

WEST AFRICA – EBOLA OUTBREAK

FACT SHEET #26, FISCAL YEAR (FY) 2015

MARCH 25, 2015

NUMBERS AT A GLANCE

24,872

Number of Suspected, Probable, and Confirmed Ebola Virus Disease (EVD) Cases in Acutely Affected Countries*
UN World Health Organization (WHO) – March 25, 2015

10,311

Number of EVD-Related Deaths*
WHO – March 25, 2015

11,841

Number of EVD Cases in Sierra Leone*
WHO – March 25, 2015

9,602

Number of EVD Cases in Liberia*
WHO – March 25, 2015

3,429

Number of EVD Cases in Guinea*
WHO – March 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

- New confirmed EVD case in Liberia occurs nearly one month after country's last confirmed case
- The Government of Sierra Leone (GoSL) continues to report a declining trend in weekly incidence of new confirmed EVD cases
- The Government of Guinea (GoG) documents 215 confirmed EVD cases in March as of March 23, surpassing the 153 and 214 cases reported in January and February, respectively

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

USAID/OFDA ¹	\$515,176,019
USAID/FFP ²	\$57,479,546
USAID/GH ³	\$20,076,000
USAID/Liberia	\$16,100,000
USAID/Guinea	\$3,482,000
DoD ⁴	\$360,255,000
CDC ⁵	\$171,261,008 ⁶
\$1,143,829,573	
USG ASSISTANCE TO THE WEST AFRICA EVD OUTBREAK RESPONSE ⁷	

KEY DEVELOPMENTS

- On March 20, the Government of Liberia (GoL) reported a new confirmed EVD case in Montserrado County. The new confirmed case—the first confirmed identified in Liberia since February 19—initially sought treatment at Montserrado's Redemption Hospital, where USAID/OFDA partner the International Rescue Committee (IRC) supports triage and referral processes. Hospital staff successfully identified and isolated the patient as a suspect case upon arrival. The GoL Incident Management System—with support from the GoL Ministry of Health (MoH), CDC, and other EVD response actors—is currently investigating the case to ascertain the source of the transmission. The GoL and EVD response actors continue to monitor the individual's high- and low-risk contacts.
- The GoSL Ministry of Health and Sanitation reported 33 new confirmed EVD cases between March 16 and 22, signifying the lowest weekly caseload reported in Sierra Leone since mid-2014 and reflecting a declining trend in weekly incidence of new confirmed EVD cases. However, recent confirmed EVD cases in Koinadugu and Moyamba districts, where the number of new cases had fallen, have prompted some concern. On March 18, the Moyamba District Ebola Response Center (DERC) reported one confirmed EVD case—the first in the district in more than 21 days. The Moyamba case follows two recent confirmed EVD cases in Koinadugu, where the DERC had not reported a new case in approximately 2 weeks.

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 March 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.

REGIONAL

- From March 16–22, WHO reported 79 new confirmed cases of EVD—the lowest weekly total to date in 2015.
- According to WHO, EVD treatment capacity now exceeds demand in both Liberia and Sierra Leone due to falling case incidence and declining transmission. National authorities, with technical guidance from WHO, are beginning to implement plans for the phased safe decommissioning of surplus EVD treatment facilities. Each country will retain a core capacity of high-quality EVD treatment facilities with additional rapid-response capacity in reserve.
- WHO is supporting the GoL MoH to implement an enhanced EVD surveillance framework for monitoring Liberia’s borders with Guinea and Sierra Leone. Nimba and Grand Cape Mount counties have strengthened cross-border surveillance capacity, and preliminary work to reinforce cross-border controls has begun in other border counties.

