

WEST AFRICA – EBOLA OUTBREAK

FACT SHEET #16, FISCAL YEAR (FY) 2015

JANUARY 14, 2015

NUMBERS AT A GLANCE

21,261

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

U.N. World Health Organization (WHO) – January 14, 2015

8,414

Number of EVD-Related Deaths
WHO – January 14, 2015

10,124

Number of EVD Cases in Sierra Leone*
WHO – January 14, 2015

8,331

Number of EVD Cases in Liberia*
WHO – January 14, 2015

2,806

Number of EVD Cases in Guinea*
WHO – January 14, 2015

*Includes cumulative EVD cases in Guinea, Liberia, and Sierra Leone. Numbers are subject to change due to reclassification, retrospective investigation, and availability of laboratory results.

HIGHLIGHTS

- New EVD cases continue to decrease in Liberia, and the number of confirmed cases has declined by 43 percent between December 22 and January 5 in Sierra Leone, according to WHO. Relief agencies continue to implement life-saving activities and underscore the importance of preventative measures.
- Since early January, USAID/OFDA partners have opened one EVD treatment unit (ETU) and four community care centers (CCCs) in Sierra Leone.
- To strengthen coordination, CDC and partner eHealth Africa are supporting the establishment of county-level emergency operation centers (EOCs) in Liberia.

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

USAID/OFDA ¹	\$440,403,431
USAID/FFP ²	\$43,739,529
USAID/GH ³	\$17,676,000
USAID/Liberia	\$5,000,000
USAID/Guinea	\$3,482,000
DoD ⁴	\$372,145,000
CDC ⁵	\$68,691,681 ⁶

\$951,137,641

USG ASSISTANCE TO THE WEST AFRICA EVD OUTBREAK RESPONSE⁷

KEY DEVELOPMENTS

- During the week of January 5, newly appointed U.N. Special Representative of the Secretary General (SRSG) Ismail Ould Cheikh Ahmed—the head of the U.N. Mission for Ebola Emergency Response (UNMEER)—traveled to the acutely EVD-affected countries of Guinea, Liberia, and Sierra Leone. The SRSG met with government officials, relief agencies, and international donors—including representatives from the USG Disaster Assistance Response Team (DART)—to discuss response efforts and gaps.
- According to WHO, EVD transmission rates are stabilizing in Sierra Leone, which remains the country with the highest number of EVD cases. In response to persistent needs, USAID/OFDA partner Medair opened a 20-bed ETU in Western Rural District on January 8, while Partners in Health (PiH) recently finalized the construction of three USAID/OFDA-supported CCCs in the severely affected Kono District.
- Guinea recorded 81 EVD cases countrywide—comprising 69 confirmed and 12 suspect cases—between December 29 and January 4, a 34 percent decrease from 123 cases reported during the week of December 22. Relief agencies note that EVD cases in many areas remain underreported and are expanding operations to augment contact tracing, improve referrals to treatment facilities, and support social mobilization efforts.

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 January 14, 2015; total includes estimated salaries, 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 U.S. Government (USG) humanitarian and development funding to date. This number represents a subset of the total USG effort.

CURRENT SITUATION

Liberia

- EVD case transmission continues to decline in Liberia, and as of January 12, the Government of Liberia (GoL) Ministry of Health (MoH) reported an average of slightly more than one confirmed case per day since late December. Despite the decline in EVD cases, relief agencies have underscored the need to continue life-saving interventions. In communities that have not recently experienced EVD cases, local non-governmental organizations (NGOs) report that some residents are no longer engaging in preventive measures and have commented that EVD is no longer a threat. Through social mobilization projects, such as the USAID/OFDA-funded Mercy Corps Ebola Community Action Platform, local NGOs are increasing EVD education and reinforcing the need to maintain EVD prevention behaviors.
- The GoL—in collaboration with CDC, WHO, and USAID/OFDA partner the U.N. Children’s Fund (UNICEF)—is conducting infection prevention and control (IPC) assessments of at least 300 health care facilities in Montserrado County. The assessments aim to determine actions for restoring routine health care services at non-EVD health facilities, many of which had temporarily closed due to high infection rates among staff. The GoL and partners will evaluate each facility’s performance for minimum IPC standards, including triage services and isolation areas, as well as assess the number of staff trained in IPC protocols.
- As relief actors strengthen response activities in counties outside of Montserrado County, CDC partner eHealth Africa is supporting the development of county-level EOCs to enhance local incident management systems and coordination of inter-county activities. As recent transmission patterns have illustrated, effective coordination among county health teams is essential for locating and treating cases, as well as for following contacts and implementing quarantine procedures. To set up the EOCs, eHealth is renovating office space, supplying furniture for at least eight staff members, and installing high-speed internet—which is especially important for sharing data with other counties and the national EOC. eHealth has prioritized the most EVD-affected counties, but expects all 15 counties to have functioning EOCs by early February.
- The GoL MoH-led psychosocial technical working group is identifying and addressing challenges faced by EVD survivors—such as eviction and loss of employment due to the stigma of EVD; lack of financial resources to pay for needed medications; EVD-related health issues, such as vision impairment; and difficulty coping with the trauma of their experience. The GoL-supported EVD Survivors Network is coordinating relief efforts to ensure consistent assistance for survivors discharged from all ETUs.

