

WEST AFRICA – EBOLA OUTBREAK

FACT SHEET #17, FISCAL YEAR (FY) 2015

JANUARY 21, 2015

NUMBERS AT A GLANCE

21,689

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

UN World Health Organization (WHO) – January 21, 2015

8,626

Number of EVD-Related Deaths*

WHO – January 21, 2015

10,340

Number of EVD Cases in Sierra Leone*

WHO – January 21, 2015

8,478

Number of EVD Cases in Liberia*

WHO – January 21, 2015

2,871

Number of EVD Cases in Guinea*

WHO – January 21, 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

- Malian authorities and WHO announce the end of the EVD outbreak in Mali following two 21-day cycles without a new confirmed case in the country.
- USAID/OFDA partners commenced operations at the Voinjama town EVD treatment unit (ETU) in Liberia's Lofa County on January 14.
- The Government of Guinea (GoG) officially reopens public schools countrywide; preparations to reopen schools in Liberia and Sierra Leone remain underway.

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

USAID/OFDA ¹	\$438,669,725
USAID/FFP ²	\$43,739,529
USAID/GH ³	\$17,676,000
USAID/Liberia	\$5,000,000
USAID/Guinea	\$3,482,000
DoD ⁴	\$372,145,000
CDC ⁵	\$71,877,000 ⁶

\$952,589,254

USG ASSISTANCE TO THE WEST AFRICA EVD OUTBREAK RESPONSE⁷

KEY DEVELOPMENTS

- UN Special Envoy on Ebola David Nabarro reported on January 15 that in recent days, Liberia had reported the lowest number of new EVD cases since June, while Guinea and Sierra Leone both reported the lowest number of new cases since August. Despite the progress, Special Envoy Nabarro remarked that additional efforts are required to end the current outbreak, noting at least 50 areas where clusters of new cases persist.
- The Government of Sierra Leone (GoSL) recently launched the second phase of Western Area surge operations, which primarily focuses on increasing community awareness of EVD and mobilizing communities to support response efforts. The second phase of Western Area surge operations is a core component of the National Ebola Response Center's (NERC) strategy to meet the national goal of significantly reducing the EVD caseload by late February and reaching zero new confirmed EVD cases by May.
- According to WHO, EVD cases continue to decline in Guinea, with 38 total laboratory-confirmed cases recorded for the period of January 5 to 11—a nearly 46 percent decrease from the previous week's total of 70. Overall, most of Guinea's prefectures showed fewer or no cases, although authorities noted increases in confirmed cases in the Coyah, Faranah, and Forecariah prefectures.

¹ USAID's Office of U.S. Foreign Disaster Assistance (USAID/OFDA)

² USAID's Office of Food for Peace (USAID/FFP)

³ USAID's Bureau for Global Health (USAID/GH)

⁴ U.S. Department of Defense (DoD)

⁵ U.S. Centers for Disease Control and Prevention (CDC)

⁶ CDC funding as of January 21, 2015; total includes estimated salaries, benefits, and funding from all CDC sources. USAID/OFDA funding to CDC of \$3 million and DoD funding to CDC of \$600,000 is not included in this total.

⁷ Total funding figures reflect committed U.S. Government (USG) humanitarian and development funding to date. This number represents a subset of the total USG effort.

CURRENT SITUATION

- UN Mission for Ebola Emergency Response (UNMEER) continues to emphasize regional coordination as part of the second phase of the UN mission's EVD response. Regional priorities include the need to confront complacency as the number of EVD cases continues to decline and to strengthen cross-border surveillance. During a recent meeting with the USG Disaster Assistance Response Team (DART), UNMEER leadership also highlighted the importance of community leader engagement—particularly at the district level—in border regions of Guinea, Liberia, and Sierra Leone, as well as less-affected countries such as Cote d'Ivoire, Guinea-Bissau, Mali, and Senegal.

