

WEST AFRICA – EBOLA OUTBREAK

FACT SHEET #22, FISCAL YEAR (FY) 2015

FEBRUARY 25, 2015

NUMBERS AT A GLANCE

23,694

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

UN World Health Organization (WHO) – February 25, 2015

9,589

Number of EVD-Related Deaths*

WHO – February 25, 2015

11,301

Number of EVD Cases in Sierra Leone*

WHO – February 25, 2015

9,238

Number of EVD Cases in Liberia*

WHO – February 25, 2015

3,155

Number of EVD Cases in Guinea*

WHO – February 25, 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

- The Government of Liberia (GoL) documented only one new confirmed EVD case between February 17 and 23—the lowest one-week total since June 2014.
- WHO has expressed concern that the downward trend in the number of new cases seen in January in Guinea and Sierra Leone has leveled off in recent weeks.
- Staple and cash crops are available in local markets in the EVD-affected countries; however, weak household purchasing power caused by EVD-related economic disruptions may lead to localized acute food insecurity in the coming months.

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

USAID/OFDA ¹	\$463,852,644
USAID/FFP ²	\$51,770,093
USAID/GH ³	\$20,076,000
USAID/Liberia	\$5,000,000
USAID/Guinea	\$3,482,000
DoD ⁴	\$349,089,000
CDC ⁵	\$115,387,981 ⁶
\$1,008,657,718	
USG ASSISTANCE TO THE WEST AFRICA EVD OUTBREAK RESPONSE ⁷	

KEY DEVELOPMENTS

- Between February 17 and 23, the GoL Incident Management System (IMS) documented only one new confirmed EVD case—the lowest one-week total since June 2014. Response actors isolated the individual on February 18 and confirmed EVD on February 19. The case is linked to Montserrado County's St. Paul Bridge cluster, which is currently the only known active transmission chain in the country.
- During a February 20 news conference, UN Special Envoy for Ebola David Nabarro and WHO Director-General for the Ebola Response Bruce Aylward reported that the number of new EVD cases in West Africa, particularly in Guinea and Sierra Leone, is no longer dropping at the rate seen in January and that the region has recorded approximately 120 to 150 new cases weekly in February. The two senior officials expressed concern that the aim of reaching zero EVD cases by mid-April—a goal recently set by heads of state from the three acutely affected countries—may be difficult given the current trend.
- Initial findings of market assessments conducted in early February by the USAID-funded Famine Early Warning Systems Network (FEWS NET), national governments, and two UN agencies indicate that staple and cash crops are available in most local markets in Guinea, Liberia, and Sierra Leone despite previous concerns that the EVD outbreak would negatively affect harvests. While economic conditions across the three countries are slowly improving relative to previous months, EVD-related movement restrictions, the prolonged closure of

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 24, 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.

borders and markets, and fears of frequenting EVD-affected areas have disrupted livelihood activities, particularly in communities reliant on cross-border trade. As a result, weak household purchasing power may contribute to localized acute food insecurity in all three countries in the coming months, especially among wage-dependent households once families deplete food stocks from recent harvests.

