

WEST AFRICA – EBOLA OUTBREAK

FACT SHEET #34, FISCAL YEAR (FY) 2015

JUNE 9, 2015

NUMBERS AT A GLANCE

27,237

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

UN World Health Organization (WHO) – June 9, 2015

11,158

Number of EVD-Related Deaths in Acutely Affected Countries*

WHO – June 9, 2015

12,901

Number of EVD Cases in Sierra Leone*

WHO – June 9, 2015

10,666

Number of EVD Cases in Liberia*

WHO – June 9, 2015

3,670

Number of EVD Cases in Guinea*

WHO – June 9, 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

- In coordination with the Government of Liberia (GoL), the USG Disaster Assistance Response Team (DART) supports partners to decommission closed EVD treatment units (ETUs)
- The Government of Guinea (GoG) extends the nation-wide health emergency through June 30
- The EVD outbreak contributes to an earlier-than-normal start to the lean season and weakened household purchasing power in some EVD-affected areas

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

USAID/OFDA ¹	\$709,230,582
USAID/FFP ²	\$104,247,423
USAID/GH ³	\$20,076,000
USAID/Liberia	\$16,100,000
USAID/Guinea	\$3,482,000
DoD ⁴	\$390,355,000
CDC ⁵	\$463,584,168 ^{6,7}
\$1,707,075,173	
USG ASSISTANCE TO THE WEST AFRICA EVD OUTBREAK RESPONSE ⁸	

KEY DEVELOPMENTS

- The presidents of Guinea and Sierra Leone met in the border town of Gbalamuya in Sierra Leone's Kambia District on June 5 to reaffirm their commitment to cross-border coordination and discuss continued EVD response efforts, international media report.
- Active transmission continues in Guinea and Sierra Leone, with 25 new EVD cases confirmed during the week ending May 31, including 13 cases in Guinea and 12 in Sierra Leone, according to WHO.
- Escalating unrest in Guinea's Kamsar sub-prefecture, Boké Prefecture, on May 29 resulted in several response actors temporarily withdrawing staff and suspending operations. On June 4, a DART representative traveled to Boké with UN staff; the delegation met with prefecture officials to highlight the importance of community engagement and observed an improved security situation in the area, with resumed response activities.

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 In FY 2014, CDC funded its West Africa EVD response with CDC's internal operational resources. Of the \$446,145,168 that CDC has thus far obligated in FY 2015, approximately \$60,105,768 supports activities outside the United States and \$333,270,018 supports activities inside the U.S. This amount includes estimated salaries and benefits during the Continuing Resolution (CR) period. All other CDC obligations occurred during the CR and are not available to be categorized as domestic or international obligations.

⁷ CDC funding as of June 8, 2015; total includes estimated salaries, benefits, from the CR period and funding from all CDC sources. At this time, FY 2015 funding includes actual obligations; estimates of salaries and benefits have been excluded. The CDC funding total does not include \$3 million from USAID/OFDA, \$600,000 from DoD, or CDC Foundation donations.

⁸ 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.

REGIONAL

- WHO reported 25 confirmed cases of EVD between May 25–31, including 13 cases in Guinea and 12 in Sierra Leone. New cases occurred across four western Guinean prefectures and three Sierra Leonean districts. The source of transmission for some cases remains unknown, highlighting continued undetected chains of transmission, WHO reports.
- WHO notes that the onset of the rainy season throughout the region may impede response efforts. Acting Special Representative of the Secretary-General for the UN Mission for Ebola Emergency Response (UNMEER) Peter Graaff stated that the rainy season will also likely increase other diseases—such as malaria—that manifest symptoms similar to EVD, international media report.
- During the June 5 border meeting, Presidents Ernest Bai Koroma of Sierra Leone and Alpha Condé of Guinea discussed cross-border collaboration as both countries continue the process of halting EVD transmission. The presidents also discussed common approaches for dead body management, measures to close health facilities not complying with EVD response directives, and the need for local authorities to reinforce strict public health measures.