Liberia

- Between March 7 and 17, CDC field teams assessed EVD prevention activities at 18 border crossings and 26 health clinics across the five Liberian border counties of Bong, Gbarpolu, Grand Cape Mount, Lofa, and Nimba. According to CDC, significant infection prevention and control (IPC) challenges persist in border areas, including a lack of safe drinking water at county health care centers; inadequate water, sanitation, and hygiene (WASH) facilities; insufficient fuel amounts required for incineration; and inconsistent accessibility to and storage and use of personal protective equipment (PPE). In Bong’s Panta District, CDC staff visited three sites along the Liberia–Guinea border where WHO established EVD screening programs. WHO’s border screening activities will complement the national community event-based surveillance (CEBS) program—developed by CDC in coordination with the GoL—planned to begin in Bong in the coming weeks. The CEBS strategy will engage communities to help identify and report EVD cases and rapidly halt transmission chains, should new EVD cases occur.
- On March 19 and 20, EVD response actors in Liberia—including the GoL, CDC, and USAID/OFDA partners Global Communities and the International Organization for Migration (IOM)—conducted a CEBS orientation session for community members and a training of trainers for border officials in Nimba’s Ganta town. Following the February 22 reopening of Liberia’s borders, Nimba was the second of five GoL-identified priority counties targeted to receive training in CEBS and the newly developed standard operation procedures for border officials. The first event occurred in mid-March in Grand Cape Mount and events are planned in Bong, Gbarpolu, and Lofa. Several GoL officials attended the Nimba event to explain the national border policy and highlight the need for increased community surveillance.
- Liberia’s rainy season occurs between May and October and often causes road conditions to deteriorate, in addition to increasing the prevalence of diseases, such as malaria and cholera. The GoL and EVD response actors, including partners working with the support of USAID/OFDA, have begun rainy season preparations to ensure adequate drainage capacity and available supplies—including food, safe drinking water, medicines, fuel, PPE, and IPC stocks—at health facilities in difficult-to-access areas. UN Humanitarian Air Service (UNHAS) flights to Lofa and Nimba will enable EVD response actors to access key border areas. In addition, a helicopter operated by the International Medical Corps (IMC) with the support of USAID/OFDA will be available to provide timely response during the rainy season.
- USAID/OFDA partner BRAC continues to provide psychosocial support to EVD-affected populations across Bong, Gbarpolu, Grand Bassa, Grand Cape Mount, Lofa, Montserrado, and Nimba counties. For example, between January and March, BRAC staff facilitated approximately 100 EVD survivor welcome ceremonies attended by community leaders and other community members. The ceremonies officially welcomed EVD survivors to the community, provided psychosocial support, and promoted community acceptance and reintegration. BRAC is also disseminating EVD-related awareness messaging via radio. Translated into nine local languages, radio stations transmit the messages twice daily to help dispel EVD-related misconceptions and promote acceptance of EVD survivors by community members.

Sierra Leone

- The GoSL National Ebola Response Center recently released operational guidance for the upcoming “Getting to Zero” campaign to identify and isolate EVD cases in communities and improve general adherence to IPC methods. The campaign will begin with a March 27–29 stay-at-home period from 6 a.m. to 6 p.m., followed by three consecutive stay-

at-home Saturdays beginning on April 4. The GoSL plans to permit movement from 7 a.m. to 2 p.m. on March 29 to enable churchgoers to attend Palm Sunday services. During the stay-at-home periods, three-person teams comprising one community health officer, one trained social mobilizer, and one community EVD task force member will conduct house-to-house EVD prevention and detection activities. Essential staff and public service workers, such as EVD response, health care, and security personnel, are exempt from the movement restrictions.

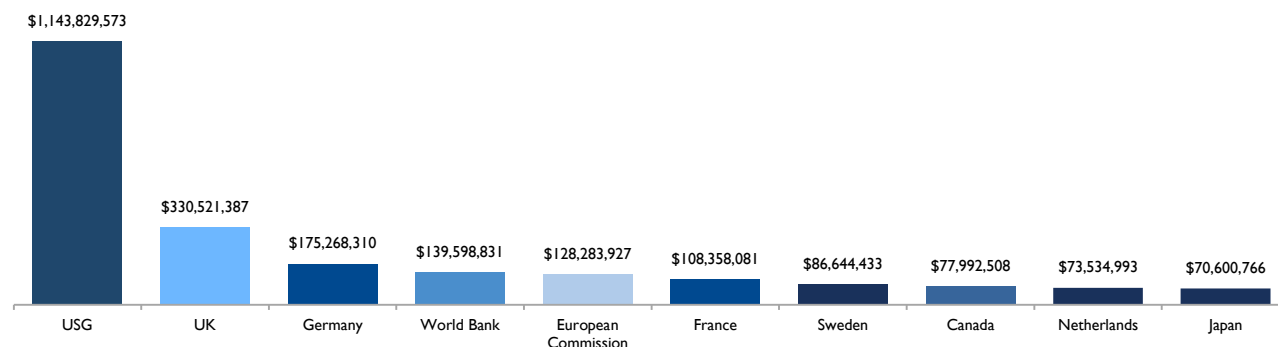
- The International Federation of Red Cross and Red Crescent Societies (IFRC) is providing 2,000 survivor kits to patients discharged from EVD treatment facilities across Sierra Leone, as well as to individuals hosting orphans. The kits include clothes, emergency food commodities, hygiene kits, mattresses, and other household items. To date, IFRC has provided support to approximately 39 million people in response to the EVD outbreak in West Africa.
- On March 20, members of the USG Disaster Assistance Response Team (DART) accompanied IOM, Lifeline, and Medair staff to the Moa Wharf area in eastern Freetown, Western Urban District, to observe the Lifeline quarantine team distribute the interim care kits and educate recipients regarding their appropriate. With IOM support, Medair plans to collaborate with Lifeline to distribute an additional 200 kits to quarantined homes in Western Area during the week of March 23.
- During the week of March 16, USAID/OFDA partners IOM and Medair collaborated with Lifeline to deliver 325 interim care kits to quarantined homes in Western Area. The kits—containing bleach, buckets, gloves, oral rehydration salts, and soap—enable households that have recently reported a suspected EVD case to reduce the risk of EVD transmission.
- USAID/OFDA partner IOM conducted two mobile IPC training sessions at Sierra Leone’s Lungi International Airport in Port Loko District during the week of March 16. The training reached 30 hygienists—including personnel responsible for cleaning the airport terminal and airplane interiors—with IPC training targeted to reduce the risk of EVD transmission within the airport. Training components included guidance on donning and doffing PPE, disposing of bodily fluids, and decontaminating various objects and surfaces. IOM facilitators and participants reported that the mobile aspect of the training is helpful because it removes the costly and logistically-challenging transport and accommodation implications of having trainees travel to Freetown to participate. To date, IOM has facilitated more than ten mobile EVD-related training sessions throughout Sierra Leone.
- USAID/FFP partner the UN World Food Program (WFP) has distributed more than 20,000 metric tons of food assistance in Sierra Leone since September 2014. WFP estimates that its assistance has likely reached at least 1.1 million people, including food rations to members of quarantined homes and patients in EVD treatment facilities.

