

WEST AFRICA – EBOLA OUTBREAK

FACT SHEET #15, FISCAL YEAR (FY) 2015

JANUARY 7, 2015

NUMBERS AT A GLANCE

20,712

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

U.N. World Health Organization (WHO) – January 7, 2015

8,220

Number of EVD-Related Deaths

WHO – January 7, 2015

8,157

Number of EVD Cases in Liberia*

WHO – January 7, 2015

9,780

Number of EVD Cases in Sierra Leone*

WHO – January 7, 2015

2,775

Number of EVD Cases in Guinea*

WHO – January 7, 2015

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

HIGHLIGHTS

- Late-December caseload figures for Sierra Leone double the combined total of Liberia and Guinea during the same period; however, overall case transmission in Sierra Leone appears to slightly decline
- USG partners open three EVD treatment units (ETUs) in Liberia
- The USAID-funded Famine Early Warning Systems Network (FEWS NET) reports that prolonged market and trade disruptions have resulted in below-average incomes and purchasing power for poor households in Guinea, Liberia, and Sierra Leone

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

| | |
|--|---------------------------|
| USAID/OFDA ¹ | \$419,200,204 |
| USAID/FFP ² | \$34,769,529 |
| USAID/GH ³ | \$17,676,000 |
| USAID/Liberia | \$5,000,000 |
| USAID/Guinea | \$3,482,000 |
| DoD ⁴ | \$340,900,000 |
| CDC ⁵ | \$66,057,000 ⁶ |
| \$887,084,733 | |
| USG ASSISTANCE TO THE WEST AFRICA EVD OUTBREAK RESPONSE ⁷ | |

KEY DEVELOPMENTS

- Between December 31 and January 5, USG partners opened three ETUs in Liberia, one each in Gbarpolu, Grand Gedeh, and Nimba counties. Additional ETU capacity enables EVD actors to better and more quickly respond to sudden disease hotspots in rural areas of Liberia. At the same time, USAID/OFDA continues to complement EVD treatment by supporting numerous partners in Liberia to conduct social mobilization, contact tracing, infection prevention and control training (IPC), and other activities that aim to prevent case transmission from occurring in the first place.
- The U.N. Mission for Ebola Emergency Response (UNMEER) has inducted Ismail Ould Cheikh Ahmed into the agency as new mission chief. Ahmed will replace outgoing UNMEER Head Tony Banbury.
- Community resistance to EVD prevention and response efforts in Guinea remains acute. On multiple occasions in early January, community members have threatened or attacked EVD responders in Coyah, Lola, Forécariah, and Kindia prefectures, according to the National Ebola Coordination Cell.

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 6, 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

- UNMEER Head Tony Banbury is departing his three-month term in the coming days. On January 3, UNMEER held a town hall meeting in Accra, Ghana, to welcome Ould Cheikh Ahmed as the incoming Special Representative of the Secretary-General (SRSG) and Head of UNMEER. In the coming weeks, SRSG Ahmed will travel to Liberia, Sierra Leone, and Guinea to meet with host governments and response actors, accompanied by U.N. Special Envoy on Ebola David Nabarro. This will be Special Envoy Nabarro's sixth trip to the region.
- Pharmaceutical companies have teamed up with health organizations in West Africa to conduct trials of untested drugs in ETUs in Liberia and Guinea. In August, WHO publicly announced its approval for medical actors to use experimental drugs on EVD patients in the context of the West Africa outbreak; however, planning had delayed efforts to launch trials. On January 6, Médecins Sans Frontières (MSF) confirmed that it was providing the drug *brincidofovir* to consenting EVD patients in Monrovia's ELWA 3 ETU. In Guinea, MSF and French non-governmental organization (NGO) Alima are providing the drug *favipiravir* to consenting patients admitted to their ETUs in Guéckédou and N'Zérékoré prefectures, respectively.

