

WEST AFRICA – EBOLA OUTBREAK

FACT SHEET #32, FISCAL YEAR (FY) 2015

MAY 28, 2015

NUMBERS AT A GLANCE

27,040

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

UN World Health Organization (WHO) – May 28, 2015

11,140

Number of EVD-Related Deaths in Acutely Affected Countries*

WHO – May 28, 2015

12,735

Number of EVD Cases in Sierra Leone*

WHO – May 28, 2015

10,666

Number of EVD Cases in Liberia*

WHO – May 28, 2015

3,639

Number of EVD Cases in Guinea*

WHO – May 28, 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 officially marks the end of the EVD outbreak in Liberia on May 9
- A USAID/OFDA supported EVD treatment unit (ETU) in Kenema District, Sierra Leone, enters hibernation after more than two months without treating an EVD-positive patient
- The Government of Guinea (GoG) concludes a case-finding campaign in Coyah Prefecture and launches a new EVD detection and prevention campaign in Forécariah Prefecture

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

USAID/OFDA ¹	\$696,352,043
USAID/FFP ²	\$104,247,423
USAID/GH ³	\$20,076,000
USAID/Liberia	\$16,100,000
USAID/Guinea	\$3,482,000
DoD ⁴	\$390,355,000
CDC ⁵	\$462,351,381 ^{6,7}
\$1,692,963,847	
USG ASSISTANCE TO THE WEST AFRICA EVD OUTBREAK RESPONSE ⁸	

KEY DEVELOPMENTS

- On May 9, the 42-day EVD monitoring period elapsed in Liberia with zero new confirmed EVD cases, marking the end of the EVD outbreak in the county—the first of West Africa’s three acutely EVD-affected countries to achieve the milestone. WHO and the Government of Liberia (GoL) marked the occasion with official statements declaring the end of the outbreak, lauding response efforts, and underscoring the importance of continued vigilance, particularly with ongoing EVD transmission in neighboring Guinea and Sierra Leone. The GoL will maintain enhanced EVD surveillance activities for at least 90 days.
- WHO reported the highest weekly number of new confirmed EVD cases in the region in more than one month during the week ending May 17, with a total of 35 new cases recorded in Guinea and Sierra Leone. Of the eight new confirmed cases occurring in Sierra Leone during the reporting week, one case involved a health care worker infection.

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 In FY 2014, CDC funded its West Africa EVD response with CDC’s internal operational resources. Of the \$444,912,381 that CDC has thus far obligated in FY 2015, approximately \$60,888,300 supports activities outside the United States and \$331,077,779 supports activities inside the U.S. All other CDC obligations occurred during the Continuing Resolution and are not available to be categorized as domestic or international obligations.

⁷ CDC funding as of May 25, 2015; total includes estimated salaries, benefits, and funding from all CDC sources for programs in West Africa and the United States. The CDC funding total does not include \$3 million from USAID/OFDA, \$600,000 from DoD, or CDC Foundation donations.

⁸ Total funding figure includes committed U.S. Government (USG) humanitarian and development funding to date, as well as CDC’s combined contribution to the international and domestic EVD response. This number represents a subset of the total USG effort to respond to the ongoing EVD outbreak.

REGIONAL

- WHO reported 35 new confirmed EVD cases from May 11 to May 17—the highest weekly total in over a month, and a significant increase from the nine new cases confirmed the preceding week. The governments of Guinea and Sierra Leone reported 27 and eight new cases, respectively, during the reporting week. The 35 new cases were recorded across three prefectures in Guinea and three districts in Sierra Leone—an increase in geographical range compared to the week before, when two Guinean prefectures and only one Sierra Leonean district confirmed new cases, according to WHO.

