

WEST AFRICA – EBOLA OUTBREAK

FACT SHEET #1, FISCAL YEAR (FY) 2016

OCTOBER 9, 2015

NUMBERS AT A GLANCE

28,429

Number of Suspected, Probable, and Confirmed EVD Cases to Date in Acutely Affected Countries†
WHO – October 9, 2015

11,297

Number of Suspected, Probable, and Confirmed EVD-Related Deaths to Date in Acutely Affected Countries†
WHO – October 9, 2015

8,704

Number of Confirmed EVD Cases to Date in Sierra Leone*†
WHO – October 9, 2015

3,157

Number of Confirmed EVD Cases to Date in Liberia*†
WHO – October 9, 2015

3,344

Number of Confirmed EVD Cases to Date in Guinea*†
WHO – October 9, 2015

* Does not include probable and suspected EVD cases.

† Figures are subject to change due to reclassification, retrospective investigation, and availability of laboratory results.

HIGHLIGHTS

- WHO reports first full week of no new confirmed cases in region since March 2014
- GoG adopts new comprehensive EVD surveillance plan
- USG DART continues to support development of local EVD care capacity as USAID/OFDA-supported ETUs close

USG HUMANITARIAN ASSISTANCE TO EVD OUTBREAK RESPONSE TO DATE IN FY 2014, 2015, & 2016

USAID/OFDA ¹	\$760,563,885
USAID/FFP ²	\$124,713,041
USAID/GH ³	\$20,076,000
USAID/Liberia	\$16,100,000
USAID/Guinea	\$3,482,000
DoD ⁴	\$ 631,758,625 ⁵
CDC ⁶	\$763,555,540 ^{7,8}
\$2,320,249,091	
USG ASSISTANCE TO THE WEST AFRICA EVD OUTBREAK RESPONSE ⁹	

KEY DEVELOPMENTS

- From September 28–October 4, the UN World Health Organization (WHO) reported no new confirmed cases in the EVD-affected countries of Guinea, Liberia, and Sierra Leone, marking the first week with zero cases in the region since WHO reported the outbreak's first cases in March 2014. Despite the improved situation, WHO cautions that new cases could emerge due to the ongoing incubation cycle among known contacts in Guinea, as well as missing contacts from recent clusters in Guinea and Sierra Leone.
- The USG Disaster Assistance Response Team (DART) continues to support affected countries to develop EVD care capacity at local health facilities as USAID/OFDA-supported EVD treatment units (ETUs) close or prepare to close. In Liberia, two ETUs stopped accepting patients on September 30, and the two remaining ETUs plan to close by October 31. In Sierra Leone, the three remaining USAID/OFDA supported ETUs plan to stop accepting patients by the end of November, pending no additional cases.

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 DoD figures represent estimated obligations as of August 31, 2015.

⁶ U.S. Centers for Disease Control and Prevention (CDC)

⁷ In FY 2014, CDC obligated \$17,439,000 to the West Africa EVD response, utilizing internal CDC operational resources. Of the \$763,555,540 that CDC obligated in FY 2015, approximately \$280,820,835 supported activities outside the United States and \$429,973,088 supported activities inside the U.S. The FY 2015 total includes actual obligations from all CDC sources, including estimated salaries and benefits from the Continuing Resolution (CR) period, which concluded in mid-December. The CR obligations, as well as internal CDC operational resources, used during the CR period are not available to be categorized as domestic or international.

⁸ The CDC funding total does not include funding from other sources such as USAID/OFDA and DoD.

⁹ 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.

