

WEST AFRICA – EBOLA OUTBREAK

FACT SHEET #23, FISCAL YEAR (FY) 2015

MARCH 4, 2015

NUMBERS AT A GLANCE

23,934

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

UN World Health Organization (WHO) – March 4, 2015

9,792

Number of EVD-Related Deaths*

WHO – March 4, 2015

11,466

Number of EVD Cases in Sierra Leone*

WHO – March 4, 2015

9,249

Number of EVD Cases in Liberia*

WHO – March 4, 2015

3,219

Number of EVD Cases in Guinea*

WHO – March 4, 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

- WHO reports 132 new confirmed cases of EVD in Guinea and Sierra Leone in the week ending on March 1.
- No new EVD cases confirmed in Liberia in nearly two weeks.
- Response actors remain concerned regarding ongoing EVD transmission chains in Guinea's Forécariah Prefecture, where 23 EVD cases since February 28—more than 70 percent of the 32 confirmed cases in the same time period countrywide—have occurred.

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

USAID/OFDA ¹	\$463,846,949
USAID/FFP ²	\$57,479,546
USAID/GH ³	\$20,076,000
USAID/Liberia	\$16,100,000
USAID/Guinea	\$3,482,000
DoD ⁴	\$353,958,000
CDC ⁵	\$131,455,115 ⁶
\$1,046,397,610	
USG ASSISTANCE TO THE WEST AFRICA EVD OUTBREAK RESPONSE ⁷	

KEY DEVELOPMENTS

- As of March 3, the Government of Liberia (GoL) Incident Management System (IMS) had not reported a confirmed case of EVD in 12 days, with the most recent case documented in Montserrado County on February 19. On February 27, the IMS announced that Liberia had entered Phase 3 of the EVD response, which will focus on restoring non-EVD health services and improving triage and referral processes to enable medical staff to safely identify and isolate suspect EVD cases.
- The Government of Sierra Leone (GoSL) is working with CDC, UN agencies, and non-governmental organizations (NGOs) to strengthen quarantine practices, particularly in Western Area, where some contacts of EVD cases are reportedly fleeing to northwestern rural districts, facilitating the continued spread of EVD.
- The E.U.—in coordination with the UN, the African Union, the Economic Community of West African States, and the Presidents of Guinea, Liberia, and Sierra Leone—hosted a high-level international conference on EVD in Brussels, Belgium, on March 3. The meeting aimed to maintain worldwide attention on the crisis and included discussion on country-specific assessments and recovery plans, according to the E.U.
- USAID/Liberia recently committed \$11.1 million to support the reopening of Liberian schools and health care worker salary payments. To date, the USG has provided more than \$1 billion to support EVD response activities in affected countries.

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 February 28, 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 are 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 to respond to the EVD outbreak in West Africa.

REGIONAL

- During the week ending on March 1, WHO reported 132 new confirmed EVD cases in Guinea and Sierra Leone—an increase from the 99 total cases reported the prior week. For the first time since May 2014, Liberia reported no new confirmed cases in the one-week period, while Guinea and Sierra Leone reported 51 and 81 new cases, respectively. EVD hotspots persist in Guinea’s capital city of Conakry and Coyah and Forécariah prefectures, as well as Sierra Leone’s capital of Freetown and Bombali and Port Loko districts. WHO notes that the number of confirmed EVD deaths occurring in Guinean and Sierra Leonean communities remains high—suggesting that communities are not understanding or acting on messages regarding the importance of early isolation and treatment. In addition, WHO cites 16 reports of unsafe burials in Guinea and Sierra Leone in the two weeks leading up to March 1.