Liberia

- Liberian President Ellen Johnson Sirleaf, U.S. Ambassador to Liberia Deborah R. Malac, U.S. Surgeon General Vice Admiral Vivek H. Murthy, and members of the USG Disaster Assistance Response Team (DART) attended an April 30 ceremony marking the closure of the Monrovia Medical Unit (MMU)—a 25-bed EVD care facility constructed by DoD and staffed by the U.S. Public Health Service (USPHS) that provided care to EVD-infected health personnel and responders in Liberia. The MMU began accepting patients on November 7 and admitted 42 suspected cases during six months of operations.
- Effective May 4 CDC downgraded the travel health notice for Liberia from Warning Level 3—avoid non-essential travel—to Alert Level 2—practice enhanced precautions, due to the lack of new cases.⁹ CDC maintains a Warning Level 3 for travel to Guinea and Sierra Leone.
- During the 90-day period of enhanced surveillance in Liberia, CDC plans to maintain a presence in Montserrado County, as well as counties that border Guinea and Sierra Leone, such as Bong, Gbarpolu, Grand Cape Mount, Lofa, and Nimba. CDC personnel will focus on supporting surveillance activities, such as facility- and community-based surveillance, swabbing deceased individuals, and border monitoring.
- The mobile laboratory supported by CDC and the National Institutes of Health (NIH), located on Montserrado County's ELWA Hospital campus, ceased operations on May 22. The laboratory was temporarily established in late August 2014 to address a critical need for increased laboratory capacity. On May 23, the GoL began directing all samples previously slated for the ELWA laboratory to the USG-supported national reference laboratory at the Liberia Institute of Biomedical Research.
- USAID/OFDA continues to support activities aimed at strengthening infection prevention and control (IPC) measures in non-EVD health care facilities in Liberia. Through a non-governmental organization consortium led by the International Rescue Committee (IRC), USAID/OFDA is facilitating supervision visits to assess IPC protocols and deliver IPC commodities. From May 4–17, five consortium teams conducted supervision visits and provided guidance on triaging patients and donning and doffing personal protective equipment at nearly 70 facilities in Montserrado. In addition, USAID/OFDA partner John Snow, Inc. (JSI) is conducting training to improve IPC practices; the organization reached 75 health care workers in River Ghee County with training from May 18–23. JSI is also distributing IPC supplies and conducting supportive supervision visits to health care facilities in Bomi, Grand Cape Mount, Grand Kru, River Cess, and Sinoe counties.

Sierra Leone

- During the week ending May 17, Sierra Leone confirmed eight new EVD cases—an increase from the two new cases reported the prior week. Four of the new confirmed cases occurred in the capital city, Freetown, in Western Urban District, while Port Loko District confirmed three cases and Kambia District confirmed one. The Port Loko cases—the first new cases in the district in more than 21 days—are linked to a transmission chain from Kambia, according to WHO.
- On April 29, the International Federation of Red Cross and Red Crescent Societies (IFRC) officially halted operations at its ETU in Kenema and began decontamination of the site. With USAID/OFDA support, IFRC opened the Kenema ETU on September 15, 2014. In coordination with the national ETU plan developed by the Government of Sierra Leone (GoSL), the IFRC facility in Kenema is in hibernation mode—tents and other large structures remain standing, and the ETU retains the capacity to reopen and accept patients within 72 hours of identified need.

⁹ CDC's travel health notice system informs travelers about current health issues related to specific destinations using a scale from Level 1 to 3.

- On May 9, GoSL representatives deployed nine teams to Kambia District to engage community members on concerns related to the EVD response. The meetings were part of the Kambia Community Action Plan—or Operation KCAP—which aims to halt new EVD cases in the district. With activities planned through late May, Operation KCAP is supporting village taskforces to conduct active EVD case-finding and promoting strengthened cross-border collaboration between Kambia and the neighboring Guinean prefecture of Forécariah.
- On May 14, Sierra Leone confirmed a new health care worker infection; the individual was working at an ETU near Freetown, WHO reports. Separately, on May 12, Italy confirmed a case of EVD in a recently returned volunteer health care worker who was working in the same Sierra Leonean ETU before their return to Italy and the onset of symptoms. Response workers are investigating the source of exposure and monitoring contacts of both individuals, although WHO notes that none of the 13 contacts identified in Italy are considered at high risk of exposure.
- USAID/OFDA partners are conducting EVD response activities in Western Urban District's Moa Wharf area, which continues to have new confirmed EVD cases, including one new case confirmed the week ending May 17. The UN Children's Fund (UNICEF) continues to provide protection services to vulnerable children, while partner the International Organization for Migration (IOM) continues to organize social mobilization activities, including EVD outreach, in Moa Wharf. In addition, with USAID/OFDA support Medair has distributed more than 300 interim EVD care kits—which include oral rehydration salts, buckets, soap, bleach, and gloves—to populations in Western Rural and Western Urban districts, including people residing in Moa Wharf.

