia, and Sierra Leone, aiming to improve operational efficiency, and establish humanitarian access to deliver critical relief commodities.

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



\* Funding figures are as of November 19, 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.

\*\*African Development Bank (ADB)

## CONTEXT

- EVD is a severe illness transmitted through direct contact with the blood, bodily fluids, and tissues of infected animals or people. There is currently no cure or preventive vaccine for EVD.
- On August 4, U.S. Ambassador Deborah R. Malac declared a disaster due to the effects of the EVD outbreak in Liberia. U.S. Chargé d’Affaires Kathleen FitzGibbon declared a disaster in Sierra Leone on August 13. On August 15, U.S. Chargé d’Affaires Ervin Massinga declared a disaster in Guinea. U.S. Chargé d’Affaires, a.i, Andrew Young declared a disaster in Mali on November 17.
- The USG deployed a field-based DART on August 5 and established a corresponding Response Management Team (RMT) based in Washington, D.C. The DART—comprising disaster response and medical experts from USAID/OFDA and CDC—is working to identify key needs stemming from the EVD outbreak, amplify humanitarian response efforts, and coordinate all USG efforts to support the EVD response.

### USG HUMANITARIAN ASSISTANCE TO THE EVD RESPONSE PROVIDED IN FY 2014 & 2015<sup>1</sup>

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
<b>USAID/OFDA<sup>2</sup></b>			
<b>REGIONAL</b>			
African Union (A.U.)	Health	Guinea, Liberia, Sierra Leone	\$10,000,000
CDC	Health	Guinea, Liberia, Sierra Leone	\$3,000,000
U.N. Humanitarian Air Service (UNHAS)	Logistics Support and Relief Commodities	Guinea, Liberia, Sierra Leone	\$250,000
UNICEF	Health	Guinea, Liberia, Sierra Leone	\$600,000
	Program Support		\$5,661,985
<b>LIBERIA</b>			
ARC	Health	Liberia	\$7,633,633
CARE	Health	Liberia	\$1,652,992
CONCERN	Health, Protection	Liberia	\$6,806,343
GC	Health	Liberia	\$17,267,089
Heart-to-Heart International (HHI)	Health, Protection	Liberia	\$7,355,667
IFRC	Health	Liberia	\$1,000,000
International Medical Corps (IMC)	Health, Protection	Liberia	\$10,841,404
International Rescue Committee (IRC)	Health	Liberia	\$13,371,683
IOM	Health	Liberia	\$28,048,894
John Snow Inc. (JSI)	Health	Liberia	\$3,121,104
MENTOR Initiative	Health	Liberia	\$1,598,314
Mercy Corps	Health, Humanitarian Coordination and Information Management	Liberia	\$12,000,000
Partners in Health (PIH)	Health, Protection	Liberia	\$11,277,896
Plan USA	Health	Liberia	\$1,508,821

Project Concern International (PCI)	Health, Logistics Support and Relief Commodities	Liberia	\$5,679,113
Samaritan's Purse (SP)	Health, Logistics Support and Relief Commodities	Liberia	\$7,782,027
SC/US	Health, Protection, WASH	Liberia	\$8,276,263
UNICEF	Health, Logistics Support and Relief Commodities, WASH	Liberia	\$11,864,030
U.N. Office for Project Services (UNOPS)	Logistics Support and Relief Commodities	Liberia	\$6,875,714
USAID/OFDA-Airlifted Relief Commodities	Logistics Support and Relief Commodities	Liberia	\$5,431,853
Welthungerhilfe (WHH)	Health, WASH	Liberia	\$1,302,322
<b>SIERRA LEONE</b>			
IFRC	Health	Sierra Leone	\$3,500,000
IMC	Health, Protection	Sierra Leone	\$5,164,183
UNICEF	Health, WASH	Sierra Leone	\$4,084,214
<b>GUINEA</b>			
CRS	Health	Guinea	\$4,041,621
InterNews	Humanitarian Coordination and Information Management	Guinea	\$799,846
IFRC	Health	Guinea	\$1,999,552
Plan International	Health	Guinea	\$1,028,074
SC/US	Health	Guinea	\$1,499,203
WFP	Health, WASH	Guinea	\$2,500,000
<b>TOTAL USAID/OFDA ASSISTANCE TO EVD RESPONSE EFFORTS</b>			<b>\$214,823,840</b>
<b>USAID/FFP</b>			
WFP	WFP Regional Emergency Operation	Guinea, Liberia, Sierra Leone	\$34,541,850
<b>TOTAL USAID/FFP ASSISTANCE TO EVD RESPONSE EFFORTS</b>			<b>\$34,541,850</b>
<b>USAID/GH</b>			
Johns Hopkins Center for Communication Programs (JHCCP)	Health	Guinea, Liberia, Sierra Leone; neighboring at-risk countries	\$4,888,500
WHO	Health	Guinea, Liberia, Sierra Leone; neighboring at-risk countries	\$12,787,500
<b>TOTAL USAID/GH ASSISTANCE TO EVD RESPONSE EFFORTS</b>			<b>\$17,676,000</b>
<b>USAID/Liberia</b>			
GoL MoHSW	Health	Liberia	\$5,000,000
<b>TOTAL USAID/Liberia ASSISTANCE TO EVD RESPONSE EFFORTS</b>			<b>\$5,000,000</b>
<b>USAID/Guinea</b>			
	Planned Health Assistance	Guinea	\$3,482,000
<b>TOTAL USAID/Guinea ASSISTANCE TO EVD RESPONSE EFFORTS</b>			<b>\$3,482,000</b>
<b>DoD</b>			
DoD		Liberia	\$283,300,000