Liberia

- During the 21-day period ending January 18, the Government of Liberia (GoL) Ministry of Health (MoH) reported 25 confirmed EVD cases countrywide. 15 confirmed cases were located in Montserrado County, while all 25 cases were found in just three counties—Grand Cape Mount, Margibi, and Montserrado—with Grand Cape Mount reporting the second highest number of new confirmed cases with nine.
- On January 14, the ETU in Lofa County's Voinjama town opened with an initial 20 beds. Lofa is located near the Liberia–Guinea border—WHO reported new EVD cases in areas of Guinea adjoining Lofa as of mid-January. On the first day of operation, ETU staff accepted a suspect EVD case. The facility is the tenth operational USG-constructed ETU in Liberia; USAID/OFDA partner GOAL will provide clinical care for cases at the site.
- CDC plans to support a new sub-county-level approach implemented by the Montserrado county-level incident management system (IMS) to decentralize and more closely coordinate response activities, dividing densely populated Montserrado—which includes the capital city of Monrovia—into four geographic sectors. Each sector will be led by an IMS-appointed coordinator and a partner organization. CDC will serve as the coordinating partner for Sector One—based out of John F. Kennedy Hospital in Monrovia—and USAID/OFDA partner the UN Children's Fund (UNICEF) will provide operational and logistical support, including office space, supplies, and transportation. USAID/OFDA partners the International Rescue Committee (IRC) and Global Communities are also providing support in the other three Montserrado sectors by establishing and managing operational bases.
- With USAID/OFDA support, Catholic Relief Services (CRS) is implementing facility rehabilitation projects to re-establish basic health care service at five clinics in Montserrado, including the construction of separate triage areas for patients with early and advanced EVD symptoms and an ambulance embarkation area. The CRS project indicates progress in providing infrastructure necessary for safe resumption of health services in some of Monrovia's most EVD-affected and underserved communities.
- On January 14, CDC infection prevention and control (IPC) staff conducted a “Keep Safe, Keep Serving” (KSKS) master trainer refresher session for more than 50 students. KSKS is a training course for health care providers designed to ensure job safety and minimize risk of EVD infection. CDC IPC staff also evaluated 50 public and private Montserrado health and vaccination clinics between January 14 and January 16, providing technical assistance and making recommendations for improvement where appropriate. Common recommendations included implementing triage outside of facilities, utilizing eye and face protection by vaccinators, labeling hand-washing stations with chlorine concentrations, and maintaining recommended personal protective equipment (PPE) supplies.
- In recent days, more than 60 African Union (AU) epidemiologists observed contact tracers and case investigators conducting interviews and other activities in preparation for supporting EVD response efforts in Montserrado and other areas of Liberia, according to CDC. Approximately 340 AU personnel are supporting the EVD response in Liberia, with additional health care personnel planning to deploy from Nigeria in the coming weeks.

Sierra Leone

- Between January 12 and 18, the GoSL reported a total of 117 new confirmed cases of EVD in Sierra Leone—representing a 36 percent decrease from the previous week. Despite the countrywide decline in cases, the GoSL NERC and response partners remain concerned regarding ongoing EVD transmission in some districts. Health officials reported an increase in the number of cases reported in Bombali District, a relatively stable caseload in Kono District, and a decrease in the number of new confirmed cases in Bo, Kambia, Moyamba, Tonkolili, Western Area Rural, and Western

Area Urban districts. NERC staff and partners continue to focus on targeted, district-level responses led by the GoSL district Ebola response centers; for instance, WHO recently deployed 130 technical staff to support EVD response effort in districts with high transmission rates, including Bombali.