Guinea

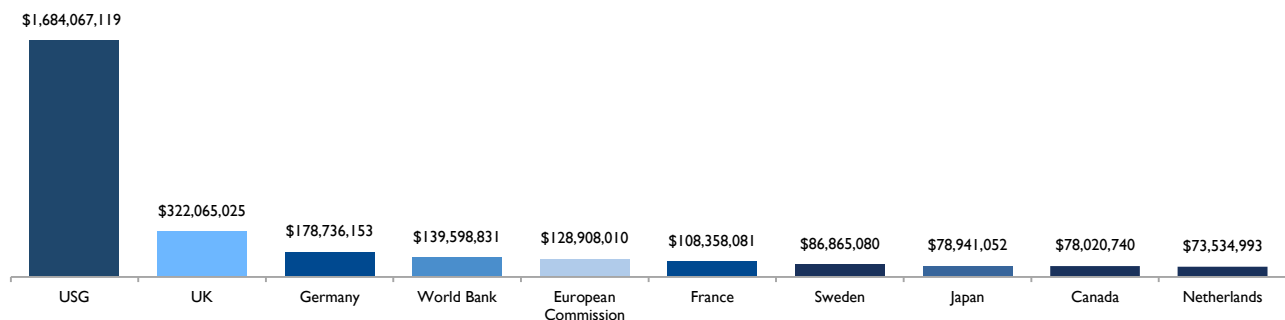
- Of the 27 new cases confirmed in Guinea during the week ending May 17, five occurred in Boké Prefecture. Prior to the reporting week, Boké had not reported new cases for more than 200 days, WHO reports. All five cases in Boké occurred in the same sub-prefecture, with preliminary investigations suggesting the cases are linked to a chain of transmission in the capital city of Conakry. Dubrékah and Forécariah prefectures each reported 11 new cases during the week ending May 17.
- In late April, the GoG and its partners concluded an EVD awareness and case-finding campaign in Coyah. During the campaign, more than 600 mobilization teams deployed throughout Coyah, reaching more than 286,000 of the 375,000 targeted individuals. Campaign implementers focused on active case finding, EVD prevention, and social mobilization activities, including distributing hygiene kits and sensitizing communities to EVD response efforts.
- On May 16, the GoG launched a 21-day EVD response campaign targeting 20 villages in Forécariah and aiming to identify suspected cases and reduce the risk of further transmission. During the first four days, which included door-to-door messaging and active case finding, teams identified 16 suspected EVD cases; none had tested positive as of May 20. During the same period, normal surveillance activities, which continued in areas outside of the 20 targeted villages, discovered 23 suspected cases, including six confirmed cases, in Forécariah.
- On May 19, a delegation comprising the national Ebola coordinator, CDC, the DART, and representatives from multiple UN agencies traveled to Boké to assess the current prefecture-level response. The GoG is identifying a partner to establish and manage a transit center in Boké, as the prefecture lacks an isolation and treatment option. On May 20, a Canadian diagnostics laboratory relocated from Macenta to Boké to allow for quicker specimen testing. The UN World Food Program (WFP) is transporting 20 metric tons (MT) of food assistance to the prefecture for distribution to contacts under surveillance—while WFP estimates that the current need in Boké is 12 MT of food assistance, the agency is prepositioning additional supplies in anticipation of an increased number of EVD-affected individuals. In addition, USAID/OFDA partner the Center for International Studies and Cooperation (CECI), working under a grant to Relief International (RI), is disseminating door-to-door information in Boké and distributing hygiene kits.
- In response to the recent cluster of cases in Boké, IFRC deployed vehicles and staff to the prefecture on May 19, supporting the Guinean Red Cross to increase the number of safe burial teams in Boké from one to four teams. With USAID/OFDA support, IFRC is operating more than 80 safe burial teams across Guinea.
- DART and CDC representatives joined staff from the National Ebola Coordination Cell and UN agencies for a visit to Dubréka on May 21. The delegation observed a need for strengthened social mobilization efforts with a focus on detecting and isolating suspected cases. In addition, the delegation found that a number of imams and healers in Dubréka

continue to refrain from safe practices designed to prevent the spread of EVD. In response to identified problems, the GoG plans to increase supervision of social mobilization teams and bolster engagement with local authorities, imams, and traditional healers.