REGIONAL

- During the week ending on February 22, WHO reported 99 new confirmed EVD cases across Liberia, Guinea, and Sierra Leone—the majority of which were from the latter two countries. Guinea and Sierra Leone reported 35 and 63 new cases, respectively, during the seven-day period. EVD hotspots persist in Guinea’s capital city of Conakry and Coyah and Forécariah prefectures, as well as Sierra Leone’s Western Area and Port Loko and Kambia districts. Nearly 70 percent of the region’s EVD cases were reported from these areas during the week ending on February 22, according to WHO.
- Although reported EVD cases are significantly reduced across the region relative to previous months, response actors note continued under-reporting of suspect EVD cases, particularly in Guinea and Sierra Leone. EVD surveillance activities should consistently identify suspect cases due to endemic diseases, such as malaria, that exhibit symptoms similar to EVD; however, current reporting does not adequately reflect these cases. Another complication to the EVD response is the fear of stigmatization, which senior WHO officials recently highlighted as a main factor driving populations to avoid contact tracers, thereby hampering efforts to identify and break transmission chains.
- Between February 19 and 21, USAID/OFDA Director Jeremy Konyndyk visited Liberia and Sierra Leone to meet with key USG personnel and observe ongoing EVD response activities. While in Liberia, Director Konyndyk visited the Monrovia Medical Unit—an EVD treatment unit (ETU) operated by 70 U.S. Public Health Service (USPHS) officers and designed to treat EVD-positive health care workers. Director Konyndyk also visited Liberia’s national EVD burial site at Disco Hill, where USAID/OFDA partner Global Communities conducts safe and dignified burials. In Sierra Leone, Director Konyndyk joined a U.S. congressional staff delegation to receive a CDC-led tour of the Western Area Ebola Response Center and visit a training center for health care workers operated by USAID/OFDA partner the International Organization for Migration (IOM).

LIBERIA

- As of February 24, Grand Cape Mount County had not documented a confirmed EVD case during the previous 42 days, marking the passage of two 21-day monitoring periods without a confirmed case—WHO’s benchmark for declaring an area EVD-free. Currently, 13 of Liberia’s 15 counties are EVD-free, according to the GoL and WHO.
- On February 20, President Ellen Johnson Sirleaf of Liberia ordered the reopening of the country’s international borders, which the GoL closed at the height of the EVD outbreak in 2014. President Sirleaf also lifted a nationwide EVD-related curfew that commenced in August 2014. Both directives took effect on February 22.
- On February 19, USG Disaster Assistance Response Team (DART) members traveled to low-income neighborhoods in Liberia’s capital city of Monrovia to observe efforts undertaken by USAID/OFDA partner the MENTOR Initiative to help reduce EVD transmission risk among residents. For example, in coordination with the GoL, the USAID/OFDA partner is promoting safe hygiene among children and engaging with community leaders regarding EVD awareness and prevention methods. As part of its response, the MENTOR Initiative is also conducting infection prevention and control (IPC) protocol trainings and improving triage and isolation capabilities at community health clinics across Monrovia. In particular, the MENTOR Initiative is assisting with site modifications for the health clinic in the St. Paul Bridge community—where the only currently active EVD transmission chain in Liberia originated—to provide safe triage and isolation capacity for suspected EVD cases.
- USAID/OFDA partner BRAC continues to support protection interventions for EVD-affected populations in Bong, Gbarpolu, Grand Bassa, Grand Cape Mount, Lofa, Monsterrado, and Nimba counties. In consultation with the GoL, BRAC has trained more than 880 individuals, including 580 community health promoters and 300 social worker assistants, who will operate across the seven counties to provide psychosocial services to community members approximately three times per week. Additionally, BRAC has developed brochures, as well as jingles, drama skits, and text messages, through which the organization is disseminating EVD-related information to reduce stigma and EVD-related misconceptions.
- USAID/FFP recently provided approximately \$8 million to Project Concern International (PCI) to support vulnerable households in Bomi and Grand Cape Mount counties in Liberia. PCI will provide cash transfers to an estimated 6,700 households to help them boost food intake during the 2015 June-to-September lean season, focusing on households

directly affected by EVD, as well as families with pregnant and lactating women and children under five years of age. In addition, to reduce the impact of EVD-related economic disruptions in Liberia, PCI plans to provide cash-for-work opportunities to more than 2,500 economically vulnerable households, as well as agricultural input vouchers to more than 5,200 farming families to enable them to access high-quality seeds through local seed vendors.