Sierra Leone

- While EVD transmission rates have stabilized countrywide, relief agencies remain concerned by hotspots and vulnerable rural areas in Sierra Leone. Following 42 consecutive days without a new confirmed EVD case in Pujehun District, the Government of Sierra Leone (GoSL) declared Pujehun—which borders Liberia’s Grand Cape Mount County—the first EVD-free district in the country. The GoSL and relief agencies have cautioned against complacency, underscoring the continued importance of preventative activities and the risk of EVD transmission from Liberia.
- Improved surveillance and contact tracing have helped relief agencies identify increased EVD cases in Kono District—including EVD hotspots in the district’s Gbense, Kamara, Nimiya, and Nimikoro chiefdoms—with 15 confirmed, 27 probable, and 54 suspected cases reported during the week of December 29. On January 8, the International Federation of Red Cross and Red Crescent Societies (IFRC) opened a 20-bed holding center and a 40-bed ETU in Kono’s Koidu town, while USAID/OFDA partner PiH had opened three 12-bed CCCs in Kono as of January 11.
- On January 8, USAID/OFDA partner Medair opened the 20-bed Kontorloh ETU in Sierra Leone’s Kissy neighborhood, Western Rural District. The Kontorloh ETU is employing approximately 30 EVD survivors to support health care services, and the ETU had admitted 10 patients, including five confirmed EVD cases, as of January 12. Complementing Medair’s ongoing EVD response efforts in Kissy, Médecins Sans Frontières (MSF) opened a 20-bed ETU—with the capacity to scale up to 80 beds—in the area on January 8. MSF plans to begin providing triage services and obstetrics care for pregnant women with suspected or confirmed EVD at the ETU by January 31.
- A laboratory established by the DoD Defense Threat Reduction Agency (DTRA) in southern Sierra Leone’s Moyamba District began operations on January 13. The lab serves a Médecins du Monde-managed ETU in Moyamba, as well as

other EVD treatment facilities in the area. The laboratory had processed seven EVD specimens, including one specimen that tested positive for EVD, as of January 13. Including the DTRA-supported laboratory, Sierra Leone currently has 13 operational laboratories supporting critical EVD specimen and swab testing, which provide confirmation regarding whether a patient is EVD positive and if an individual was EVD-positive prior to death.

- Nearly 60 percent of EVD infections among health care workers in Sierra Leone have occurred in public hospitals and health care facilities, according to recent CDC and WHO analysis released on January 5. Commonly reported modes of transmission included insufficient IPC measures in health care facilities, caring for patients outside of health care facilities, failing to use personal protective equipment (PPE) when needed, and experiencing PPE breaches. USAID/OFDA partner UNICEF—in partnership with CDC and the GoSL—continues to expand IPC and EVD screening trainings at nearly 1,200 public health units countrywide. As of December 21, UNICEF had provided IPC training for more than 7,000 HCWs and support personnel, including hygienists and security staff, and non-EVD health care facilities.
- On January 6, DART personnel observed USAID/OFDA-supported EVD response training in Sierra Leone’s capital city of Freetown. USAID/OFDA partner International Organization for Migration (IOM) is providing IPC and PPE training for health care workers and other EVD response personnel, such as household disinfection staff. To ensure preparedness among EVD response workers, IOM requires trainees to complete an ETU simulation course and monitors graduates for IPC quality assurance. IOM is also providing training for African Union (A.U.) foreign medical teams to increase the number of qualified health personnel countrywide. In FY 2015, USAID/OFDA has provided nearly \$3.5 million to support IOM’s EVD response activities in Sierra Leone, including \$1 million to support IPC and PPE training.

