

WEST AFRICA – EBOLA OUTBREAK

FACT SHEET #11, FISCAL YEAR (FY) 2015

DECEMBER 10, 2014

NUMBERS AT A GLANCE

17,916

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

U.N. World Health Organization (WHO) – December 10, 2014

6,388

Total Number of EVD-Related Deaths
WHO – December 10, 2014

7,719

Total Number of EVD Cases in Liberia*
WHO – December 10, 2014

7,897

Total Number of EVD Cases in Sierra Leone*
WHO – December 10, 2014

2,292

Total Number of EVD Cases in Guinea*
WHO – December 10, 2014

8

Total Number of EVD Cases in Mali*
WHO – December 10, 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

- On December 4, the Government of Guinea-Bissau announced that it would reopen border crossings with Guinea during the week of December 8. Guinea-Bissau had closed the border in August 2014 to prevent cross-border transmission of EVD.
- In response to recent increases in EVD cases in Sierra Leone, relief actors are implementing a surge in EVD-related activities to strengthen overall response capacity, particularly in Western Area encompassing the capital city of Freetown.

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

USAID/OFDA ¹	\$362,832,513
USAID/FFP ²	\$34,769,529
USAID/GH ³	\$17,676,000
USAID/Liberia	\$5,000,000
USAID/Guinea	\$3,482,000
DoD ⁴	\$283,300,000
CDC ⁵	\$49,525,000 ⁶

\$756,585,042

USG ASSISTANCE TO THE WEST AFRICA EVD OUTBREAK RESPONSE⁷

KEY DEVELOPMENTS

- Between December 3 and 5, the Economic Community of West African States (ECOWAS) deployed 116 West African health care workers (HCWs) to the three countries acutely affected by EVD, including 49 to Guinea, 39 to Liberia, and 28 to Sierra Leone. In coordination with host-country governments, the teams will integrate with in-country foreign medical team structures for additional training and further assignments.
- At a December 8 ceremony attended by Special Representative of the Secretary-General (SRSG) and Head of the U.N. Mission for Ebola Emergency Response (UNMEER) Anthony Banbury, U.S. Ambassador Deborah R. Malac, and other senior officials, Liberian President Ellen Johnson Sirleaf officially launched the “Ebola Must Go!” national EVD social mobilization campaign developed by CDC.
- In Sierra Leone, USAID/OFDA partner the International Federation of Red Cross and Red Crescent Societies (IFRC) is training volunteers in eight districts in safe and dignified burials and is reaching nearly 1,700 people each week through door-to-door social mobilization campaigns. With USAID/OFDA support, IFRC is managing 49 safe burial teams, with 15 teams operating in Western Area encompassing the capital city of Freetown.

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 December 10, 2014; total includes estimated salaries and benefits and funding from all CDC sources. USAID/OFDA funding to CDC of \$3 million and DoD funding to CDC of \$600,000 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 United States Government (USG) effort.

CURRENT SITUATION

- Concerned about growing EVD-related stigma hindering efforts to comprehensively respond to the EVD outbreak in West Africa, the head of the IFRC, Mr. Elhadj As Sy, urged all governments to refrain from making decisions that further isolate EVD-affected countries, including closing borders to travelers from West Africa. Mr. Sy also urged governments to continue investing resources in key response activities, including isolation of patients with EVD, community outreach activities, contact tracing and monitoring, and the safe and dignified burial of EVD-related deaths.
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Liberia

- While the overall number of suspected EVD cases continues to hold steady, new cases are clustering in hotspots. CDC reports that nearly 90 percent of recent cases are occurring in Grand Bassa, Grand Cape Mount, Montserrado, and other nearby counties. Health actors note that focusing response efforts on isolated hotspot clusters at the county level is having a positive impact, evidenced in recent weeks by clusters of EVD cases being controlled more quickly, as well as a decrease in the number of cases per hotspot.
- USAID/OFDA and CDC partners continue to deploy staff to outlying hotspots to strengthen county-level responses. With cases clustering countrywide, county-level coordination is paramount in the current response phase. International health actors are also engaging with counties to bolster the response.
- On December 5, CDC's Division of Global Migration and Quarantine concluded a two-day, train-the-trainer workshop in Monrovia. Workshop participants included approximately 30 airport and seaport managers from around Liberia. The training comprised adult education concepts; international health regulations; EVD awareness, recognition, and response; health screening; and the proper use of personal protective equipment (PPE). Continued vigilance at borders remains critical in Liberia's response efforts as neighboring countries with active outbreaks pose a risk of reinfection in border areas of Liberia.
- CDC's "Ebola Must Go!" national communication campaign, developed in collaboration with other response actors, formally launched on December 8 with an announcement from Liberian President Ellen Johnson Sirleaf. Meanwhile, health communication experts are conducting detailed implementation plans for public communication and social mobilization functions, as well as developing communication materials.
- USAID/OFDA partner Samaritan's Purse opened a 10-bed community care center (CCC) in Fish Town, River Gee County, on December 2. Samaritan's Purse plans to operate the CCC until USAID/OFDA partner Welthungerhilfe (WHH) completes construction of the Fish Town EVD treatment unit (ETU) and begins to receive patients. USAID/OFDA partner American Refugee Committee (ARC) plans to manage the clinical and non-clinical aspects of the Fish Town ETU, which is currently scheduled to open in late December. In addition, USAID/OFDA partner Save the Children (SC) opened the CCC at Wohn Clinic in Margibi County's Gibi town on December 5. The Wohn Clinic CCC has a 30-bed capacity—20 for confirmed EVD cases and 10 for suspected cases.

