

# WEST AFRICA – EBOLA OUTBREAK

FACT SHEET #3, FISCAL YEAR (FY) 2016

NOVEMBER 6, 2015

## NUMBERS AT A GLANCE

**28,586**

Number of Suspected, Probable, and Confirmed EVD Cases to Date in Acutely Affected Countries†  
WHO – November 6, 2015

**11,299**

Number of Suspected, Probable, and Confirmed EVD-Related Deaths to Date in Acutely Affected Countries†  
WHO – November 6, 2015

**8,704**

Number of Confirmed EVD Cases to Date in Sierra Leone\*†  
WHO – November 6, 2015

**3,157**

Number of Confirmed EVD Cases to Date in Liberia\*†  
WHO – November 6, 2015

**3,351**

Number of Confirmed EVD Cases to Date in Guinea\*†  
WHO – November 6, 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

- Liberia’s remaining USAID/OFDA-supported ETUs close
- GoG reports one new case during the week of October 26
- GoSL approves post-EVD transition plan
- Guinea, Liberia, and Sierra Leone continue to address EVD survivor needs

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

USAID/OFDA <sup>1</sup>	\$771,949,660
USAID/FFP <sup>2</sup>	\$127,011,150
USAID/GH <sup>3</sup>	\$20,076,000
USAID/Liberia	\$16,100,000
USAID/Guinea	\$3,482,000
DoD <sup>4</sup>	\$ 631,758,625 <sup>5</sup>
CDC <sup>6</sup>	\$786,483,841 <sup>7,8</sup>
<b>\$2,356,861,276</b>	
USG ASSISTANCE TO THE WEST AFRICA EVD OUTBREAK RESPONSE <sup>9</sup>	

## KEY DEVELOPMENTS

- Liberia’s two remaining USAID/OFDA-supported Ebola Virus Disease (EVD) treatment units (ETUs)—the Gbargna ETU in Bong County and the Ganta ETU in Nimba County—closed on October 31, marking a milestone in Liberia’s transition from the EVD emergency response to the establishment of residual response capacity.
- The Government of Sierra Leone (GoSL) recently approved a transition plan for response activities beyond November 7, when—barring additional cases—the UN World Health Organization (WHO) plans to declare an end to the outbreak in Sierra Leone.
- Health officials and response organizations in Guinea, Liberia, and Sierra Leone continue to address the needs of EVD survivors. Ongoing and planned survivor support activities include the provision of clinical and psychosocial services, community reintegration support, livelihoods assistance, semen collection and testing, and sexual health counseling.

<sup>1</sup> USAID’s Office of U.S. Foreign Disaster Assistance (USAID/OFDA)

<sup>2</sup> USAID’s Office of Food for Peace (USAID/FFP)

<sup>3</sup> USAID’s Bureau for Global Health (USAID/GH)

<sup>4</sup> U.S. Department of Defense (DoD)

<sup>5</sup> DoD figures represent estimated obligations as of August 31, 2015.

<sup>6</sup> U.S. Centers for Disease Control and Prevention (CDC)

<sup>7</sup> In FY 2014, CDC obligated \$17,439,000 to the West Africa EVD response, utilizing internal CDC operational resources. In FY2015, CDC obligated \$763,561,781 of which approximately \$280,855,373 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. As of October 30, 2015, CDC had obligated \$5,483,060 in FY 2016; of this, approximately \$4,356,443 supports activities outside the United States and \$1,126,617 supports activities inside the U.S. The FY 2016 total includes actual obligations from CDC’s Ebola Response appropriation.