Guinea

- Guinea recorded 81 EVD cases countrywide—comprising 69 confirmed and 12 suspect cases—between December 29 and January 4. WHO also reported 53 EVD-related deaths, including 44 among ETU patients and 9 deaths in communities. CDC notes that the decline from the 123 cases reported during the previous week should be viewed cautiously while response efforts in Guinea are intensified.
- The ETU in Forest Region’s Macenta Prefecture—operated by the French Red Cross—has received no new confirmed or suspect EVD cases since January 1, according to the National Ebola Coordination Cell. In addition, the number of patients at the ETU in Guéckédou Prefecture—where the West Africa EVD outbreak reportedly originated—decreased from 36 cases on December 30 to five cases on January 8. Although these changes may indicate an improving situation in the Forest Region, the area continues to host multiple contacts and unreported EVD cases likely exist.
- The U.S. Peace Corps in Guinea is supporting CDC under an interagency agreement to implement a community EVD education effort that has reached approximately 20,000 people to date. In November, CDC trained 25 Peace Corps staff to become master trainers, and Peace Corps Guinea adapted CDC education materials into six local languages. Between December 8 and 13, the master trainers conducted sessions in Boke, Kankan, Kindia, Kissidougou, Labe, and Mamou prefectures for nearly 300 participants, including local authorities, community and youth leaders, and others, from more than 100 villages and towns.

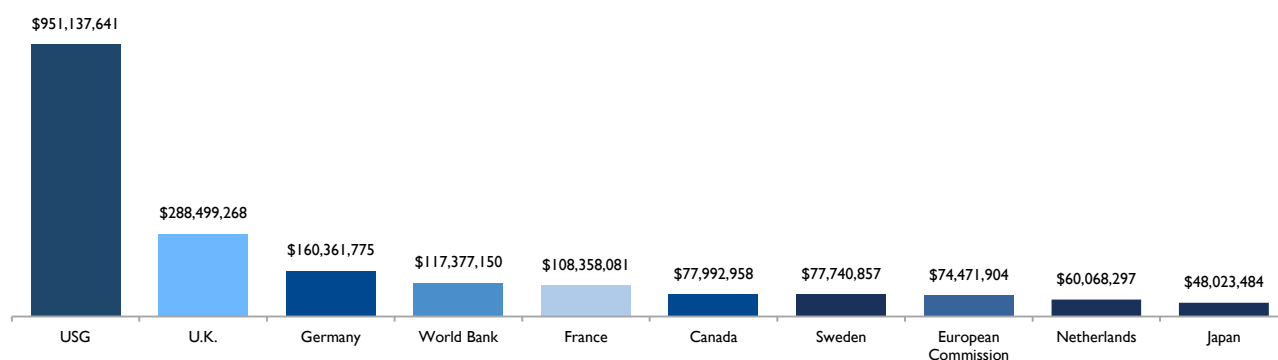
Mali

- Mali remains on schedule to receive an EVD-free designation from WHO on January 18, which marks the end of two 21-day incubation cycles with no new cases in the country. Efforts are underway to develop messages that appropriately celebrate the declaration while simultaneously reminding local populations that, as long as EVD persists in neighboring countries, communities in Mali must continue prevention efforts.
- Between January 2 and 12, USAID/OFDA partner IOM registered and screened nearly 26,000 arrivals to Mali from Guinea and other neighboring countries at the 11 health screening posts it operates in Mali’s Kayes, Koulikoro, and Sikasso regions. Approximately 36 percent of new arrivals—nearly 9,300 individuals—were traveling from Guinea, including more than 6,100 Guinean nationals. The remainder of those arriving from Guinea comprised primarily returning Malians, as well as smaller numbers of nationals from various countries throughout the region. The Government of Mali and other EVD response actors in Mali remain vigilant in monitoring the possibility of EVD importation from Guinea.

FOOD SECURITY AND LIVELIHOODS

- In early January, USAID/FFP provided approximately \$9 million to Mercy Corps to address acute food security needs among EVD-affected communities in Liberia's Lofa, Margibi, Montserrado, and Nimba counties. Mercy Corps will provide cash transfers to vulnerable households for the local purchase of food, as well as vouchers for agricultural inputs to support household food production during the upcoming agricultural season. The project aims to support 125,000 beneficiaries, prioritizing households with children under two years of age.
- During the week of December 29, USAID/FFP partner the U.N. World Food Program (WFP) delivered food commodities to 56,000 individuals in Sierra Leone—including more than 100 EVD patients, more than 600 EVD survivor households, nearly 4,800 contacts, and more than 50,000 people in areas of widespread transmission. Since the start of the EVD emergency operation in Sierra Leone, WFP has assisted an estimated 1.3 million individuals—including more than 15,000 persons in need of EVD-related care and nearly 1.3 million individuals in quarantined or severely EVD-affected areas to date.