Liberia

- The trend of declining case transmission continues in Liberia, further underscoring that response interventions have helped to contain the outbreak. EVD actors are honing their efforts on responding to hotspots and preventing infection in calmer areas. At present, Grand Cape Mount County remains the county of most concern outside of Montserrado County. Between December 8 and 28, the Government of Liberia (GoL) reported 18 confirmed cases in Grand Cape Mount—the highest caseload among Liberia's 15 counties during that period, excluding Montserrado.
- The Bong County ETU, managed by USAID/OFDA partner the International Medical Corps (IMC), recently celebrated the discharge of their youngest and oldest survivors to date—a four-month-old child and a 78-year-old man. The recovery of particularly vulnerable patients helps ETUs raise awareness among local communities of the benefits of seeking immediate care for EVD symptoms and reduce fear and rumors regarding ETUs.
- Between December 31 and January 5, three ETUs supported by USAID/OFDA opened in Liberia, one each in Gbarpolu, Grand Gedeh, and Nimba. On December 31, USAID/OFDA partner Project Concern International (PCI) opened an ETU in Nimba's Ganta town with an initial 10 beds. At the opening, PCI noted that while cases in Nimba have declined in recent weeks, the new ETU remains a vital component in the county's EVD response given the proximity to transient populations near the border. On January 3, the DART attended the official opening ceremony of the ETU in Gbarpolu's Bopolu town. The ETU—constructed by DoD partner Fluor—will open with an initial five beds. On January 5, the ETU in Zwedru, Grand Gedeh, opened. Clinical management at the site is provided by USAID/OFDA partner Partners in Health (PiH). With the Zwedru site operational, 9 of the 15 USG-partner-constructed ETUs are open and able to accept patients.
- On January 3, CDC discussed safe and dignified burials with approximately 60 religious and community leaders, funeral home directors, and other stakeholders. The forum included a walkthrough of the new national burial ground located outside Monrovia in lower Margibi County. CDC also distributed copies of the new CDC Safe Burial Guidance flipbook to attendees for the continued promotion of safe burials throughout Liberia. With more than \$17.2 million in FY 2014/15 funding, USAID/OFDA partner Global Communities is managing 57 burial teams throughout Liberia.
- The GoL recently announced plans to reopen schools in Liberia, which have remained closed since July due to the EVD outbreak. Under the current GoL plan, teachers would return to classrooms on January 15 in preparation for a tentative February 2 opening. The U.S. Embassy in Monrovia plans to support the GoL plan to safely re-open schools in Liberia. In addition, CDC is working with GoL counterparts to develop EVD-related guidance for schools.
- With four teams currently training Montserrado health care workers in IPC protocols and a fifth team preparing for activation, USAID/OFDA partner Medical Teams International (MTI) is supporting public and private, non-EVD health facilities throughout Montserrado as part of a USAID/OFDA-funded consortium. CDC is also providing technical expertise to the effort. The IPC training teams managed by MTI visit approximately 40 facilities each week to provide guidance and support to staff as they learn to implement a 34-step IPC protocol, including refresher training for donning and doffing personal protective equipment (PPE), mix chlorine disinfectant, and dispose medical waste. With the activation of a fifth team, MTI expects teams to visit more than 50 facilities each week, offering guidance and reinforcement of previous IPC training.