SIERRA LEONE

- Western Area and Port Loko and Kambia districts remain key areas of concern due to the presence of active EVD transmission chains and the potential for transmission across district or international borders, including from Kambia District to Guinea's Forécariah Prefecture, according to the Government of Sierra Leone (GoSL). District-based CDC personnel are collaborating to minimize risk of cross-district transmission, particularly across Western Area, Port Loko, and Kambia's shared borders. CDC personnel in Kambia are also engaging with Guinea-based counterparts to monitor potential EVD transmission between Sierra Leone's northern districts and bordering Guinean prefectures.
- GoSL authorities recently reiterated the need to rapidly identify, isolate, and treat all suspect EVD cases—a need underscored by the prevalence of dead bodies in the country testing positive for EVD. Since early January, the percent of EVD-positive specimens taken from dead bodies in Sierra Leone has remained largely stagnant, fluctuating between approximately one and six percent. Nearly three percent of the 173 dead body swabs tested on February 20 were positive for EVD, according to the GoSL. Response actors remain concerned, as each positive test generally indicates that a symptomatic individual spent a significant period of time in the community and likely generated a higher number of contacts compared to an EVD-positive individual who immediately seeks isolation and care at an EVD treatment facility.
- With USAID/OFDA funding, the International Rescue Committee (IRC) is supporting GoSL EVD response efforts through the management of the Ebola Response Consortium (ERC)—comprising eight NGOs that operate in all of Sierra Leone's 14 districts. ERC partners continue to support regular, countrywide supervision in Sierra Leone's peripheral health units (PHUs) to reinforce IPC practices and monitor facilities for IPC compliance. The ERC is also collaborating with the GoSL Ministry of Health and Sanitation, CDC, IFRC, and WHO to strengthen the existing EVD surveillance system in Sierra Leone to reduce EVD transmission and decrease the time it takes district-level Ebola response center (DERC) staff to respond to new suspected EVD cases. To further support IPC in PHUs, the ERC is also training designated community health workers and traditional birth attendants to provide EVD screening.
- Between September 5 and February 16, the GoSL Ministry of Social Welfare, Gender, and Children's Affairs (MoSWGCA) registered nearly 16,870 EVD-affected children in Sierra Leone. On February 16, USAID/OFDA partner UNICEF—in collaboration with the MoSWGCA—held a protection desk officer training to increase district-level capacity to respond to EVD-related child protection needs. Thirty protection desk officers participated—including at least two representatives from each of Sierra Leone's 14 districts. Following the training, the protection desk officers will manage protection-related alerts reported to EVD hotlines and respond by assessing and documenting the need for support, referring the case to the appropriate resource, and conducting follow-up monitoring.
- From February 23 to 24, a local civil society organization Amazonian Initiative Movement (AIM) collaborated with CDC, the U.S. Embassy in Freetown, social mobilization pillar, and UNICEF representatives to conduct EVD awareness training for more than 200 female traditional healers, including more than 100 healers each in Bombali and Tonkolili districts. The training provided healers with an opportunity to discuss the intersection of religion—Christianity and Islam—with EVD prevention treatment protocols. The session also incorporated a CDC-led presentation on EVD prevention and treatment and culminated in a post-training evaluation to assess participant knowledge. AIM plans to conduct a similar training in Kono District in the coming days.