LIBERIA

- The IMS documented only 10 confirmed EVD cases during February, with the most recent case confirmed on February 19 in Montserrado. As of March 3, response actors continued to monitor 102 contacts of EVD cases, according to the IMS.
- Following the February 22 reopening of land borders with Sierra Leone and Guinea, GoL authorities are working with USAID, CDC, UN officials, and NGOs to strengthen coordination among border authorities, county health actors, and community mobilizers to ensure a swift response to any EVD cases originating from neighboring countries. CDC has supported the GoL Border Collaboration Group to develop a comprehensive national border strategy, which includes standard operating procedures, EVD prevention toolkits, and training for border communities.
- In Margibi County—one of only two counties in Liberia where the GoL documented a confirmed EVD case during February—USAID/OFDA partner Mercy Corps is training EVD mobilizers on communication and technology skills, including digital outreach, data collection, and information sharing. Members of the USG Disaster Assistance Response Team (DART) observed a training session for mobilizers from three Margibi community-based organizations on February 26; Mercy Corps also provided tailored messages to participants regarding the safe reopening of schools.
- USAID/OFDA partners, CDC, and other response actors continue to facilitate improved adherence to infection prevention and control (IPC) protocols at non-EVD health facilities across Liberia—a need underscored by recent EVD exposure to non-EVD health care workers in Montserrado. Between February 15 and 21, USAID/OFDA partner John Snow Inc. (JSI) supported supervision of IPC protocols, alongside GoL county and district health supervisors, at 76 health facilities across the country, including eight private health clinics in Montserrado. Additionally, five IPC teams from USAID/OFDA-funded Medical Teams International (MTI) visited 39 health facilities in Montserrado during the week of February 9, delivering IPC supplies and promoting adherence to IPC protocols, such as proper triage procedures, appropriate chlorine levels in disinfection solutions, and safe donning and doffing of personal protective equipment.
- On February 25, USAID/Liberia announced an Education Crisis Response Program to support reopening Liberian schools. Implemented by the UN Children’s Fund (UNICEF) in close coordination with the GoL, the program aims to reopen schools across Liberia and prevent future disruptions to the education system. Through \$9.5 million from USAID/Liberia, UNICEF is also supporting the GoL Ministry of Education to enforce health protocols in schools—including temperature monitoring and hand washing requirements—and establishing referral mechanisms with local health centers.
- USAID/Liberia recently committed an additional \$1.6 million to the GoL Ministry of Health and Social Work (MoHSW) to support salaries for civil servants employed in the health sector. USAID/Liberia’s assistance will facilitate continued salary payments for approximately 3,700 health workers. The new contribution brings USAID/Liberia’s total support for health worker salaries through the MoHSW to \$6.6 million to date.

SIERRA LEONE

- The majority of new EVD cases recorded in Sierra Leone continue to occur in northwestern areas of the country. The GoSL reported 137 new EVD cases between February 12 and 25; of these, 129 cases—or nearly 95 percent—occurred in the five northwestern districts of Bombali, Kambia, Port Loko, Western Urban, and Western Rural. Western Area clusters continue to generate rural EVD cases as some contacts are fleeing to rural districts; GoSL and CDC staff report tracing some EVD transmission chains in Bombali, Kono, Port Loko, and Tonkolili districts back to Western Area clusters. In collaboration with CDC, UN agencies, and NGOs, the GoSL is working to strengthen quarantine practices, particularly in Western Area.

- The Kambia District Ebola Response Center reports that some individuals in the district continue to engage in practices that increase the risk of EVD transmission—such as unsafe burial activities—and resist EVD interventions, including isolation and monitoring efforts. CDC staff also note challenges in identifying and documenting all non-household contacts of new EVD cases in Kambia.
- The GoSL reports that a recently implemented micro-surge response strategy in Western Area’s Aberdeen wharf cluster effectively halted further EVD transmission in the area. The strategy—implemented in coordination with USAID partners and CDC—included rapid response activities and the simultaneous mobilization of epidemiology, contact tracing, quarantine, social mobilization, and community monitoring staff. CDC continues to support similar micro-surge activities to address ongoing EVD transmission in Freetown’s Hagan Street Market and Susan’s Bay neighborhoods.
- Vice President Chief Sam Sumana announced on February 28 that he would remain under quarantine in his residence for 21 days following the February 24 EVD-related death of one of his security staff.
- With USAID/OFDA support, the International Rescue Committee (IRC) is supporting EVD response efforts through the management of the Ebola Response Consortium (ERC)—comprising eight NGOs that operate throughout Sierra Leone. Between February 9 and 15, ERC partners supported more than 450 peripheral health unit supervision visits and trained more than 390 community health workers and traditional birth attendants to conduct EVD screening. To date, the ERC has trained more than 1,000 individuals in IPC activities in peripheral health units.