- Reports from response actors, such as UNICEF, indicate that several factors—including concerns of stigma attached to EVD patients, fear of contracting EVD at treatment facilities and a lack of public information regarding patient experiences within treatment facilities—prevent potential cases from seeking care. As part of the second phase of Western Area surge operations, social mobilization activities will take place over a two-week period from January 19 to February 2, while community engagement, surveillance strengthening, and contact tracing activities began on January 19 and will remain ongoing.
- USAID/OFDA partner the International Medical Corps (IMC)—currently operating an ETU in Port Loko District’s Lunsar town—recently established a health care worker training center in Lunsar. Scheduled to open during the week of January 19, the center encompasses two training halls, tents for mock ETU exercises, and sufficient room for 36 students to board. While the center was established to provide EVD-specific training, response actors—including GoSL Ministry of Health and Sanitation (MoHS) personnel—may consider expanding the center’s mandate to include general health care worker training for MoHS staff from throughout Sierra Leone.
- A DoD-established laboratory in southern Sierra Leone’s Moyamba District began operations on January 13. Including the Moyamba laboratory and a CDC-supported laboratory in Bo, Sierra Leone currently has 13 operational laboratories providing critical EVD specimen and swab diagnostic testing.
- The GoSL and response partners are increasing focus on non-EVD health care needs, including the post-recovery health care needs of EVD survivors and malaria prevention. On January 16, the MoHS and partners—including Médecins Sans Frontières and UNICEF—began a second-round, four-day malaria campaign that is expected to reach approximately 2.5 million people with interventions to prevent and treat malaria. The event follows a first-round malaria campaign in Sierra Leone that delivered 1.5 million antimalarial treatments to Western Area residents in December 2014.
- Since opening in early January, the USAID/OFDA-funded, Medair-managed Kontorloh EVD triage and initial treatment facility in Western Area’s Kissy neighborhood had admitted 34 patients—including eight confirmed EVD cases—as of January 19. The facility offers initial care, IPC services, triage, and psychosocial support, typically discharging patients, providing referrals to non-EVD health care facilities, or working with the district Ebola response command center to transfer positive cases to a nearby ETU within 48 hours of laboratory results, according to the relief organization.

Guinea

- Guinean schools officially reopened on January 19. In Conakry, the GoG Ministry of Education organized visits to schools throughout the capital’s five communes to observe the resumption of classes. The UN reports that UNICEF and response partners are working with the GoG to reduce EVD transmission risks, training an estimated 80,600 instructors on the implementation of safety measures—including daily temperature screening—and distributing more than 48,600 hand-washing kits and approximately 20,500 thermometers to an estimated 12,000 schools of all levels.
- GoG Prime Minister Mohamed Said Fofana and high-level Government of France (GoF) officials inaugurated the French *centre de traitement pour les soignants* (CTS)—an EVD treatment center for health care providers—on January 19. The GoF Ministry of Defense is operating the 10-bed facility, which is located at the Gbessia military air base in Conakry. According to French officials, the CTS will provide treatment to both Guinean and international direct-care providers working at ETUs or other EVD treatment facilities who contract EVD. A laboratory to complement the CTS is expected to open in the coming week. USAID/OFDA partner the UN World Food Program (WFP) contributed an incinerator to the CTS in recent weeks, while the UN Humanitarian Air Service (UNHAS) is providing medical evacuation services, according to UNMEER.
- The Guinean Minister of Health, the French ambassador to Guinea, the national EVD response coordinator, and other GoG officials attended the inauguration ceremony for the ETU in Beyla Prefecture on January 14. The GoF has provided €3 million, or nearly \$3.5 million, to French-based non-governmental organization (NGO) Women and Health Alliance International to operate the ETU. The facility is opening with an initial 25 beds, although it has a maximum capacity of 50 beds. The ETU is accompanied by a mobile lab designed by French company K-Plan.

- During the month of December, USAID/OFDA-funded NGO Plan International trained 90 youths—three groups of three people each in Conakry, Coyah, Dubreka, Forecariah, Gueckedou, Kissidougou, Macenta, N’Zerekore, Telimele, and Yomou prefectures—to conduct a door-to-door campaign on EVD prevention beginning later in January. Plan also continues to create and train *comités de veille*, or community watch committees, coordinating with other response actors, such as UNICEF, to reduce duplication of response efforts.
- UNICEF recently reported that two community transit centers—one each in Kissidougou and the Guinea–Mali border town of Kouremale—are operational as of mid-January. UNICEF completed construction of both centers in December 2014, and the GoG Ministry of Health has provided staff to operate them.
- In recent days, USAID/OFDA partner the International Organization for Migration (IOM) reported the delivery of a first batch of equipment and supplies to the prefectural emergency operations centers (PEOCs) in 14 prefectures: Beyla, Boffa, Coyah, Dabola, Dalaba, Forecariah, Gueckedou, Kankan, Kerouane, Kindia, Lola, Macenta, N’Zerekore, and Yomou. IOM—with USAID/OFDA funding—provided each office with a generator, office supplies, and hygiene supplies, such as chlorine. IOM is finalizing the procurement of technological supplies, such as laptops, printers, wireless internet routers, and cameras, for the 14 abovementioned PEOCs, as well as the PEOC in Conakry.