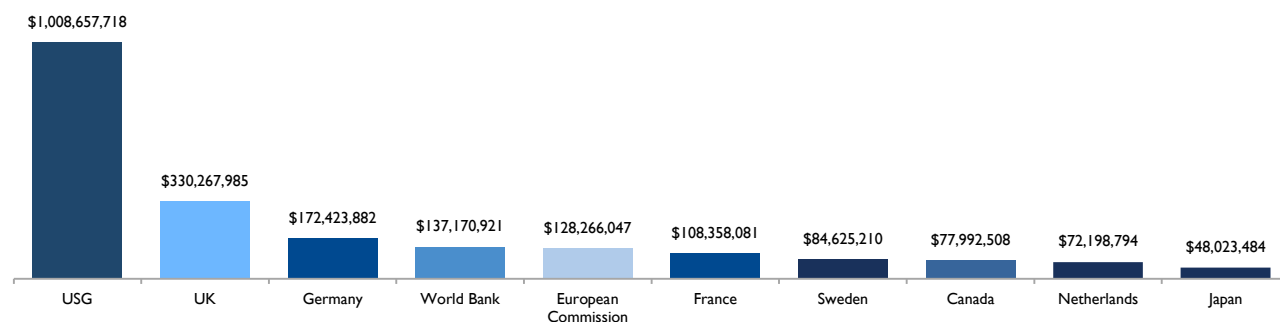
GUINEA

- As of February 25, WHO and the Government of Guinea have documented 187 confirmed EVD cases during the month to date, surpassing the 153 confirmed Guinean EVD cases reported in January. The weekly number of new confirmed cases, however, has decreased for each of the previous three weeks, from 65 new cases reported during the week of February 2 to 35 new cases during the week of February 16.
- A team of UNICEF-commissioned anthropologists recently conducted a study on community reticence in Guinea, assessing the knowledge, attitudes, and behavior of individuals in 47 villages across 14 prefectures, including Beyla, Conakry, Coyah, Dubreka, Faranah, Forecariah, Gueckedou, Kankan, Kindia, Macenta, Mamou, N'Zerekore, Telimele, and Siguiri. Although 90 percent of interviewees said they knew that EVD was a “dangerous illness,” only 45 percent of respondents reported knowing that EVD could be contracted through contact with the body of an EVD-affected

individual. The study highlighted multiple drivers of reticence, including fear, misinformation, rumors, response team insensitivities, and longstanding frustrations and conflicts within communities. According to the study, approximately 75 percent of reticence stems from lack of information or misinformation, with some people doubting the sincerity of EVD-related messages, in part due to EVD’s resemblance to other diseases known in Guinea, such as malaria. The three response interventions that most often trigger individual or community reactions are safe burials, disinfection of schools and other public places, and contact tracing activities, according to the assessment.

- In early February, the Logistics Cluster—the coordinating body for humanitarian logistics activities, comprising UN agencies, NGOs, and other stakeholders—facilitated the transport of two laboratories via helicopter across Guinea. One excursion delivered a laboratory from Conakry to a recently finalized ETU in Kerouane, while another transferred a laboratory from Gueckedou to the ETU in Coyah Prefecture.
- On February 24, approximately 52 metric tons of USAID/OFDA-procured chlorine was transferred to the Central Pharmacy of Guinea, the national medical stock warehouse. The chlorine will be distributed to health care facilities across the country for disinfection purposes.

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



* Funding figures are as of February 25, 2014. 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/OFDA²			
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		\$5,916,729
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
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
John Snow Inc. (JSI)	Health	Liberia	\$3,164,720
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
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
USPHS	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	\$998,391
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			\$463,852,644
USAID/FFP			
Mercy Corps	Emergency Food Assistance	Liberia	\$8,970,000
PCI	Cash Transfers, Agricultural Input Vouchers	Liberia	\$8,030,564
WFP	WFP Regional Emergency Operation	Guinea, Liberia, Sierra Leone	\$34,769,529
TOTAL USAID/FFP ASSISTANCE TO EVD RESPONSE EFFORTS			\$51,770,093
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	\$5,000,000
TOTAL USAID/Liberia ASSISTANCE TO EVD RESPONSE EFFORTS			\$5,000,000
USAID/Guinea			
Jhpiego	Health	Guinea	\$3,482,000
TOTAL USAID/Guinea ASSISTANCE TO EVD RESPONSE EFFORTS			\$3,482,000
DoD			
DoD		Liberia	\$349,089,000
TOTAL DoD ASSISTANCE TO EVD RESPONSE EFFORTS			\$349,089,000
CDC			
CDC	Health	West Africa	\$115,387,981
TOTAL CDC ASSISTANCE TO EVD RESPONSE EFFORTS			\$115,387,981

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>