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

<sup>9</sup> 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**

- Marking a key step in Liberia's transition from the EVD emergency response to the establishment of residual response capacity, the country's two remaining USAID/OFDA-supported ETUs—the International Medical Corps (IMC)-managed Gbargna ETU and the Project Concern International (PCI)-managed Ganta ETU—closed on October 31. Over the course of the EVD outbreak, USAID/OFDA supported 20 ETUs in Liberia. The Government of Liberia (GoL) Ministry of Health (MoH)-managed ELWA III ETU in Liberia's capital city of Monrovia is now the country's sole operational unit. As part of the GoL strategy for maintaining residual EVD treatment capacity in regional referral centers, USAID/OFDA partners are finalizing temporary isolation and treatment sites at GoL-designated hospitals and clinics.
- USAID/OFDA partner Global Communities (GC) continues to deactivate burial teams in concert with a GoL policy shift from universal safe and dignified burials (SDBs) to universal dead body swabbing. As of October 25, GC had demobilized burial teams in eight of Liberia's 15 counties, with plans to demobilize teams in the seven remaining counties in the coming weeks. To ensure an effective transition from the GC burial teams to county-level actors, GC continues to train clinicians, environmental health technicians (EHTs), and funeral home staff in proper dead body swabbing procedures, while working with community-level leadership to ensure compliance with the new GoL policy.
- Despite significant progress, the USG Disaster Assistance Response Team (DART) reports several challenges related to the transition from SDBs to post-mortem swab collection. The GoL has issued several iterations of the national dead body management policy; however, changes to the policy are not always well understood by the broader community, including those responsible for dead body swabbing. The former GoL policy of conducting a polymerase chain reaction test for all community deaths—a procedure that takes up to four days—contributed to the underreporting of such deaths. Per the current policy, the GoL requires trained EHTs or staff from funeral homes and health care facilities to don proper personal protective equipment and conduct post-mortem swabs of all dead bodies; only those considered high-risk require an SDB.
- On October 31, the DART attended a launch ceremony for Mercy Corps' Ebola Community Action Platform 2 (ECAP 2), which targets 1,500 community health committees countrywide—including in five MoH-identified priority counties—to promote EVD-related social mobilization messages. Through local organizations, ECAP 2 will conduct tailored outreach campaigns to increase community knowledge about the importance of surveillance, including details pertaining to the revised GoL dead body swabbing policy; promote health practices to prevent the transmission of communicable diseases, including EVD; and relay messages on the need for community reintegration of EVD survivors. The program aims to build on the success of Mercy Corps' ECAP 1 program, which trained approximately 800 mobilizers and 14,700 local communicators to reach more than 2.4 million people countrywide with MoH-approved EVD prevention messages.
- Several health care facilities across Liberia are providing EVD survivor care and services, including eye and ear care, family planning, maternal and child health and nutrition services, and psychosocial support. The International Organization for Migration (IOM), for example, is operating mobile health clinics specialized in antenatal and pediatric care, as well as family planning, for survivors of IOM-operated ETUs. The Médecins Sans Frontières (MSF)-operated survivor clinic in Montserrado County also offers free clinical services and eye care referrals for registered EVD survivors. As of early November, at least ten survivor clinics were operational countrywide.
- Additionally, IMC's Emergency, Obstetric, and Post-EVD Syndrome Program is supporting the staffing needs at Phebe Hospital in Bong County, conducting staff training on MoH Post-EVD Syndrome guidelines, and providing laboratory and medical supplies, among other activities. The program also provides eye exams and referrals to specialists, as well as psychosocial support and physical therapy for those suffering from post-EVD joint pain and muscle weakness.

## **Sierra Leone**

- In late October, the GoSL approved a transition plan for EVD response activities beyond November 7, when—barring additional cases—WHO plans to declare an end to the outbreak in Sierra Leone. The plan outlines the transfer of activities from the national and district-level EVD response centers to the GoSL Ministry of Health and Sanitation (MoHS) and District Health Medical Teams, and includes information regarding the revised case definition, planned ETU closures, and the transition from universal SDBs to a new swabbing and burial process. Per the plan, health practitioners will continue to screen individuals for EVD; however, health actors will only isolate patients exceeding the heightened

threshold for case definition. Case management for EVD-positive patients will be available at the 34 Military Hospital ETU in Western Area and the USAID/OFDA-supported Kambia Town ETU in Kambia District. A 32-bed mobile treatment unit, managed by the Royal Sierra Leone Armed Forces with support from the UK Department for International Development (DFID), is also available for deployment as necessary.

- Under the new swabbing and burial procedures, swabbing teams—with support from local public health authorities—will assess whether the circumstances of a death meet the threshold for an SDB. In the event that authorities deem the death to present plausible EVD risk, burial teams will apply standard SDB protocols; otherwise, swab teams will collect a sample and families will be allowed to bury the body at their chosen cemetery.
- The GoSL and partners continue activities aimed at supporting the health, psychosocial, and livelihood needs of EVD survivors; identifying facilities suitable for survivor care and service provision; and verifying, registering, and mapping Sierra Leone’s survivor community. During the week of October 26, Project SHIELD—a component of the GoSL Comprehensive Package for Ebola Survivors, managed by the National Ebola Response Center—conducted sexual counseling training for health practitioners in Bombali, Port Loko, and Western Area Rural and Urban districts, with support from CDC and the National AIDS/HIV Control Program. The project plans to conduct additional trainings in the coming days. Once trained, health practitioners will provide safe sexual practice counseling for survivors at health facilities with semen testing capacity.
- GOAL, Médicos del Mundo, Partners in Health (PiH), and MSF continue to screen survivors for eye conditions in Bo, Bombali, Kenema, and Western Area Rural and Urban districts. The CDC Foundation, the GoSL MoHS, and WHO are also supporting health care services for more than 500 survivors at 34 Military Hospital, while the UN Development Program plans to provide livelihood reconstruction support to approximately 2,500 survivors countrywide.
- According to the USAID-funded Famine Early Warning Systems Network (FEWS NET), food security conditions in Sierra Leone are expected to improve in the coming months, with much of Sierra Leone expected to experience Minimal-level—IPC 1—food insecurity through March 2016.<sup>10</sup> Expected improvements in food security are due to the onset of the main harvest in October and the removal of internal movement restrictions, which previously inhibited trade, market activity, and other income-generating activities. Nonetheless, slow economic recovery exacerbated by the EVD outbreak continues to impact the purchasing power of poor households in Kambia, Kailahun, Kenema, Kono, Port Loko, Pujehun, and Tonkolili districts, which are expected to face Stressed-level—IPC 2—food insecurity during the coming months.