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



* Funding figures are as of January 14, 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, 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—including 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 ²			

REGIONAL			
A.U.	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
USAID/OFDA-Airlifted Relief Commodities	Logistics Support and Relief Commodities	Guinea, Liberia, Sierra Leone	\$19,017,564
	Program Support		\$7,255,603
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
Catholic Relief Services (CRS)	Health	Liberia	\$960,447
Global Communities	Health	Liberia	\$20,768,606
GOAL	Health	Liberia	\$4,702,667
Heart to Heart International (HHI)	Health, Protection	Liberia	\$7,001,161
IFRC	Health	Liberia	\$1,000,000
International Medical Corps (IMC)	Health, Protection	Liberia	\$23,767,075
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
Medical Teams International (MTI)	Health	Liberia	\$4,021,836
MENTOR Initiative	Health	Liberia	\$1,598,314
Mercy Corps	Health, Humanitarian Coordination and Information Management	Liberia	\$12,000,000
PiH	Health, Protection	Liberia	\$24,393,170
Plan USA	Health	Liberia	\$1,508,821
PCI	Health, Logistics Support and Relief Commodities	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	\$8,276,263
UNICEF	Health, Logistics Support and Relief Commodities, Protection, WASH	Liberia	\$50,767,691
Welthungerhilfe (WHH)	Health, WASH	Liberia	\$1,302,322

WFP	Logistics Support and Relief Commodities	Liberia	\$45,008,916
SIERRA LEONE			
IFRC	Health	Sierra Leone	\$7,000,000
IMC	Health, Protection	Sierra Leone	\$5,164,183
IOM	Health	Sierra Leone	\$3,469,410
IRC	Health	Sierra Leone	\$4,400,000
Medair	Health	Sierra Leone	\$2,858,272
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	\$10,000,000
WHO	Health	Sierra Leone	\$4,000,000
World Vision	Logistics Support and Relief Commodities	Sierra Leone	\$2,472,525
GUINEA			
CRS	Health	Guinea	\$4,041,621
ChildFund	Health, Protection	Guinea	\$1,500,000
French Red Cross (FRC)	Health	Guinea	\$4,505,445
Helen Keller International (HKI)	Health	Guinea	\$1,719,455
Internews	Risk Management Policy and Practice	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/US	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
MALI			
CRS	Health	Mali	\$954,740
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			\$440,403,431
USAID/FFP			
Mercy Corps	Emergency Food Assistance	Liberia	\$8,970,000
WFP	WFP Regional Emergency Operation	Guinea, Liberia, Sierra Leone	\$34,769,529

TOTAL USAID/FFP ASSISTANCE TO EVD RESPONSE EFFORTS			\$43,739,529
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 MoH	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	\$372,145,000
TOTAL DoD ASSISTANCE TO EVD RESPONSE EFFORTS			\$372,145,000
CDC			
CDC	Health	West Africa	\$68,691,681
TOTAL CDC ASSISTANCE TO EVD RESPONSE EFFORTS			\$68,691,681
TOTAL USG ASSISTANCE TO EVD RESPONSE EFFORTS IN FY 2014 & 2015			\$951,137,641

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>



USAID
FROM THE AMERICAN PEOPLE



USG RESPONSE TO THE EBOLA OUTBREAK IN WEST AFRICA

Last Updated 01/14/15

CRISIS IMPACT

21,261

CUMULATIVE CASE COUNT



8,414

CUMULATIVE CASE DEATHS



Source: WHO Roadmap Strep 01/14/2015

GUINEA

CRS

ChildFund

FRC

HKI

IFRC

Internews

IOM

Plan

RI

SC/US

Terres Des Hommes

UNICEF

WFP

REGIONAL

A.U.