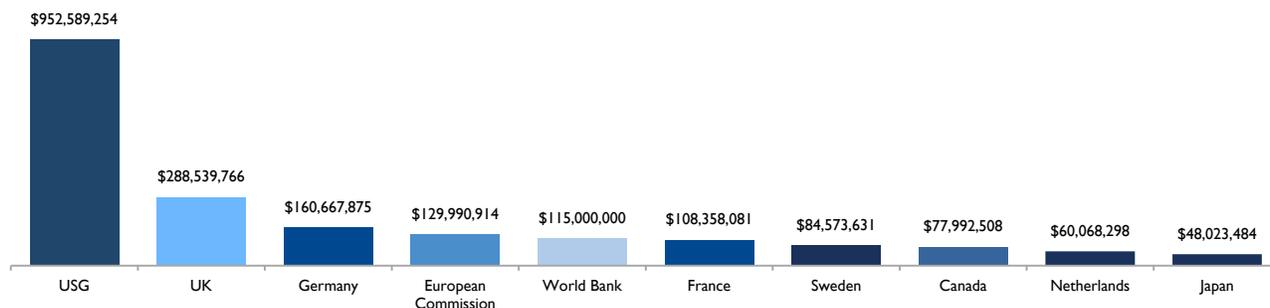
Mali

- Government of Mali (GoM) authorities and WHO announced Mali’s EVD-free designation on January 18, marking the end of two 21-day incubation cycles with no new cases countrywide. According to WHO, health actors in Mali have identified a total of eight confirmed EVD cases—including six deaths.
- While praising domestic and international response efforts to stop EVD transmission in Mali, GoM Minister of Health and Public Hygiene Ousmane Kone has underscored the continued risk of case importation from neighboring EVD-affected countries and urged local populations to continue adherence to basic prevention measures.
- Some response actors, including anthropologists, media, and health experts, have expressed concern that the use of the phrase “Ebola Free” in the early part of a public message will detract from the rest of the message emphasizing that Malians must continue EVD prevention activities and behaviors as long as EVD cases remain present in West Africa.

LOGISTICS SUPPORT AND RELIEF COMMODITIES

- WFP continues to enhance Guinea’s EVD response storage capacity in areas not covered by WFP forward logistics bases—such as Boko, Kankan, Labe, and Mamou prefectures. WFP plans to equip the additional storage locations with vehicles, personnel, and fuel to facilitate the distribution of PPE to nearby health facilities. WFP is currently managing three logistics facilities in Guinea, including one each in Conakry, Kissidougou, and Nzerekore prefectures.
- Logistics actors continue to coordinate airlifts of response supplies and urgently needed equipment from UNMEER headquarters in Accra, Ghana, to—and between—the three most-affected countries. From January 14-20, response agencies recently transported more than 60 motorbikes to Guinea and Sierra Leone, 12 metric tons (MT) of food from Freetown to Monrovia, 3 MT of PPE and other medical supplies from Monrovia to Conakry, and 12 MT of operations equipment—such as generators and a forklift—from Accra to Freetown. In total, logistics actors facilitated the transport of approximately 730 cubic meters of medical and humanitarian cargo in support of EVD response efforts in Guinea, Liberia, and Sierra Leone.

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



* Funding figures are as of January 21, 2014. All international figures are according to the U.N. Office for the Coordination of Humanitarian Affairs (OCHA) Financial Tracking Service and based on international commitments during the 2014 calendar year, while USG figures are according to the USG and reflect USG commitments from FY 2014 and FY 2015, which began on October 1, 2013, and October 1, 2014, respectively.