Sierra Leone

- In advance of the Western Area Surge (WAS) scheduled to begin on December 14, relief actors are assessing existing capacity to expand response activities, delivering relief commodities to local EVD treatment facilities and holding centers, and improving coordination mechanisms for a more effective response. The WAS is a three-week expansion of operations designed to counteract an acute increase in new EVD cases in the region and mitigate EVD exposure risks associated with an expected rise in population movements during the holiday season.
- During the week of December 1, Sierra Leone's severely EVD-affected Kono District reported nearly 80 confirmed EVD cases and an 85 percent mortality rate as of November 29. Relief actors identified Nimiyama chiefdom as the worst-affected area with up to 30 EVD cases and 10 related deaths, noting that other areas in Kono remain difficult to assess due to community resistance, overwhelmed contact tracing teams, and limited resources for surveillance activities. In response to heightened transmission and mortality rates in Kono, USAID/OFDA partner IFRC is providing three additional burial teams in the district, bringing the total number of burial teams to five. Due to concerns that EVD cases in Nimiyama chiefdom could affect communities in neighboring Tonkolili District, IFRC is supporting four burial teams in Tonkolili.
- USAID/OFDA partner IFRC is training volunteers in eight districts in safe and dignified burials and is reaching nearly 1,700 people each week through door-to-door social mobilization campaigns. With USAID/OFDA support, IFRC is

managing 49 safe burial teams, with 15 operating in Western Rural and Western Urban districts encompassing the capital city of Freetown. As of November 14, IFRC had also provided contact tracing services for more than 8,100 people and reached approximately 12,800 people with psychosocial support services in Sierra Leone.

- Since mid-November, CDC laboratorians have processed more than 2,100 potential EVD case samples—with more than half testing positive for EVD—at the lab in Bo District. The laboratory in Bo is an integral part of EVD response efforts in Sierra Leone as it continues to process more than 100 samples a day.

Guinea

- The Government of Guinea (GoG) and non-governmental organization (NGO) Alliance for International Medical Action (ALIMA) officially inaugurated the N'zérékoré Prefecture ETU—built by the U.N. World Food Program (WFP) with support from USAID/OFDA—on November 30. While patient intake will be gradual, the N'zérékoré ETU plans to maintain 40 beds at full capacity.
- With nearly \$1.5 million in USAID/OFDA funding, SC is strengthening health surveillance efforts and garnering community support for EVD response efforts in Guinea. To date in Siguiri Prefecture, SC has reached more than 9,600 people with targeted health messaging to improve community understanding of EVD. SC is also bolstering surveillance and case management capacity at the prefecture level where SC-supported contact tracing teams have monitored nearly 460 contacts and trained an estimated 200 health care providers—including 30 traditional healers—to identify and respond to EVD.
- In response to increasing HCW infections in Guinea, USAID is strengthening infection prevention and control (IPC) practices in non-EVD settings. The USAID Mission in Conakry is funding JHPIEGO to conduct IPC trainings in the capital city of Conakry and Beylah and Forécariah towns, while USAID/OFDA partner Catholic Relief Services (CRS) is training 3,080 IPC supervisors and HCWs in Kourémalé, Macenta, and N'zérékoré towns.