## Guinea

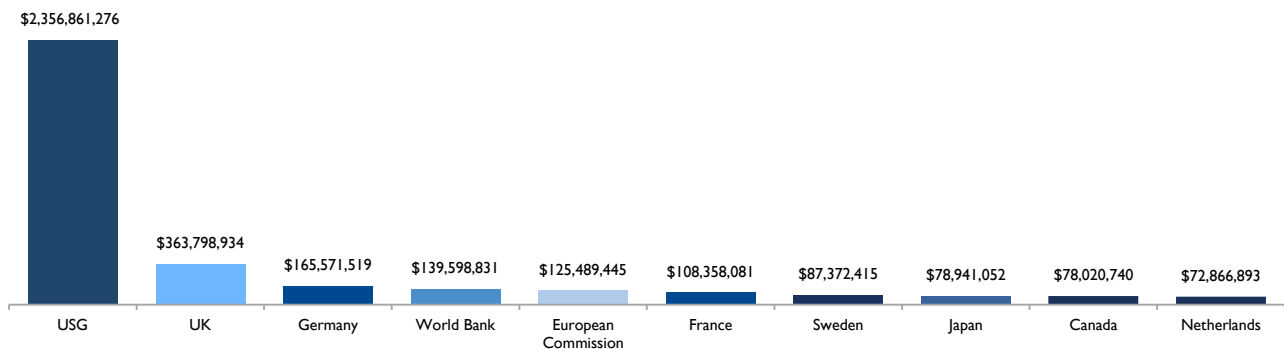
- The Government of Guinea (GoG) reported one new EVD case from Forécariah Prefecture’s Kaliah sub-prefecture on October 29, the seventh case reported during the month of October. The patient is a three-day old infant of a pregnant woman confirmed EVD-positive on October 24 and transferred to Conakry Prefecture’s Nongo ETU, where she died following childbirth. As of November 1, the infant remained in stable condition at the Nongo ETU. Given the circumstances of the child’s birth, the patient generated no additional contacts.
- Nearly 270 registered contacts in Forécariah and all remaining contacts of an October 13 case in Conakry Prefecture graduated from the 21-day monitoring period on November 3–4. As of November 4, surveillance teams continued to monitor approximately 70 remaining contacts in Forécariah. WHO-led vaccination teams had completed vaccinations of primary and secondary contacts of the recent cases from Forécariah as of November 2.
- Given the recent closure of several wards at Conakry’s Donka Hospital due to a large-scale renovations project, infection prevention and control (IPC) partners anticipate an influx of patients seeking medical treatment at other health care facilities throughout Conakry. To ensure that highly frequented health care facilities have adequate triage structures and IPC supplies to absorb additional patients, members of the IPC working group—which includes EVD response organizations and other stakeholders, such as USAID/OFDA, CDC, and Jhpiego—developed an assessment tool to evaluate needs at targeted health care sites. In coordination with the GoG, IPC partners assessed more than 15 public and private health care facilities, including two national hospitals—Ignace Deen and the Kipe University Hospital—

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

during the week of October 26. As of early November, CDC was preparing the assessment findings, with plans to publically circulate results in the coming days.

- With support from CDC, WHO, and other response partners, the GoG is working to finalize a national strategy for addressing the long-term health care needs of Guinea’s estimated 1,260 EVD survivors. The strategy seeks to include a minimum package of clinical, psychosocial, reintegration, and socioeconomical services for survivors. The plan also aims to outline common referral services required for survivors, including ophthalmology care for eye complications and rheumatology care for joint pain. More than 110 response personnel—including GoG, UN, and NGO representatives—contributed to the strategy during an October 5–7 EVD survivor workshop. As of late October, a technical working group was finalizing the official strategy document.