Liberia

- In Liberia, the DART is working with partners and GoL officials to deconstruct and decontaminate closed ETUs and to properly dispose of or transfer remaining assets. As of May 28, WHO—on behalf of the GoL—had approved decommissioning plans for all ten of the USAID/OFDA-supported ETUs managed by partner PAE. The majority of the remaining ETUs that do not yet have WHO-approved decommissioning plans are scheduled to remain open in the coming months.
- On June 3, a DART representative visited the site of the USAID/OFDA-supported Gbediah Town ETU in River Cess County; at the time of the visit, PAE had deconstructed and cleared approximately 95 percent of the site. The DART member also met with county officials to discuss the asset disposition process. Over the coming weeks, the DART plans to similarly monitor deconstruction and asset disposition processes at other USAID/OFDA-supported ETU sites.
- The USG continues to support the GoL and other response actors to maintain surveillance efforts in Liberia. DART and CDC representatives continue to attend regular post-EVD transition meetings and discuss activities with GoL officials. USAID/OFDA partner MENTOR Initiative is supporting transition efforts through conducting community outreach and social mobilization activities to maintain EVD awareness, supporting triage and isolation capacity, and supervising surveillance and referral methods in pharmacy stores and private health clinics. With USAID/OFDA support, a non-governmental organization (NGO) consortium led by the International Rescue Committee (IRC) is supporting Montserrado County—where Liberia confirmed its last EVD case—to strengthen infectious disease surveillance and infection prevention and control (IPC) protocols.
- With USAID/OFDA support, NGO Global Communities continues activities to reduce the risk of EVD resurgence in Liberia. As of May 30, the NGO continued to support more than 40 safe burial teams, 10 disinfection teams, and 20 ambulances, facilitating safe and dignified burials and the disposal of medical waste from Liberian hospitals. Global Communities is also coordinating with the GoL to increase local ownership of the border surveillance process, convening meetings in areas that border Guinea and Sierra Leone to establish guidelines for maintaining safe border crossings and documenting informal crossing points.

Sierra Leone

- Sierra Leone reported 12 confirmed EVD cases during the week ending May 31, including eight cases from Port Loko District; three cases in the capital city of Freetown, Western Urban District; and one case in Kambia District—the first new case in Kambia for more than 14 days, according to WHO. Of the total caseload, seven—or just over half of all cases—came from known contacts of previous EVD cases.
- In response to the number of cases occurring in Port Loko's Kaffu Bullom chiefdom during the reporting period, the UN Children's Fund (UNICEF) and other response actors supported a house-to-house mobilization and case finding campaign in the community. UNICEF reports that the efforts reached more than 900 households, or 4,000 people.

- USAID/OFDA recently committed an additional \$8 million to support WHO’s response efforts in Sierra Leone, including active surveillance and contact tracing and supporting IPC in health care facilities. To date, USAID/OFDA has provided \$12 million for WHO’s activities in Sierra Leone.
- Between May 27 and June 2, a CDC-supported ambulance sensitization project visited three villages in Kambia each day and spoke with an average of 100 community members at each site. Peace Corps, WHO, and the UK Department for International Development also supported the project. Previously, research found a lack of information concerning EVD transmission and treatment resulted in fear, inhibiting people from seeking assistance for suspected EVD cases. In particular, many people regard ambulances with suspicion—having seen few, if any, ambulances prior to the EVD outbreak, some communities associate the vehicles with disease and death. To dispel myths and educate communities, a team of response workers—including an ambulance driver, nurse, social mobilizer, decontaminator, family liaison member, contact tracer, and EVD survivor—traveled to Kambian communities to explain their individual roles during a response call and to allow people to view the ambulance close-up. DART staff observing the project noted a high degree of public engagement with the project team.

Guinea

- On June 5, President Condé extended the nation-wide health emergency until the end of June, international media report. President Condé initially declared a health emergency in August 2014, renewing the declaration in March 2015.
- During the week ending May 31, Guinea reported 13 confirmed EVD cases; seven of those cases occurred in Forécariah Prefecture, four occurred in Dubréka Prefecture, and Boké and Fria prefectures each reported one case, according to WHO.
- During the reporting week, response actors reported obstacles to community engagement in all four prefectures. In Fria, community members attacked and threw stones at the car of a GoG official. Due to escalating unrest in Boké’s Kamsar sub-prefecture on May 29, several response actors, including the International Federation of Red Cross and Red Crescent Societies (IFRC), International Medical Corps (IMC), and WHO, withdrew staff and suspended operations.
- As of June 3, USAID/OFDA partners reported that the security situation had improved and response activities had restarted, noting a large security presence in the area. Guinean Red Cross burial teams resumed work—between May 29 and June 2, most safe burial work halted. USAID/OFDA partner the Center for International Studies and Education (CECI) also resumed social mobilization efforts, and WHO surveillance teams resumed contact tracing efforts.
- A representative of the DART traveled to Boké on June 4 with an interagency UN delegation; the delegation met with prefecture officials to reinforce the need for community engagement, emphasizing that community support for response efforts is critical to breaking EVD transmission chains. DART staff returned to Kamsar on June 8–9 to review response efforts.
- With USAID/OFDA support, IMC opened a triage site on June 8 at the entrance of the Kassopo health center—the main public health facility in Kamsar’s largest town. The IMC-supported site is the first dedicated area for triaging patients at Kassopo.