Liberia

- Two USAID/OFDA-supported ETUs—located in Grand Cape Mount County and Lofa County, respectively—stopped accepting patients and began the decommissioning process on September 30. As Liberia's two remaining USAID/OFDA supported ETUs prepare to close by October 31, the DART and response partners continue to work with the GoL Ministry of Health (MoH) and county health teams (CHTs) to ensure adequate isolation, referral, and response capacity among local health facilities.
- In late September, DART staff met with GoL MoH representatives, Bong CHTs, and response partners to discuss the upcoming closure of the USAID/OFDA-supported Gbargna ETU and ensure continued triage and isolation capacity in Bong County. In Nimba County, WHO and the GoH have identified two local health facilities to assume EVD care responsibility following the closure of the USAID/OFDA-supported Ganta ETU.
- USAID/OFDA partner Medical Teams International (MTI) continues to collaborate with the CHTs in Bomi, Grand Cape Mount, and Sinoe counties through Rapid Response Teams (RRTs), which support county Rapid Isolation and Treatment of Ebola (RITE) strategies. The RRTs, which have been in place and responding to community alerts since May, are promoting community acceptance of EVD prevention activities and encouraging individuals to alert the CHT upon identifying a suspected EVD case. Despite logistical challenges, which are mitigated with continued MTI support, the RRTs are well-positioned to detect and respond to any new EVD cases that could arise.
- In the coming weeks, MTI and other USAID/OFDA partners facilitating the RITE strategy in Liberia will support CHTs to revise EVD preparedness and response plans based on current needs and resources available in each county, contributing to the national process to support Integrated Disease Surveillance and Response (IDSR) planning. The GoL will then compile the county plans to develop a national preparedness and response plan by mid-November as part of the IDSR implementation.
- With USAID/FFP support, Project Concern International (PCI) is completing its first round of cash transfers—which enable EVD-affected households to purchase needed food items—in Bomi and Grand Cape Mount. PCI is also providing seed vouchers to farming families for use at agricultural fairs and short-term employment opportunities to economically vulnerable individuals through cash-for-work programs. The interventions increase the purchasing power of EVD-affected populations while also supporting local businesses.

Sierra Leone

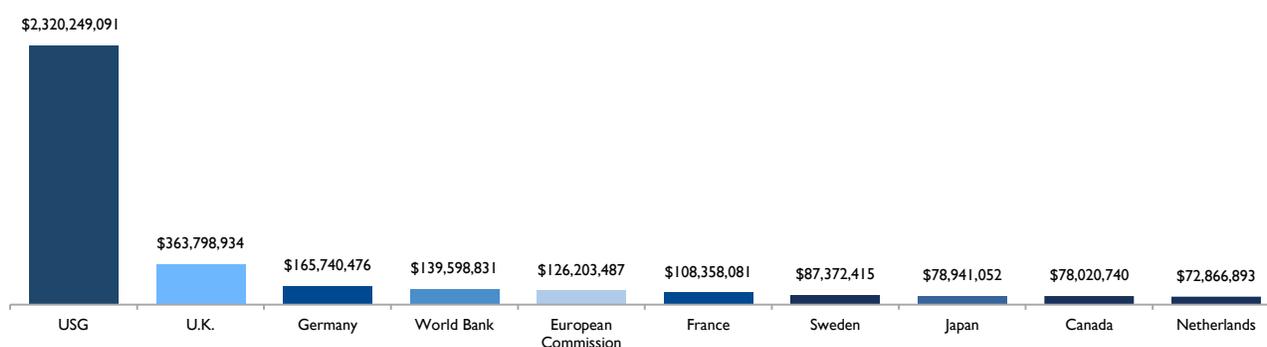
- On September 26, the GoSL discharged the country's final two EVD cases—both from the recent Kambia cluster—after the individuals tested negative for EVD for a second time. On September 28 and October 4, health authorities in Kambia and Bombali districts, respectively, discharged all remaining quarantined individuals; however, one high-risk contact from each district remains missing. Contact tracers will continue efforts to locate the missing contacts until the GoSL declares the end of the current outbreak following 42 days without a new case.
- USAID/FFP partner Save the Children (SC) is providing targeted cash transfers to EVD-affected food-insecure households in Kailahun District, in coordination with the GoSL's National Commission for Social Action (NaCSA). SC identified the most vulnerable households in the targeted chiefdoms and sensitized community members about the project's objectives. SC then formed cash transfer committees to ensure community participation in the beneficiary selection process and addressed concerns using a formal community response and feedback mechanism. Additionally, SC and SPLASH—the cash transfer provider—mapped out appropriate distribution points to minimize travel time and costs for beneficiaries.
- Following the recent decline in Sierra Leone's EVD caseload, USAID/OFDA partners plan to transfer care capacity to local institutions and decommission the country's three remaining USAID/OFDA-supported ETUs in the coming weeks. The International Federation of Red Cross and Red Crescent Societies (IFRC)-managed ETU in Kono District and International Medical Corps (IMC)-managed Lunsar ETU in Port Loko District plan to stop accepting patients in early November and decommission by the end of 2015. The IMC-managed ETU in Kambia District will likely remain operational through mid-November, with plans to decommission before the end of the year pending no new EVD cases. As part of the strategy to transfer EVD treatment capacity to the GoSL, partners will refer individuals meeting EVD case definition to GoSL-managed health facilities.