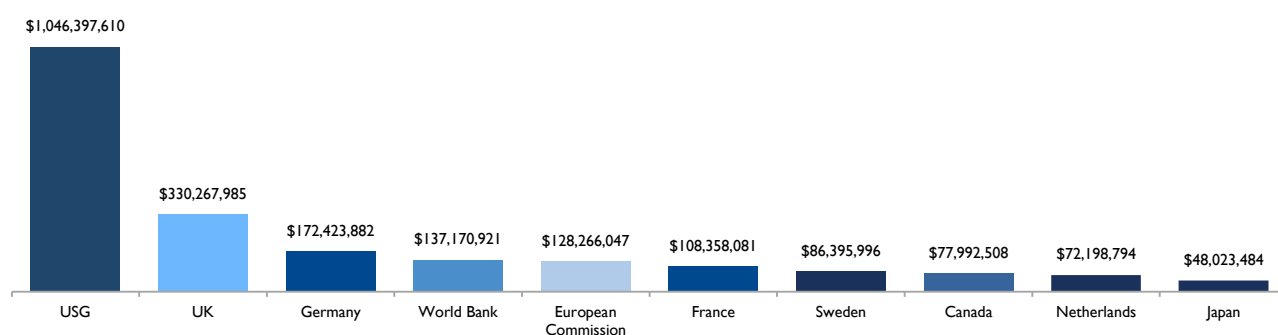
GUINEA

- WHO and the Government of Guinea (GoG) confirmed 12 new EVD cases in the country on February 28, including 11 new cases in Forécariah Prefecture; an additional 20 new EVD cases confirmed on March 2 and 3 include 12 cases in Forécariah. Response actors remain concerned with EVD transmission chains in Forécariah, particularly as the prefecture includes four sub-prefectures reportedly reticent to EVD interventions.
- Médecins Sans Frontières (MSF) reported that community reticence resulted in some security incidents—including people setting an MSF vehicle on fire and throwing stones at MSF staff members—in Faranah Prefecture and other areas in February.
- Response actors are working to bolster surveillance efforts and community outreach in Macenta Prefecture, following the confirmation of two new EVD cases in Macenta on February 24 and 26—the first EVD cases confirmed in the prefecture since January.
- On February 28, WHO declared that Kissidougou Prefecture had not recorded new EVD cases in 21 days and health actors are not following any known EVD contacts in the prefecture. Guinea currently has nine prefectures with EVD cases confirmed in the past 21 days.
- WHO Regional Director for Africa Dr. Matshidiso R. Moeti traveled to Guinea on February 25 to assess EVD response efforts and reaffirm WHO’s commitment to controlling the outbreak. During her trip, Dr. Moeti met with GoG officials, health care workers, EVD survivors, and affected community members; attended a National Ebola Coordination Cell meeting; and visited an EVD treatment unit. Dr. Moeti expressed concern regarding ongoing reticence in Guinea and highlighted the importance of building the capacity of the Guinean health care system to prevent future health crises.
- Following delays related to insecurity and other logistical issues, USAID/FFP partner the UN World Food Program (WFP) began targeted food distributions to identified contacts of EVD cases in Coyah Prefecture on February 27, reaching at least 66 known contacts with 21-day food rations within one day. WFP food assistance prevents contacts of EVD cases from having to travel in search of food, thereby facilitating the work of contact tracers and possibly reducing the spread of EVD. USAID/FFP has provided \$34.8 million to support WFP’s regional activities to date.
- CDC, through partner Peace Corps Guinea, is training EVD community educators in seven locations to share basic EVD-related information with their communities. CDC staff traveled to Kindia Prefecture on February 26 to assess the program, which has trained more than 270 community educators, with an additional 230 people currently in training. CDC reports that community educators—who have reached an estimated 28,000 people with EVD messages—are instrumental in sensitizing communities and reporting suspect EVD cases in areas outside of Guinea’s capital, Conakry.
- USAID/OFDA partner Save the Children/U.S. (SC/US) is strengthening widespread EVD awareness in Guinea through theater performances featuring key EVD messages. Members of the DART attended the first performance of an EVD-related play in Conakry on February 28 and reported that the performance was well received by an audience of approximately 200 people.

FOOD SECURITY AND LIVELIHOODS

- In late February, USAID/FFP provided approximately \$1.3 million to Catholic Relief Services (CRS) to distribute food vouchers to vulnerable households in Guinea. CRS is targeting 2,000 households in Macenta and N'Zerekore prefectures, where the EVD outbreak has resulted in increased levels of food insecurity. People can redeem the vouchers for a variety of nutritious food from local vendors—supporting vulnerable households to obtain food in the coming lean season while reinvigorating local markets.
- USAID/FFP also recently committed nearly \$4.4 million to SC to provide targeted cash transfers to EVD-affected populations in Sierra Leone. SC is targeting more than 6,400 households in Kailahun District with cash transfers to help people meet basic food needs. USAID/FFP is also supporting the provision of conditional cash grants to 400 small-scale, predominately female vendors who lost access to credit as a result of disrupted markets. The cash grants will help the vendors resupply and restart their businesses and facilitate the normalization of food supplies in Kailahun markets.