Mali

- On December 6, the CDC facilitated the training of 40 Bamako-based epidemiologists and physicians to serve as case investigators and liaise with regional EVD focal points. These personnel will operate in the capital city of Bamako and in seven regions across Mali—Gao, Kayes, Koulikoro, Mopti, Ségou, Sikasso, and Tombouctou—for up to three months. Teams of two-to-four case investigators will visit regional health care facilities to inquire whether recent patients have exhibited EVD symptoms, or if communities have experienced sudden, unexplained deaths. When case investigators encounter a possible EVD case, they will contact the focal point who will consult Mali's emergency operations center (EOC) for next steps.
- On November 28, WFP—with partner the Mali Red Cross (MRC)—began distributing food rations in Bamako to households with individuals under observation for potential contact with EVD cases. WFP trained MRC volunteers on safe food distribution practices and provided volunteers with PPE, including gloves, glasses, and masks, according to UNMEER.
- In coordination with the Ministry of Health (MoH) and WHO, the International Organization for Migration (IOM) has installed a flow monitoring point (FMP) in Nougani village near the Guinea–Mali border town of Kourémalé to track population movements and screen transiting persons for symptoms of EVD. The Nougani-based FMP will be operational for an initial three-month period. From November 21 to 30, the FMP registered approximately 4,900 people, according to IOM.

PROTECTION

- With nearly \$1.2 million in USAID/OFDA support, NGO partner BRAC plans to provide psychosocial support services (PSS) to EVD-affected households and EVD survivors in Liberia to enhance coping skills and well-being, as well as improve community attitudes toward EVD survivors and family members. The BRAC program will also strengthen the capacity of community health promoters and government social workers to provide counseling services and create a nationwide support network for EVD survivors.
- With USAID/OFDA support, the Family Tracing and Reunification (FTR) network implemented by the U.N. Children's Fund (UNICEF) has identified 9,524 children in Sierra Leone who have been directly affected by EVD, including 4,349 who have lost one or both parents. The FTR network has provided PSS services to 4,626 children while 487 children

without parental care have been reunited with their families or placed in foster care. In situations where reuniting children has not been possible, FTR provided 96 children with alternative care.

- In Liberia, four interim care centers (ICCs)—sites that host children directly or indirectly affected by EVD—are operational with two in Montserrado and one each in Bong and Nimba counties. A fifth ICC is scheduled to open in Lofa County in the coming weeks. UNICEF—with support from U.N. Office of Coordination for Humanitarian Affairs (OCHA) and the U.N. Mission in Liberia—is mapping EVD-related child protection activities countrywide to better identify gaps and provide targeted assistance in the coming months.

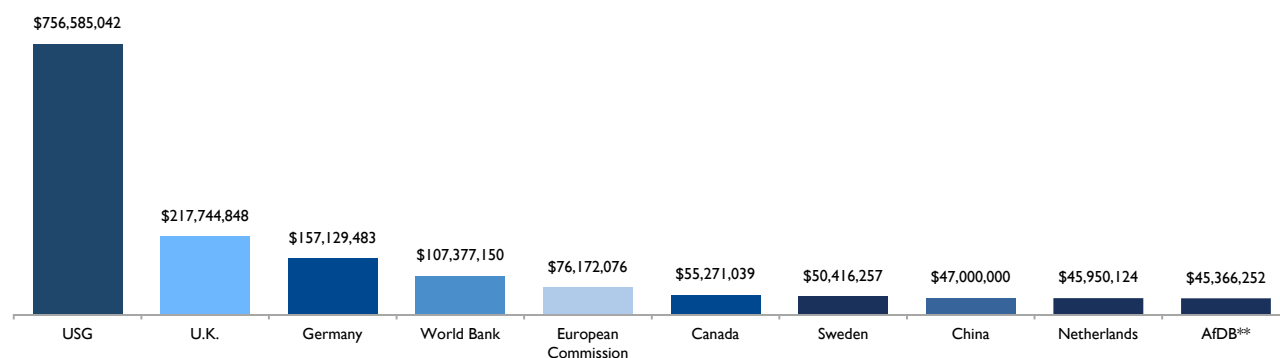
LOGISTICS AND RELIEF COMMODITIES

- As of November 30, USAID/OFDA partner the U.N. Humanitarian Air Service (UNHAS) has performed nearly 650 flights since August 16, transporting more than 3,160 personnel and more than 20 metric tons (MT) of cargo to support EVD response activities in West Africa.
- In Guinea, WFP has operationalized the main logistics hub in Conakry, as well as two forward logistics bases in Kissidougou and N'zérékoré prefectures. WFP has also completed the extension of the main logistics hub in Conakry, including the erection of six mobile storage units—with a storage surface of more than 2,080 square meters. The facility is now able to store medical items requiring controlled temperatures.
- On December 8, UNMEER received 20,000 sets of PPE from the Japan Disaster Relief Team. This is the first tranche of 700,000 PPE sets committed by the Government of Japan to UNMEER to provide critical protection to HCWs in Guinea, Liberia, Mali, and Sierra Leone.