- The International Organization for Migration (IOM), through USAID/OFDA funding, continues to support EVD prevention through its border management program at land borders and sea and air ports in Sierra Leone. The program places staff at official points of entry and deploys emergency teams to hot-spot entry areas to conduct health screenings, collect traveler data, and sensitize travelers on EVD prevention and infection prevention control (IPC) procedures in an effort to prevent EVD transmission across borders. In the coming months, USAID/OFDA plans to transfer the program to CDC, which will ultimately support EVD border health management across six countries in West Africa.
- On September 16, heavy rainfall generated localized flooding that affected more than 14,000 people in Sierra Leone's capital city of Freetown, as well as up to 8,000 people in other parts of the country. On September 28, the GoSL reported that approximately 4,100 flood-displaced people were sheltered in Attouga and National stadiums in Freetown. USAID/OFDA partner IOM is providing assistance at both stadiums—including support for registration, IPC training, and technical assistance for camp coordination and camp management. IOM has also provided materials for hand washing stations, as well as hygiene kits comprising aprons, aquatabs, buckets, chlorine, gloves, soap, and EVD messaging materials.

Guinea

- The Government of Guinea (GoG) reported no new EVD cases from September 28–October 4. The number of confirmed EVD cases reported each month in Guinea continues to decrease, with seven cases—including two EVD-related deaths—confirmed during the month of September. By comparison, the GoG confirmed 10 EVD cases in August and 50 in July. As of October 7, EVD response actors continued to monitor approximately 500 contacts in Conakry, Coyah, and Forécariah prefectures, according to WHO.
- The GoG recently adopted a new post-EVD infectious disease surveillance plan. The plan seeks to establish a five tier surveillance system—operating at the community, sub-prefectural, prefectural, regional, and national levels—to guide surveillance and coordination mechanisms for disease identification, monitoring, and cross-border IPC. As of September 28, the GoG—with technical support from CDC and WHO—had launched six sentinel sites at public health facilities throughout Forécariah to ensure sustained surveillance, community-based social mobilization, and health promotion, as well as lab and testing capacities, at the sub-prefectural level. In response to recent cases, the GoG is considering extending sentinel surveillance to additional facilities in the coming days. As of September 28, CDC reported that an estimated 150 health care workers in Forécariah had received training on sentinel surveillance as part of the initiative.
- With USAID/OFDA assistance, Catholic Relief Services (CRS) continues to strengthen IPC and triage capacities by facilitating trainings at health care clinics throughout Conakry to augment IPC compliance. To ensure continued adherence to IPC procedures, CRS has also trained 50 monitors in Conakry, Macenta, and Nzérékoré prefectures to conduct regular site visits to all CRS-trained facilities. In coordination with other EVD response actors, CRS is developing a quality assurance training module to improve IPC practices at both private and public health facilities.
- USAID/OFDA is also supporting WHO to bolster IPC capacity countrywide through a series of six-day training-of-trainers (ToT) workshops. The first workshop—scheduled to commence on October 19—aims to prepare 50 Guinean health care workers to become certified IPC trainers. Following the successful completion of the ToT workshop, the new trainers will begin conducting five-day IPC trainings for up to 25 health care personnel. In response to recent EVD cases, WHO-led IPC trainings will target providers at private clinics. In the coming months, WHO aims to train approximately 2,000 health care workers in IPC practices.

2014, 2015, & 2016 TOTAL FUNDING FOR THE EBOLA RESPONSE* PER DONOR



* Funding figures as of October 9, 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, FY 2015, and FY 2016, which began on October 1, 2013, October 1, 2014, and October 1, 2015, 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 licensed or approved treatment available for EVD other than supportive care. Experimental therapies are under development, but have not yet been fully tested for safety or effectiveness.
- On August 4, 2014, 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, 2014, and established a corresponding Response Management Team based in Washington, D.C. The DART—including disaster response and medical experts from USAID and CDC—continues 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, 2015, & 2016¹

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
USAID/OFDA²			
REGIONAL			
African Union (AU)	Health	Guinea, Liberia, Sierra Leone	\$10,000,000
CDC	Health	Guinea, Liberia, Sierra Leone	\$3,000,000
iMMAP	Humanitarian Coordination and Information Management	Guinea, Guinea-Bissau, Liberia, Mali, Sierra Leone	\$385,990
UN Children’s Fund (UNICEF)	Health, Protection	Guinea, Liberia, Sierra Leone	\$1,100,000
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	\$4,042,536
USAID/OFDA-Airlifted Relief Commodities	Logistics Support and Relief Commodities	Guinea, Liberia, Sierra Leone	\$19,026,877