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



* Funding figures are as of March 4, 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 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 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 OUTBREAK RESPONSE PROVIDED IN FY 2014 & 2015¹

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
USAID/OFDA ²			
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
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	\$2,042,536
USAID/OFDA-Airlifted Relief Commodities	Logistics Support and Relief Commodities	Guinea, Liberia, Sierra Leone	\$19,026,877
	Program Support		\$5,963,735
LIBERIA			
Action Contre la Faim (ACF)	Health, Protection, 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
Global Communities	Health	Liberia	\$20,768,606
GOAL	Health	Liberia	\$4,702,667
Heart to Heart International (HHI)	Health, Protection	Liberia	\$7,001,161
International Federation of Red Cross and Red Crescent Societies (IFRC)	Health	Liberia	\$1,000,000
International Medical Corps (IMC)	Health, Protection	Liberia	\$23,767,075
IOM	Health	Liberia	\$28,048,894
IRC	Health, Protection	Liberia	\$17,465,373
Jhpiego	Health	Liberia	\$2,814,287
JSI	Health	Liberia	\$3,164,720
MTI	Health	Liberia	\$4,021,836
MENTOR Initiative	Health	Liberia	\$3,926,216
Mercy Corps	Health, Humanitarian Coordination and Information Management	Liberia	\$12,000,000
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
SC/US	Health, Protection, WASH	Liberia	\$8,276,263
U.S. Public Health Service	Health	Liberia	\$3,688,272
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	\$45,008,916
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	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
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	\$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	\$2,300,000
IFRC	Health	Guinea	\$1,999,552
Plan International	Health, WASH	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	Health, WASH	Guinea	\$6,000,400
WFP	Health, WASH	Guinea	\$2,500,000
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			\$463,846,949
USAID/FFP			
CRS	Food Vouchers	Guinea	\$1,325,443
Mercy Corps	Emergency Food Assistance	Liberia	\$8,970,000
PCI	Cash Transfers, Agricultural Input Vouchers	Liberia	\$8,030,564
SC	Cash Transfers	Sierra Leone	\$4,384,010
WFP	WFP Regional Emergency Operation	Guinea, Liberia, Sierra Leone	\$34,769,529
TOTAL USAID/FFP ASSISTANCE TO EVD RESPONSE EFFORTS			\$57,479,546
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 MoHSW	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	\$353,958,000
TOTAL DoD ASSISTANCE TO EVD RESPONSE EFFORTS			\$353,958,000
CDC			
CDC	Health	West Africa	\$131,455,115
TOTAL CDC ASSISTANCE TO EVD RESPONSE EFFORTS			\$131,455,115
TOTAL USG ASSISTANCE TO EVD RESPONSE EFFORTS IN FY 2014 & 2015			\$1,046,397,610

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>



USG RESPONSE TO THE EBOLA OUTBREAK IN WEST AFRICA

GUINEA

SIERRA LEONE

LIBERIA

CRISIS IMPACT

23,934
CUMULATIVE CASE COUNT

9,792
CUMULATIVE CASE DEATHS

Source: WHO Situation Summary 03/04/15

Legend:

USAID/OFDA USAID/GH USAID/FFP

Cash Transfers
Food Assistance
Food Vouchers
Health
Humanitarian Coordination & Information Management
Logistics Support & Relief Commodities
Protection
Risk Management Policy & Practice
WASH

New Confirmed Cases

1 - 5
5 - 10
10 - 25
25 - 50
50 - 110+

Source: CDC. Number of Confirmed Cases in the previous 21 days as of 02/25/15.

Cumulative Cases

Source: WHO Roadmap Sitrep, 03/04/15

GUINEA

CRS
ChildFund
FRC
HKI
IFRC
Internews
IOM
Plan
RI
SC/US
Terres Des Hommes
UNICEF
WFP
CRS

SIERRA LEONE

Christian Aid
CRS
GOAL
IFRC
IMC
IOM
IRC
Medair
Oxfam/GB
PiH
UNICEF
WFP
WHO
World Vision
SC

LIBERIA

ACF
ARC
BRAC
CARE
ChildFund
Concern
CRS
GOAL
Global Communities
HHI
IFRC
IMC
IOM
IRC
JHPIEGO

REGIONAL

A.U.
UNICEF
Commodity Airlift
OCHA
JHCCP
WHO
WFP

CRISIS IMPACT

23,934
CUMULATIVE CASE COUNT

9,792
CUMULATIVE CASE DEATHS

Source: WHO Situation Summary 03/04/15

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.