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



\* Funding figures as of November 6, 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 October 2, 2015, U.S. Ambassador John F. Hoover re-declared a disaster in Sierra Leone. U.S. Ambassador Deborah R. Malac re-declared a disaster due to the continued effects of the EVD outbreak in Liberia on October 5. On October 5, U.S. Ambassador Alexander M. Laskaris re-declared a disaster in Guinea. U.S. Chargé d’Affaires, a.i., Andrew Young declared a disaster in Mali on November 17, 2014.
- 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, & 2016<sup>1</sup>**

<b>IMPLEMENTING PARTNER</b>	<b>ACTIVITY</b>	<b>LOCATION</b>	<b>AMOUNT</b>
<b>USAID/OFDA<sup>2</sup></b>			
<b>REGIONAL</b>			
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
UN Office for the Coordination of Humanitarian Affairs (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
WHO	Health, Humanitarian Coordination and Information Management	Guinea, Liberia, Sierra Leone	\$477,712
	Program Support		\$8,583,408
<b>LIBERIA</b>			
Action Contre la Faim (ACF)	Health, Protection, Water, Sanitation, and Hygiene (WASH)	Liberia	\$1,013,803
American Refugee Committee (ARC)	Health	Liberia	\$7,633,633
BRAC	Protection	Liberia	\$1,177,902
CARE	Health	Liberia	\$1,652,992
ChildFund	Health, Protection	Liberia	\$3,502,025
Concern	Health, Protection	Liberia	\$6,806,343
Catholic Relief Services (CRS)	Health	Liberia	\$960,447
GC	Health	Liberia	\$34,039,820
GOAL	Health	Liberia	\$7,281,500
Heart to Heart International (HHI)	Health, Protection	Liberia	\$5,055,260
International Federation of Red Cross and Red Crescent Societies (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	\$24,309,454
Jhpiego	Health	Liberia	\$2,814,287
John Snow Inc. (JSI)	Health	Liberia	\$7,233,653

Medical Teams International (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
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
<b>SIERRA LEONE</b>			
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
<b>GUINEA</b>			

Accion Contra el Hambre/Spain	Health	Guinea	\$1,681,043
CECI	Logistics Support and Relief Commodities, Health	Guinea	\$1,404,928
CRS	Health, WASH	Guinea	\$5,887,626
ChildFund	Health, Protection	Guinea	\$1,500,000
Danish Refugee Council (DRC)	Risk Management Policy and Practice, WASH	Guinea	\$750,000
French Red Cross (FRC)	Health	Guinea	\$4,505,445
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 (TdH)	Health, Protection, WASH	Guinea	\$875,000
UNICEF	Protection, WASH	Guinea	\$10,555,447
Women and Health Alliance International (WAHA)	Health	Guinea	\$749,936
WFP	Health, WASH	Guinea	\$8,500,000
WHO	Health	Guinea	\$19,626,849
<b>GUINEA-BISSAU</b>			
IOM	Health	Guinea-Bissau	\$407,117
<b>MALI</b>			
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
<b>TOTAL USAID/OFDA ASSISTANCE TO EVD RESPONSE EFFORTS</b>			<b>\$771,949,660</b>
<b>USAID/FFP</b>			
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	\$3,252,935
CRS	Cash Transfers	Sierra Leone	\$2,462,296
FEWS NET	Food Security, Market, and Livelihood Monitoring, Analysis and Reporting	Guinea, Liberia, Sierra Leone	\$2,865,965
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
Save the Children (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
<b>TOTAL USAID/FFP ASSISTANCE TO EVD RESPONSE EFFORTS</b>			<b>\$127,011,150</b>
<b>USAID/GH</b>			
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
<b>TOTAL USAID/GH ASSISTANCE TO EVD RESPONSE EFFORTS</b>			<b>\$20,076,000</b>
<b>USAID/Liberia</b>			
GoL MoH	Health	Liberia	\$6,600,000
UNICEF	Education	Liberia	\$9,500,000
<b>TOTAL USAID/Liberia ASSISTANCE TO EVD RESPONSE EFFORTS</b>			<b>\$16,100,000</b>



USAID/Guinea			
Jhpiego	Health	Guinea	\$3,482,000
<b>TOTAL USAID/Guinea ASSISTANCE TO EVD RESPONSE EFFORTS</b>			<b>\$3,482,000</b>
DoD			
DoD		Liberia	\$631,758,625
<b>TOTAL DoD ASSISTANCE TO EVD RESPONSE EFFORTS</b>			<b>\$631,758,625</b>
CDC			
CDC	Health	West Africa and USA	\$786,483,841
<b>TOTAL CDC ASSISTANCE TO EVD RESPONSE EFFORTS</b>			<b>\$786,483,841</b>
<b>TOTAL USG ASSISTANCE TO EVD RESPONSE EFFORTS IN FY 2014, 2015, &amp; 2016</b>			<b>\$2,356,861,276</b>

<sup>1</sup> Year of funding indicates the date of commitment or obligation, not appropriation, of funds.

<sup>2</sup> 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](http://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](http://www.cidi.org) or +1.202.821.1999.
  - Information on relief activities of the humanitarian community can be found at [www.reliefweb.int](http://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>