FOOD SECURITY AND LIVELIHOODS

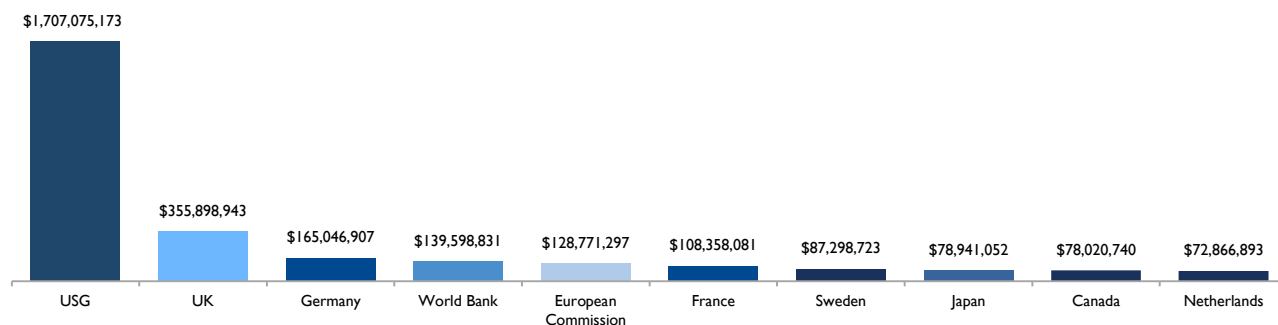
- Current rice planting activities in some communities of Sierra Leone are occurring at below-average levels, according to mobile-based trader surveys conducted by the USAID-supported Famine Early Warning System (FEWS NET) in May 2015.
- The depletion of household food stocks has resulted in an earlier-than-normal start to the lean season in some EVD-affected areas, FEWS NET reports. In addition, household incomes have remained below average due to the general economic slowdown across all three most-affected countries. This weakened household purchasing power is expected to contribute to Stressed—IPC 2—or Crisis—IPC 3—food insecurity in many areas across the region through September 2015.⁹ Households in Sierra Leone’s Bombali, Kailahun, Kenema, Kono, Port Loko and Tonkolili districts—where

⁹The 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.

quarantines contributed to disruptions in agricultural production and market activities—are projected to face a crisis-level food security situation, characterized by possible increases in acute malnutrition, food consumption gaps, and unsustainable coping strategies, through the 2015 lean season, FEWS NET reports.

- To date, USAID/FFP has provided more than \$104 million in food assistance in support of the USG’s EVD response. USAID/FFP provides food assistance through a mix of targeted cash assistance, food vouchers, and in-kind food assistance, as appropriate and feasible. USAID/FFP has structured its response to incentivize local market actors, promote the recovery of market function, support agricultural production in the next growing season, and align with host government and USAID development priorities. USAID/FFP support for market-orientated activities includes: cash transfers and food vouchers to improve household access to nutritious foods; agricultural input vouchers to enable farming families to access high-quality seeds for planting; and cash-for-work income generation opportunities for vulnerable households.