FOOD SECURITY AND LIVELIHOODS

- According to an April report from the USAID-funded Famine Early Warning System (FEWS NET), depletion of household food stocks has resulted in an earlier-than-normal start to the lean season in some EVD-affected areas. In addition, household incomes have remained below average due to the general economic slowdown in Guinea, Liberia, and Sierra Leone. This weakened household purchasing power is contributing to Stressed—IPC 2—or Crisis—IPC 3—food insecurity, which FEWS NET anticipates lasting through September 2015 in many areas.¹⁰ Particularly, some households in Sierra Leone’s districts of Kailahun, Kenema, Kono, and Tonkolili—where quarantines contributed to disruptions to agricultural production and market activities—are at Crisis levels of food insecurity, FEWS NET reports. USAID/FFP has provided more than \$2.4 million to FEWS NET to support data collection, analysis, and reporting on the food security situation in EVD-affected countries.
- To date, USAID/FFP has provided more than \$104 million to address the acute food needs and market disruption caused by EVD across the three affected countries. This includes nearly \$55 million through partners in Liberia to assist EVD-affected households access food through cash transfers, WFP food distributions, and market recovery support. In Sierra Leone, USAID/FFP has provided partners with approximately \$26.5 million to increase access to food via cash transfers and WFP food distributions. USAID/FFP partners in Sierra Leone are also supporting market recovery via small grants to traders and promoting agricultural production through limited agricultural input vouchers. With approximately \$17.3 million to partners in Guinea, USAID/FFP is supporting EVD-affected households with food vouchers and food assistance through WFP. USAID/FFP is also supporting WFP to locally procure food for its national school feeding program in Liberia and Guinea.

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



* Funding figures are as of May 28, 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 2014 and to date in 2015, 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.

¹⁰ The Integrated Food Security Phase Classification (IPC) is a standardized tool that aims to classify the severity and magnitude of food insecurity. The IPC scale, which is comparable across countries, ranges from Minimal—IPC 1—to Famine—IPC 5.

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/OFDA²			
REGIONAL			
African Union (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
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
Overseas Development Institute (ODI)	Humanitarian Studies, Analysis, or Applications	Guinea, Liberia, Sierra Leone	\$30,011
Tufts University	Humanitarian Studies, Analysis, or Applications	Guinea, Liberia, Sierra Leone	\$558,504
	Program Support		\$6,514,483
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	\$32,076,365
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
IRC	Health, Protection	Liberia	\$18,443,770
Jhpiego	Health	Liberia	\$2,814,287
JSI	Health	Liberia	\$7,233,653
Medical Teams International (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
Save the Children/U.S. (SC/US)	Health, Protection, WASH	Liberia	\$8,276,263
USAID/OFDA-Supported Non-Medical ETU Management Contracts	Health	Liberia	\$86,249,157
USPHS	Health	Liberia	\$4,988,272
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	\$57,277,108
WHO	Logistics Support and Relief Commodities, Health, Protection	Liberia	\$35,000,000
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	\$4,779,410
IRC	Health	Sierra Leone	\$9,688,573
Medair	Health	Sierra Leone	\$5,349,216
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	\$20,000,000
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
HC3	Health	Guinea	\$1,000,000
Helen Keller International (HKI)	Health	Guinea	\$1,719,455
Internews	Risk Management Policy and Practice	Guinea	\$1,999,846
IOM	Logistics Support and Relief Commodities	Guinea	\$12,767,220
IFRC	Health	Guinea	\$2,999,552
IMC	Health	Guinea	\$14,854,760
Jpiego	Health	Guinea	\$2,400,000
Plan International	Health, WASH	Guinea	\$2,111,738
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	Protection, WASH	Guinea	\$10,555,447
WFP	Health, WASH	Guinea	\$8,500,000
WHO	Health	Guinea	\$19,626,849
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			\$696,352,043
USAID/FFP			
ACDI/VOCA	Cash Transfers, Agricultural Input Vouchers	Liberia	\$9,000,000
ACDI/VOCA	Cash Transfers, Agricultural Input Vouchers	Sierra Leone	\$9,000,000
CRS	Food Vouchers	Guinea	\$1,325,443
FEWS NET	Food Security, Market, and Livelihood Monitoring, Analysis and Reporting	Guinea, Liberia, Sierra Leone	\$2,495,348
Mercy Corps	Cash Transfers, Agricultural Input Vouchers	Liberia	\$8,970,000