FOOD SECURITY AND LIVELIHOODS

- Since the EVD outbreak began in Sierra Leone's Koinadugu District in late October, WFP has provided household food rations in 11 villages—including seven hotspot areas—that have reported EVD cases, in addition to five nearby villages. WFP has also delivered food parcels to holding centers in Kumala and Sumbaria towns. With support from USAID/FFP, and in close coordination with WHO, WFP continues to register households and distribute food to communities in hotspots and vulnerable areas.

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



* Funding figures are as of December 10, 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 (AfDB)

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 & 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
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		\$5,701,785
LIBERIA			
ARC	Health	Liberia	\$7,633,633
BRAC	Protection	Liberia	\$1,177,902
CARE	Health	Liberia	\$1,652,992
Concern	Health, Protection	Liberia	\$6,806,343
CRS	Health	Liberia	\$960,447
Global Communities (GC)	Health	Liberia	\$20,768,606
Heart to Heart International (HHI)	Health, Protection	Liberia	\$7,001,161
IFRC	Health	Liberia	\$1,000,000
IMC	Health, Protection	Liberia	\$19,674,298
IOM	Health	Liberia	\$28,048,894
International Rescue Committee (IRC)	Health, Protection	Liberia	\$20,434,570
JHPIEGO	Health	Liberia	\$2,814,287
John Snow Inc. (JSI)	Health	Liberia	\$3,164,720
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	\$11,354,485
Samaritan's Purse (SP)	Health, Logistics Support and Relief Commodities	Liberia	\$7,782,027
SC	Health, Protection, WASH	Liberia	\$8,276,263
UNICEF	Health, Logistics Support and Relief Commodities, Protection, WASH	Liberia	\$50,767,691
U.N. Office for Project Services (UNOPS)	Logistics Support and Relief Commodities	Liberia	\$6,875,714
WHH	Health, WASH	Liberia	\$1,302,322
WFP	Logistics Support and Relief Commodities	Liberia	\$45,008,916
USAID/OFDA-Airlifted Relief Commodities	Logistics Support and Relief Commodities	Liberia	\$13,973,617
SIERRA LEONE			
IFRC	Health	Sierra Leone	\$7,000,000
IMC	Health, Protection	Sierra Leone	\$5,164,183
IOM	Health	Sierra Leone	\$1,469,410
IRC	Health	Sierra Leone	\$4,400,000
UNICEF	Health, Protection, WASH	Sierra Leone	\$4,084,214
USAID/OFDA-Airlifted Relief Commodities	Logistics Support and Relief Commodities	Sierra Leone	\$15,966
GUINEA			
CRS	Health	Guinea	\$4,041,621
ChildFund	Health, Protection	Guinea	\$1,500,000
Helen Keller International (HKI)	Health	Guinea	\$1,719,455
Internews	Humanitarian Coordination and Information Management	Guinea	\$799,846
IOM	Logistics Support and Relief Commodities	Guinea	\$2,000,000
IFRC	Health	Guinea	\$1,999,552
Plan International	Health	Guinea	\$2,111,738
Relief International (RI)	Health, Logistics Support and Relief Commodities	Guinea	\$4,000,000
SC	Health	Guinea	\$1,499,203
Terres Des Hommes	Health, Protection, WASH	Guinea	\$875,000
UNICEF	WASH	Guinea	\$1,000,000
WFP	Health, WASH	Guinea	\$2,500,000
USAID/OFDA-Airlifted Relief Commodities	Logistics Support and Relief Commodities	Guinea	\$3,836,621
MALI			
UNICEF	Health	Mali	\$400,000
TOTAL USAID/OFDA ASSISTANCE TO EVD RESPONSE EFFORTS			\$362,832,513
USAID/FFP			
WFP	WFP Regional Emergency Operation	Guinea, Liberia, Sierra Leone	\$34,769,529
TOTAL USAID/FFP ASSISTANCE TO EVD RESPONSE EFFORTS			\$34,769,529

USAID/GH			
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
TOTAL USAID/GH ASSISTANCE TO EVD RESPONSE EFFORTS			\$17,676,000
USAID/Liberia			
GoL MoHSW	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
DoD			
DoD		Liberia	\$283,300,000
TOTAL DoD ASSISTANCE TO EVD RESPONSE EFFORTS			\$283,300,000
CDC			
CDC	Health	West Africa	\$49,525,000
TOTAL CDC ASSISTANCE TO EVD RESPONSE EFFORTS			\$49,525,000
TOTAL USG ASSISTANCE TO EVD RESPONSE EFFORTS IN FY 2014 & 2015			\$756,585,042

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>