Sierra Leone

- WHO reported on December 31 that Sierra Leone is beginning to exhibit signs that case transmission is decelerating. However, EVD infections remain acute and widespread, particularly in the country's western and northern districts, and persistence in EVD response efforts remains vital to slowing the disease. According to WHO, the late December reported caseload for Sierra Leone totaled approximately 340 people, or more than double the number of cases per week in Guinea and Liberia combined. Infection rates are most severe in the capital city of Freetown, which accounted for nearly half of all new cases in late December.
- On January 5, USAID/OFDA partner Medair held an opening ceremony—attended by charge d'affaires a.i. Kathleen FitzGibbon and the DART, as well as local community leaders—for an ETU in Freetown's Kissy neighborhood. The ETU, which will offer IPC training, triage activities, psychosocial support, and water, sanitation, and hygiene services, is scheduled to begin admitting patients in the coming days.
- During the week of December 29, personnel from the DoD Defense Threat Reduction Agency (DTRA) arrived in Sierra Leone to facilitate the establishment of a USG-supported laboratory in Moyamba District. On December 31, DTRA and DART staff traveled to Moyamba to assess the proposed laboratory site, as well as the conditions at the Médecins du Monde- and Solidarités-managed ETU at the site. The laboratory will help the ETU receive timely test results, which currently require up to 48 hours due to logistical constraints. The Sierra Leone Laboratory Working Group reports that 11 laboratories—including a CDC-supported laboratory in Bo District—are currently operational in Sierra Leone, with six laboratories in Western Area, three in Northern Province, and one each in Eastern and Southern provinces.
- In early January, USAID/OFDA provided the U.N. Children's Fund (UNICEF) with \$2 million in additional funding for case management activities, including mapping existing service providers, establishing a referral system, and creating a database system to enhance information sharing. In addition to these activities, UNICEF will provide training for district-level protection specialists to improve child protection referrals and case management. In FY 2015, USAID/OFDA has provided UNICEF with nearly \$4.5 million for EVD response activities in Sierra Leone.
- As of December 31, UNICEF had documented approximately 14,700 separated and/or unaccompanied children—of whom an estimated 7,900 children had lost one or both parents—through the family tracing and reunification network. UNICEF is also supporting 30 interim care centers providing temporary care for approximately 450 EVD-affected children in 11 districts.
- USAID/OFDA, the U.K. Department for International Development (DFID), and Irish Aid are jointly funding a World Vision-led consortium to improve the reach, effectiveness, and IPC standards of emergency response vehicles in Sierra Leone. Irish Aid recently contributed more than \$930,000 to the consortium and USAID/OFDA has provided nearly \$2.5 million to World Vision in FY 2015. The consortium is creating a comprehensive inventory of vehicles, establishing fleet management systems, facilitating the procurement of vehicle parts, and ensuring the maintenance and decontamination of ambulances and burial vehicles through the employment of qualified staff.

Guinea

- To overcome logistical constraints hindering contact tracing, the U.N. Population Fund (UNFPA), the National Ebola Coordination Cell, and the Earth Institute at Columbia University are jointly rolling out CommCare, a smartphone application, according to the U.N. With CommCare, contact tracers are able to report geotagged surveillance information to a centralized database in real time, which can in turn alert response teams more quickly. As of late December, UNFPA had trained 158 tracers in Conakry, Coyah, and Dubreka prefectures on the use of CommCare; these tracers have registered more than 2,000 contacts with the application.
- Community resistance to EVD efforts remains a significant barrier to overcoming the outbreak in Guinea. The National Ebola Coordination Cell reported that response teams were attacked by community members in Coyah on January 3 and 4; the attackers wounded a doctor on January 4. In Lola Prefecture, aggression by a group of youth prevented case investigation of a community death on January 3. In addition, strong reticence to EVD responders has prevented suspect case transport and safe burials, most recently in Forécariah Prefecture. In response to persistent hostility from residents of Kindia's Samaya sub-prefecture, the Government of Guinea (GoG) installed two mobile security teams and bolstered prefectural security capacity to protect EVD actors.
- On January 2, the African Union (AU) announced that it had deployed 81 health care workers from the Democratic Republic of Congo to Guinea on December 26. The deployment—under the AU Support to Ebola Outbreak in West Africa (ASEOWA) response framework—comprises doctors, nurses, laboratory technicians, and epidemiologists, as well

as humanitarian, psychosocial, and communication experts. At present, the ASEOWA mission in Guinea, which launched in November 2014, includes nearly 150 personnel. The newly arrived contingent will work in EVD medical facilities, implement community-level response activities, and/or train health care workers on containing EVD. A portion of ASEOWA health care workers will work alongside the medical team in the Coyah ETU, which the U.N. World Food Program (WFP) constructed with USAID/OFDA funding.

- Sufficient and timely compensation for health care workers in Guinea remains a significant challenge to the response. To help avoid health care personnel strikes, in early January the U.N. Development Program (UNDP) and the Ministry of Health—in collaboration with UNMEER and the World Bank—provided approximately \$220,000 in incentive payments to nearly 760 medical personnel collectively working in ETUs in Conakry, Macenta, and N’Zérékoré prefectures and Kissidougou transit center, the U.N. reports.
- The CDC team in Guinea is preparing for the January arrival in country of five graduates of the CDC-supported Field Epidemiology Training Program in the Democratic Republic of the Congo. The graduates will assist CDC, WHO, and the GoG with ongoing epidemiology and contact tracing activities.