PCI	Cash Transfers, Agricultural Input Vouchers, Cash-for-Work	Liberia	\$8,030,564
Save the Children (SC)	Cash Transfers	Sierra Leone	\$4,384,010
WFP	In-Kind Food Assistance to EVD-Affected Ivorian Refugees: Title II and Local and Regional Procurement	Liberia	\$8,921,600
WFP	Assistance for EVD-Affected Ivorian Returnees from Liberia: Cash Transfers, Local and Regional Procurement	Cote d'Ivoire	\$3,000,000
WFP	WFP School Feeding Operation	Guinea	\$7,182,907
WFP	WFP School Feeding Operation	Liberia	\$7,370,323
WFP	WFP Regional Emergency Operation	Guinea	\$8,772,002
WFP	WFP Regional Emergency Operation	Liberia	\$12,633,568
WFP	WFP Regional Emergency Operation	Sierra Leone	\$13,161,658
TOTAL USAID/FFP ASSISTANCE TO EVD RESPONSE EFFORTS			\$104,247,423
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 MoH	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	\$390,355,000
TOTAL DoD ASSISTANCE TO EVD RESPONSE EFFORTS			\$390,355,000
CDC			
CDC	Health	West Africa and USA	\$462,351,381
TOTAL CDC ASSISTANCE TO EVD RESPONSE EFFORTS			\$462,351,381
TOTAL USG ASSISTANCE TO EVD RESPONSE EFFORTS IN FY 2014 & 2015			\$1,692,963,847

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>

CRISIS IMPACT

27,040

CUMULATIVE CASE COUNT



11,140

CUMULATIVE CASE DEATHS

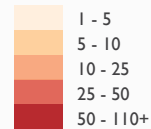


Source: WHO Situation Summary 05/28/15

USAID/OFDA USAID/IGH USAID/FFP

- Agriculture and Food Security
- Cash-For-Work
- Cash Transfers
- Food Assistance
- Food Vouchers
- Health
- Humanitarian Coordination & Information Management
- Humanitarian Studies, Analysis, or Applications
- Local and Regionally Procured Food Assistance
- Logistics Support & Relief Commodities
- Protection
- Risk Management Policy & Practice
- WASH