Overseas Development Institute	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		\$8,189,717
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
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	\$5,055,260
IFRC	Health	Liberia	\$1,000,000
IMC	Health, Protection	Liberia	\$34,619,248
IOM	Health, Protection, WASH	Liberia	\$39,021,886
International Rescue Committee (IRC)	Health, Protection	Liberia	\$22,614,354
Jhpiego	Health	Liberia	\$2,814,287
John Snow Inc. (JSI)	Health	Liberia	\$7,233,653
MTI	Health	Liberia	\$4,702,901
MENTOR Initiative	Health	Liberia	\$3,926,216
Mercy Corps	Health, Humanitarian Coordination and Information Management	Liberia	\$24,000,000
Partners in Health (PiH)	Health, Protection	Liberia	\$24,393,170
Plan USA	Health	Liberia	\$1,508,821
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	\$10,634,196
USAID/OFDA-Supported Non-Medical ETU Management Contracts	Health	Liberia	\$75,147,354
U.S. Public Health Service	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

UN World Food Program (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, WASH	Sierra Leone	\$12,936,976
IOM	Health	Sierra Leone	\$6,599,410
IRC	Health	Sierra Leone	\$17,787,459
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	\$12,000,000
World Vision	Logistics Support and Relief Commodities	Sierra Leone	\$2,472,525
GUINEA			
CECI	Logistics Support and Relief Commodities, Health	Guinea	\$1,404,928
CRS	Health, WASH	Guinea	\$4,041,621
ChildFund	Health, Protection	Guinea	\$1,500,000
Danish Refugee Council	Risk Management Policy and Practice, WASH	Guinea	\$750,000
French Red Cross (FRC)	Health	Guinea	\$4,505,445
Health Communication Capacity Collaborative (HC3)	Health	Guinea	\$114,850
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	\$5,999,552
IMC	Health	Guinea	\$14,854,760
Jhpiego	Health	Guinea	\$2,400,000
Plan International	Health, WASH	Guinea	\$2,111,738

Premier Urgence	Health, WASH	Guinea	\$1,295,000
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	Protection, WASH	Guinea	\$10,555,447
WFP	Health, WASH	Guinea	\$8,500,000
WHO	Health	Guinea	\$19,626,849
GUINEA-BISSAU			
IOM	Health	Guinea-Bissau	\$407,117
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			\$760,563,885
USAID/FFP			
ACDI/VOCA	Cash Transfers, Agricultural Input Vouchers	Liberia	\$8,999,973
ACDI/VOCA	Cash Transfers, Agricultural Input Vouchers	Sierra Leone	\$9,000,000
CARE	Cash Transfers	Sierra Leone	\$2,769,546
CRS	Food Vouchers	Guinea	\$1,325,443
CRS	Cash Transfers	Sierra Leone	\$2,462,296
USAID-funded Famine Early Warning Systems Network	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
UNICEF	In-Kind Food Assistance	Guinea	\$3,583,698
UNICEF	In-Kind Food Assistance	Liberia	\$1,119,078
UNICEF	In-Kind Food Assistance	Sierra Leone	\$1,720,733
SC	Cash Transfers, Agricultural Input Vouchers	Liberia	\$4,574,526
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	\$3,650,000
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	\$13,161,659
World Vision	Cash Transfers, Agricultural Input Vouchers	Sierra Leone	\$3,585,767
TOTAL USAID/FFP ASSISTANCE TO EVD RESPONSE EFFORTS			\$124,713,041
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	\$631,758,625
TOTAL DoD ASSISTANCE TO EVD RESPONSE EFFORTS			\$631,758,625
CDC			
CDC	Health	West Africa and USA	\$763,555,540
TOTAL CDC ASSISTANCE TO EVD RESPONSE EFFORTS			\$763,555,540
TOTAL USG ASSISTANCE TO EVD RESPONSE EFFORTS IN FY 2014, 2015, & 2016			\$2,320,249,091

¹ Year of funding indicates the date of commitment or obligation, not appropriation, of funds.

² Decreases in total USAID/OFDA assistance for EVD response efforts reflect adjustments in programmatic funding due to improved humanitarian conditions and a reduction in EVD case totals throughout the West African region.

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:
 - USAID 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>