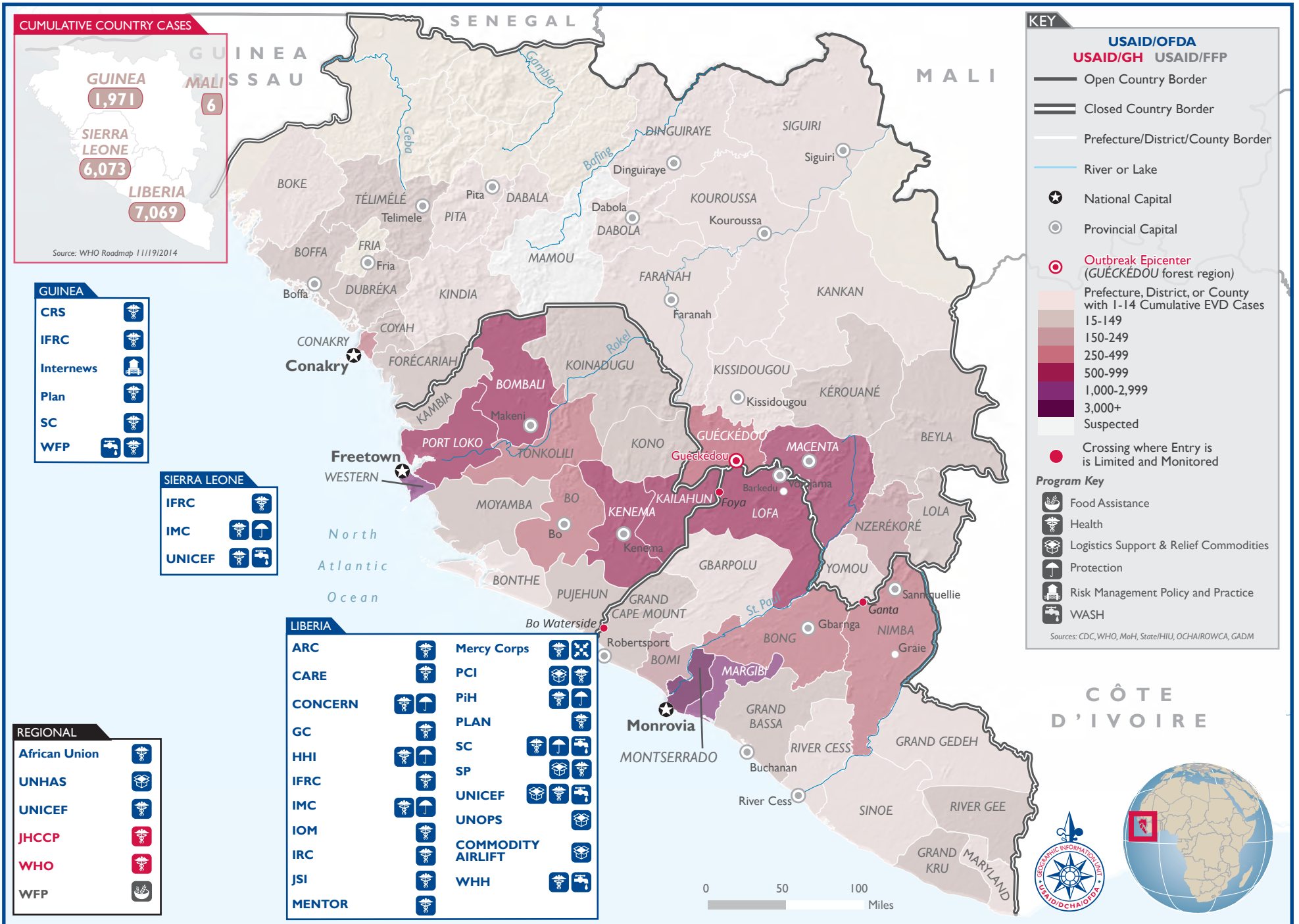
<b>TOTAL DoD ASSISTANCE TO EVD RESPONSE EFFORTS</b>			<b>\$283,300,000</b>
<b>CDC</b>			
CDC	Health	West Africa	\$40,321,000
<b>TOTAL CDC ASSISTANCE TO EVD RESPONSE EFFORTS</b>			<b>\$40,321,000</b>
<b>TOTAL USG ASSISTANCE TO EVD RESPONSE EFFORTS IN FY 2014 &amp; 2015</b>			<b>\$599,144,690</b>

<sup>1</sup>Year of funding indicates the date of commitment or obligation, not appropriation, of funds.

## PUBLIC DONATION INFORMATION

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

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



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