New Confirmed Cases



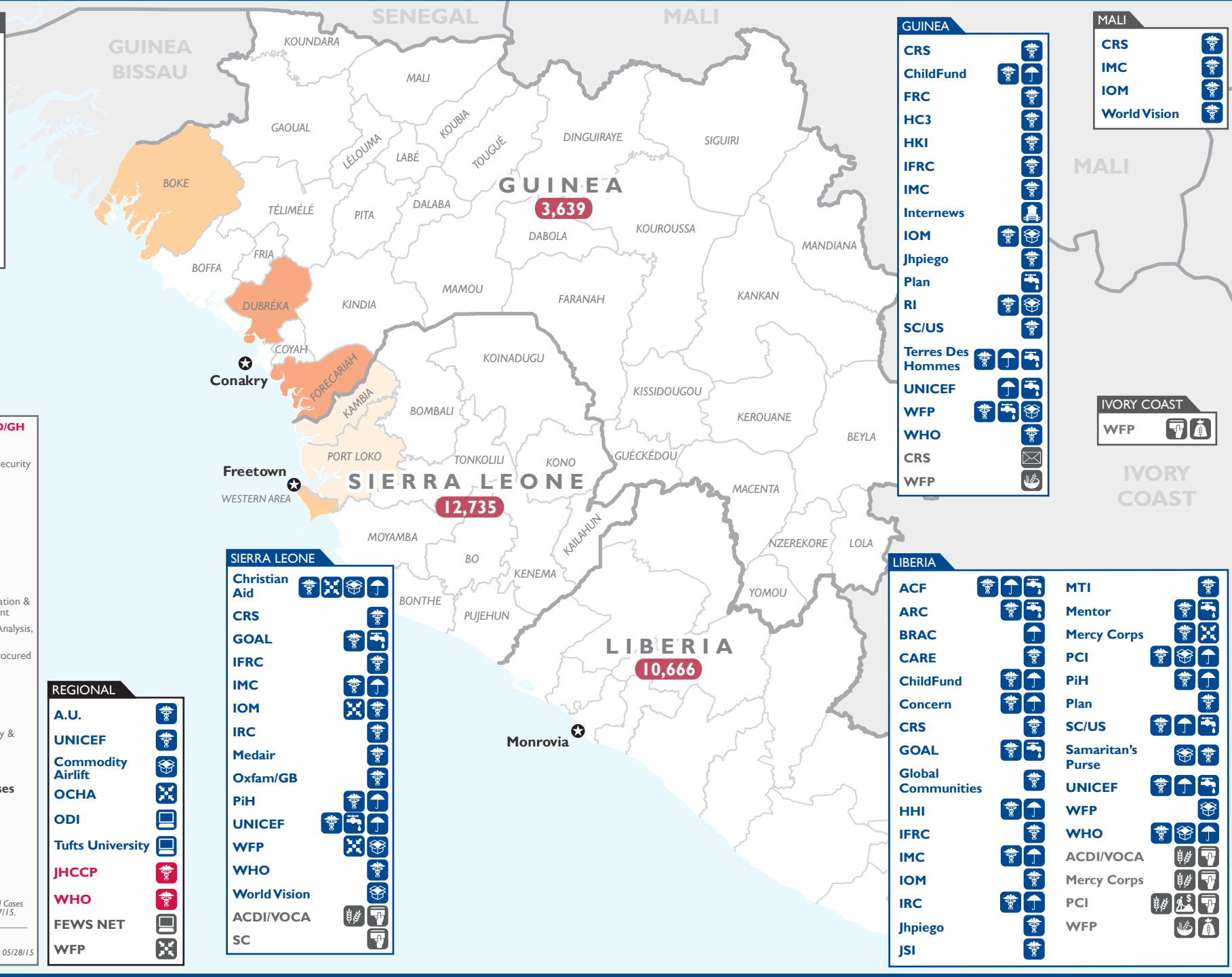
Source: CDC, Number of Confirmed Cases in the previous 21 days as of 05/27/15.

Cumulative Cases

Source: WHO Roadmap Sitrep, 05/28/15

REGIONAL

- A.U.**
- UNICEF**
- Commodity Airlift**
- OCHA**
- ODI**
- Tufts University**
- JHCCP**
- WHO**
- FEWS NET**
- WFP**



SIERRA LEONE

- Christian Aid**
- CRS**
- GOAL**
- IFRC**
- IMC**
- IOM**
- IRC**
- Medair**
- Oxfam/GB**
- PIH**
- UNICEF**
- WFP**
- WHO**
- World Vision**
- ACDI/VOCA**
- SC**

GUINEA

- CRS**
- ChildFund**
- FRC**
- HC3**
- HKI**
- IFRC**
- IMC**
- Internews**
- IOM**
- Jhpiego**
- Plan**
- RI**
- SC/US**
- Terres Des Hommes**
- UNICEF**
- WFP**
- WHO**
- CRS**
- WFP**

MALI

- CRS**
- IMC**
- IOM**
- World Vision**

IVORY COAST

- WFP**

LIBERIA

- ACF**
- ARC**
- BRAC**
- CARE**
- ChildFund**
- Concern**
- CRS**
- GOAL**
- Global Communities**
- HHI**
- IFRC**
- IMC**
- IOM**
- IRC**
- Jhpiego**
- JSI**
- MTI**
- Mentor**
- Mercy Corps**
- PCI**
- PiH**
- Plan**
- SC/US**
- Samaritan's Purse**
- UNICEF**
- WFP**
- WHO**
- ACDI/VOCA**
- Mercy Corps**
- PCI**
- WFP**

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.