Guinea

- The GoG and WHO documented 20 new confirmed EVD cases between March 21 and 23, including nine cases in the capital city of Conakry, eight cases in Forécariah Prefecture, two cases in Coyah Prefecture, and one case in Boffa Prefecture. As of March 23, the GoG had documented 215 confirmed EVD cases in March—surpassing the 153 and 214 cases reported in January and February, respectively.
- On March 19, Guinea’s Macenta Prefecture—located in southeastern Guinea near the Liberian border—completed a 21-day monitoring period without documenting a confirmed EVD case; the GoG reported the last confirmed EVD case in Macenta on February 26. As of March 20, active EVD transmission chains were concentrated in western parts of the country, with only five prefectures—Boffa, Coyah, Dubréka, Forécariah, and Kindia—and Conakry documenting confirmed EVD cases in the previous 21 days.
- On March 19, DART members visited Kito Island in Boffa to observe partner activities. National Ebola Coordination Cell actors had traveled to Kito, an area that was previously inaccessible due to community reticence, in late February to strengthen community sensitization efforts. In addition, GoG representatives worked with Imams from the community and engaged with members of *comités de veille villageois*, or community watch committees, to spread EVD-related messages and foster community dialogue. In early March, the National Ebola Coordination Cell reported that communities in Kito were no longer reticent to EVD response interventions.
- With \$2.3 million in USAID/OFDA support, IOM is helping to strengthen regional coordination capacity in Guinea. Based on recommendations from the National Ebola Coordination Cell, IOM plans to provide logistical support to two additional prefectural emergency operations centers (PEOCs) located in Kouroussa and Siguiri. With the addition of the

two new PEOCs, IOM is now supporting a total of 20 PEOCs across Guinea. IOM reports it expects to finish construction on all PEOCs by the end of March, with the rehabilitation of eight PEOCs already complete, as of March 14.

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



* Funding figures are as of March 25, 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.

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
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	Humanitarian Studies, Analysis, or Applications	Guinea, Liberia, Sierra Leone	\$30,011
	Program Support		\$6,108,034

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
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
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
U.S. Public Health Service	Health	Liberia	\$4,988,272
UN Children's Fund (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
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	\$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
IMC	Health	Guinea	\$14,854,760
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	Protection, 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			\$515,176,019
USAID/FFP			
CRS	Food Vouchers	Guinea	\$1,325,443
Mercy Corps	Emergency Food Assistance	Liberia	\$8,970,000
PCI	Cash Transfers, Agricultural Input Vouchers	Liberia	\$8,030,564
Save the Children (SC)	Cash Transfers	Sierra Leone	\$4,384,010
WFP	WFP Regional Emergency Operation	Guinea, Liberia, Sierra Leone	\$34,769,529
TOTAL USAID/FFP ASSISTANCE TO EVD RESPONSE EFFORTS			\$57,479,546
USAID/GH			
Johns Hopkins Center for Communication Programs (JHCCP)	Health	Guinea, Liberia, Sierra Leone; neighboring at-risk countries	\$7,288,500
WHO	Health	Guinea, Liberia, Sierra Leone; neighboring at-risk countries	\$12,787,500
TOTAL USAID/GH ASSISTANCE TO EVD RESPONSE EFFORTS			\$20,076,000
USAID/Liberia			
GoL 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	\$360,255,000
TOTAL DoD ASSISTANCE TO EVD RESPONSE EFFORTS			\$360,255,000
CDC			
CDC	Health	West Africa	\$152,257,373
TOTAL CDC ASSISTANCE TO EVD RESPONSE EFFORTS			\$152,257,373
TOTAL USG ASSISTANCE TO EVD RESPONSE EFFORTS IN FY 2014 & 2015			\$1,124,825,938

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>