UNICEF

Commodity
Airlift

JHCCP

WHO

WFP

SIERRA LEONE

IFRC

IMC

IOM

IRC

Medair

PiH

UNICEF

WFP

WHO

World Vision

LIBERIA

ACF

ARC

BRAC

CARE

ChildFund

Concern

CRS

GOAL

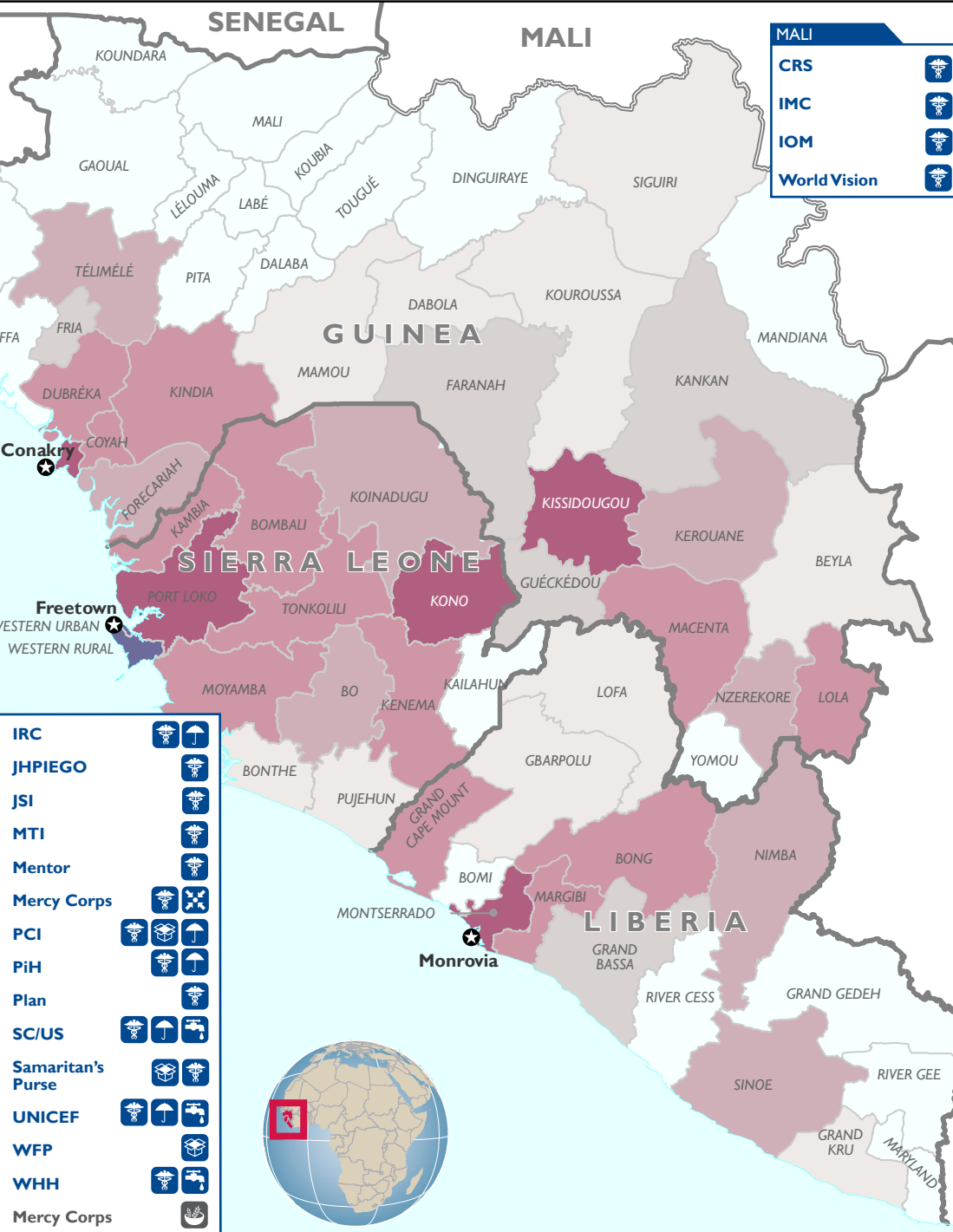
Global
Communities

HHI

IFRC

IMC

IOM



COUNTRY CASES

GUINEA

2,806

SIERRA
LEONE

10,124

LIBERIA

8,331

Source: WHO Situation Summary 01/14/2015

KEY

USAID/OFDA

USAID/GH

USAID/FFP

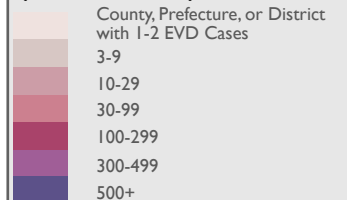
Open Country Border

Closed Country Border

Prefecture/District/County Border

National Capital

New Cases by County (last three weeks)



Source: CDC as of 01/08/2015

Program Key

- Food Assistance
- Health
- Humanitarian Coordination & Information Management
- Logistics Support & Relief Commodities
- Protection
- Risk Management Policy and Practice
- WASH