Mali

- On January 2, USAID/OFDA and CDC in Mali visited three health screening posts in the towns of Kouremale, Nougani, and Selingue on the Malian side of the border with Guinea. The Government of Mali (GoM) and the International Organization for Migration (IOM) staffed a total of 11 border screening points in Kayes, Koulikoro, and Sikasso regions in advance of the Maouloud religious festival that commenced on January 3. At each post, GoM and IOM personnel take the temperatures of travelers entering Mali by vehicle or on foot, require each to wash their hands, and provide each with information about EVD, including a toll-free number to call in case of illness. Staff also register each traveler, noting name, phone number, point of origin, and anticipated destination. Between January 2 and noon on January 5, IOM had registered nearly 3,300 people entering Mali from Guinea; of the total, approximately 1,400 were Guinean nationals.
- On January 3, a team of CDC, WHO, U.N., and UNMEER personnel visited Maouloud event sites throughout the capital and observed the functioning of EVD screening stations. The team also organized the delivery of additional prevention supplies. On January 4, USAID/OFDA, CDC, and UNMEER staff visited two sites where large numbers of festival attendees originating from outside of Bamako are lodging. Both sites have isolation tents, as well as 10,000-liter water tankers provided by the U.N. Multidimensional Integrated Stabilization Mission in Mali.

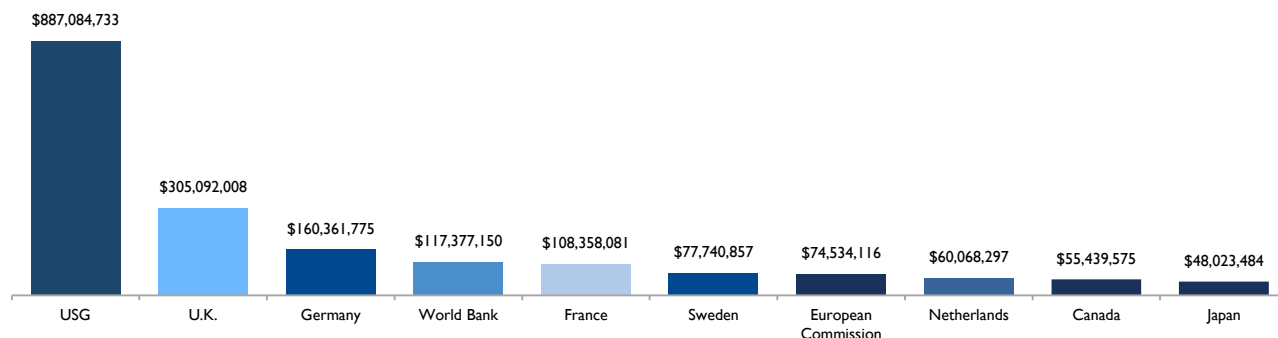
FOOD SECURITY AND LIVELIHOODS

- Prolonged market and trade disruptions and general economic slowdown due to the EVD outbreak have resulted in below-average incomes and purchasing power for poor households in Guinea, Liberia, and Sierra Leone, FEWS NET reports. According to a recent FEWS NET–GeoPoll survey, more than 40 percent of traders interviewed in Liberia and Sierra Leone reported market disruptions; this dynamic is not as pronounced in Guinea. At the same time, parts of the region, particularly areas initially affected by the outbreak, are experiencing decreased agricultural production, as the crisis hit during key crop maintenance periods. Collectively, these factors could result in EVD-affected and poor households throughout the region experiencing Stressed and Crisis—IPC 2 and 3—levels of food insecurity by mid-2015, according to FEWS NET.⁸
- On December 31, WFP issued a third budget revision to its West Africa emergency operation (EMOP), extending current care and containment emergency food assistance activities until the end of May 2015 and adding a transition component to revitalize economic and livelihood activities in areas where EVD is no longer active. Using a combination of cash and in-kind food assistance, WFP would provide a blanket half-ration for one to four months in areas declared EVD-free by health authorities to minimize market disruptions and improve household purchasing power and ability to invest in the upcoming planting seasons. The budget revision increases the total request to more than \$189 million; adds nearly 32,500 metric tons in food requirements, including the use of ready-to-use supplementary foods; introduces cash and voucher transfers of \$12.2 million; and increases targeted beneficiaries from 1.4 million to 2 million people across the region.