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



* Funding figures are as of June 9, 2015. All international figures are according to the UN Office for the Coordination of Humanitarian Affairs (OCHA) Financial Tracking Service and based on international commitments during 2014 and to date in 2015, while USG figures are according to the USG and reflect USG commitments from FY 2014 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
Overseas Development Institute	Humanitarian Studies, Analysis, or Applications	Guinea, Liberia, Sierra Leone	\$30,011
Tufts University	Humanitarian Studies, Analysis, or Applications	Guinea, Liberia, Sierra Leone	\$558,504
	Program Support		\$6,784,135
LIBERIA			
Action Contre la Faim (ACF)	Health, Protection, Water, Sanitation, and Hygiene (WASH)	Liberia	\$1,013,803
American Refugee Committee (ARC)	Health	Liberia	\$7,633,633
BRAC	Protection	Liberia	\$1,177,902
CARE	Health	Liberia	\$1,652,992
ChildFund	Health, Protection	Liberia	\$3,502,025
Concern	Health, Protection	Liberia	\$6,806,343
Catholic Relief Services (CRS)	Health	Liberia	\$960,447
Global Communities	Health	Liberia	\$32,076,365
GOAL	Health	Liberia	\$4,702,667
Heart to Heart International (HHI)	Health, Protection	Liberia	\$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	\$26,794,897
IOM	Health	Liberia	\$28,048,894
International Rescue Committee (IRC)	Health, Protection	Liberia	\$18,443,770
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	\$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
USAID/OFDA-Supported Non-Medical ETU Management Contracts	Health	Liberia	\$86,249,157
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
WFP	Logistics Support and Relief Commodities	Liberia	\$57,277,108
WHO	Logistics Support and Relief Commodities, Health, Protection	Liberia	\$35,000,000
SIERRA LEONE			
CRS	Health	Sierra Leone	\$548,619
Christian Aid	Health, Humanitarian Coordination and Information Management, Logistics Support and Relief Commodities, Protection	Sierra Leone	\$945,690
GOAL	Health, WASH	Sierra Leone	\$2,005,780
IFRC	Health	Sierra Leone	\$13,000,000
IMC	Health, Protection	Sierra Leone	\$5,164,183
IOM	Health	Sierra Leone	\$5,679,410
IRC	Health	Sierra Leone	\$9,688,573
Medair	Health	Sierra Leone	\$5,349,216
Oxfam/Great Britain (Oxfam/GB)	Health	Sierra Leone	\$690,646
PiH	Health, Protection	Sierra Leone	\$7,881,461
UNICEF	Health, Protection, WASH	Sierra Leone	\$16,080,214
WFP	Humanitarian Coordination and Information Management, Logistics Support and Relief Commodities	Sierra Leone	\$20,000,000
WHO	Health	Sierra Leone	\$12,000,000
World Vision	Logistics Support and Relief Commodities	Sierra Leone	\$2,472,525
GUINEA			
CRS	Health	Guinea	\$4,041,621
ChildFund	Health, Protection	Guinea	\$1,500,000
French Red Cross (FRC)	Health	Guinea	\$4,505,445
HC3	Health	Guinea	\$1,000,000
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	\$2,999,552
IMC	Health	Guinea	\$14,854,760
Jpiego	Health	Guinea	\$2,400,000
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	\$10,555,447
WFP	Health, WASH	Guinea	\$8,500,000
WHO	Health	Guinea	\$19,626,849
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			\$709,230,582
USAID/FFP			
ACDI/VOCA	Cash Transfers, Agricultural Input Vouchers	Liberia	\$9,000,000
ACDI/VOCA	Cash Transfers, Agricultural Input Vouchers	Sierra Leone	\$9,000,000
CRS	Food Vouchers	Guinea	\$1,325,443
FEWS NET	Food Security, Market, and Livelihood Monitoring, Analysis and Reporting	Guinea, Liberia, Sierra Leone	\$2,495,348
Mercy Corps	Cash Transfers, Agricultural Input Vouchers	Liberia	\$8,970,000
PCI	Cash Transfers, Agricultural Input Vouchers, Cash-for-Work	Liberia	\$8,030,564
Save the Children (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	\$3,000,000
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	\$13,161,658
TOTAL USAID/FFP ASSISTANCE TO EVD RESPONSE EFFORTS			\$104,247,423
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	\$390,355,000
TOTAL DoD ASSISTANCE TO EVD RESPONSE EFFORTS			\$390,355,000
CDC			
CDC	Health	West Africa and USA	\$463,584,168
TOTAL CDC ASSISTANCE TO EVD RESPONSE EFFORTS			\$463,584,168
TOTAL USG ASSISTANCE TO EVD RESPONSE EFFORTS IN FY 2014 & 2015			\$1,707,075,173

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>