⁸ The 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.

- Under the care component of its revised regional EMOP, WFP/Guinea plans to continue providing three hot meals daily to patients and accompanying relatives in ETUs operated by ALIMA and MSF. Upon discharge, survivors receive one month of in-kind assistance followed by two months of mobile-money transfers set at the equivalent of a full ration.
- In coordination with WFP, USAID/FFP partner ACDI/VOCA delivered food rations—including lentils, rice, and vegetable oil—to approximately 90 quarantined households in Sierra Leone’s Tonkolili District during late December. ACDI/VOCA plans to conduct additional food distributions to nearly 2,800 formerly quarantined households in Bombali, Kailahun, and Koinadugu districts in the coming weeks.

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



* Funding figures are as of January 7, 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/OFDA² | | | |
| REGIONAL | | | |
| AU | Health | Guinea, Liberia, Sierra Leone | \$10,000,000 |
| CDC | Health | Guinea, Liberia, Sierra Leone | \$3,000,000 |
| UNICEF | Health | Guinea, Liberia, Sierra Leone | \$600,000 |
| U.N. Humanitarian Air Service (UNHAS) | Logistics Support and Relief Commodities | Guinea, Liberia, Sierra Leone | \$250,000 |
| USAID/OFDA-Airlifted Relief Commodities | Logistics Support and Relief Commodities | Guinea, Liberia, Sierra Leone | \$19,013,663 |

| | | | |
|---|--|--------------|--------------|
| | Program Support | | \$5,937,738 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 | \$1,469,410 |
| IRC | Health | Sierra Leone | \$4,400,000 |
| Medair | Health | Sierra Leone | \$2,858,272 |

| | | | |
|---|--|--|----------------------|
| UNICEF | Health, Protection, WASH | Sierra Leone | \$16,080,214 |
| 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 | Humanitarian Coordination and Information Management | Guinea | \$799,846 |
| IOM | Logistics Support and Relief Commodities | Guinea | \$2,000,000 |
| IFRC | Health | Guinea | \$1,999,552 |
| Plan International | Health | Guinea | \$2,111,738 |
| Relief International (RI) | Health, Logistics Support and Relief Commodities | Guinea | \$4,000,000 |
| SC/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 | | | \$419,200,204 |
| USAID/FFP | | | |
| WFP | WFP Regional Emergency Operation | Guinea, Liberia, Sierra Leone | \$34,769,529 |
| TOTAL USAID/FFP ASSISTANCE TO EVD RESPONSE EFFORTS | | | \$34,769,529 |
| USAID/GH | | | |
| Johns Hopkins Center for Communication Programs (JHCCP) | Health | Guinea, Liberia, Sierra Leone; neighboring at-risk countries | \$4,888,500 |
| WHO | Health | Guinea, Liberia, Sierra Leone; neighboring at-risk countries | \$12,787,500 |
| TOTAL USAID/GH ASSISTANCE TO EVD RESPONSE EFFORTS | | | \$17,676,000 |
| USAID/Liberia | | | |
| GoL 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 | \$340,900,000 |
| TOTAL DoD ASSISTANCE TO EVD RESPONSE EFFORTS | | | \$340,900,000 |
| CDC | | | |
| CDC | Health | West Africa | \$66,057,000 |
| TOTAL CDC ASSISTANCE TO EVD RESPONSE EFFORTS | | | \$66,057,000 |
| TOTAL USG ASSISTANCE TO EVD RESPONSE EFFORTS IN FY 2014 & 2015 | | | \$887,084,733 |

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>