CONTEXT

- EVD is a severe illness transmitted through direct contact with the blood, bodily fluids, and tissues of infected animals or people. There is currently no cure or preventive vaccine for EVD.
- On August 4, U.S. Ambassador Deborah R. Malac declared a disaster due to the effects of the EVD outbreak in Liberia. U.S. Chargé d’Affaires Kathleen FitzGibbon declared a disaster in Sierra Leone on August 13. On August 15, U.S. Chargé d’Affaires Ervin Massinga declared a disaster in Guinea. U.S. Chargé d’Affaires, a.i, Andrew Young declared a disaster in Mali on November 17.
- The USG deployed a field-based DART on August 5 and established a corresponding Response Management Team (RMT) based in Washington, D.C. The DART—including disaster response and medical experts from USAID/OFDA and CDC—is working to identify key needs stemming from the EVD outbreak, amplify humanitarian response efforts, and coordinate all USG efforts to support the EVD response.

USG HUMANITARIAN ASSISTANCE TO THE EVD RESPONSE PROVIDED IN FY 2014 & 2015¹

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
USAID/OFDA²			
REGIONAL			
AU	Health	Guinea, Liberia, Sierra Leone	\$10,000,000
CDC	Health	Guinea, Liberia, Sierra Leone	\$3,000,000
UNICEF	Health	Guinea, Liberia, Sierra Leone	\$600,000
UNHAS	Logistics Support and Relief Commodities	Guinea, Liberia, Sierra Leone	\$250,000
USAID/OFDA-Airlifted Relief Commodities	Logistics Support and Relief Commodities	Guinea, Liberia, Sierra Leone	\$19,017,564
	Program Support		\$7,642,475
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
CRS	Health	Liberia	\$960,447
Global Communities	Health	Liberia	\$20,768,606
GOAL	Health	Liberia	\$4,702,667
Heart to Heart International (HHI)	Health, Protection	Liberia	\$7,001,161
International Federation of Red Cross and Red Crescent Societies (IFRC)	Health	Liberia	\$1,000,000
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	\$1,598,314
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
UNICEF	Health, Logistics Support and Relief Commodities, Protection, WASH	Liberia	\$50,767,691
Welthungerhilfe (WHH)	Health, WASH	Liberia	\$1,302,322
WFP	Logistics Support and Relief Commodities	Liberia	\$45,008,916
SIERRA LEONE			
CRS	Health	Sierra Leone	\$548,619
IFRC	Health	Sierra Leone	\$7,000,000
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
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	Guinea	\$2,111,738
Relief International (RI)	Health, Logistics Support and Relief Commodities	Guinea	\$4,000,000
SC/US	Health	Guinea	\$1,499,203
Terres Des Hommes	Health, Protection, WASH	Guinea	\$875,000
UNICEF	WASH	Guinea	\$1,000,000
WFP	Health, WASH	Guinea	\$2,500,000
MALI			
CRS	Health	Mali	\$954,740
IMC	Health	Mali	\$2,000,000
IOM	Health	Mali	\$2,033,983
UNICEF	Health	Mali	\$400,000
World Vision	Health	Mali	\$550,646
TOTAL USAID/OFDA ASSISTANCE TO EVD RESPONSE EFFORTS			\$438,669,725
USAID/FFP			
Mercy Corps	Emergency Food Assistance	Liberia	\$8,970,000
WFP	WFP Regional Emergency Operation	Guinea, Liberia, Sierra Leone	\$34,769,529
TOTAL USAID/FFP ASSISTANCE TO EVD RESPONSE EFFORTS			\$43,739,529
USAID/GH			
Johns Hopkins Center for Communication Programs (JHCCP)	Health	Guinea, Liberia, Sierra Leone; neighboring at-risk countries	\$4,888,500
WHO	Health	Guinea, Liberia, Sierra Leone; neighboring at-risk countries	\$12,787,500
TOTAL USAID/GH ASSISTANCE TO EVD RESPONSE EFFORTS			\$17,676,000
USAID/Liberia			
GoL MoH	Health	Liberia	\$5,000,000
TOTAL USAID/Liberia ASSISTANCE TO EVD RESPONSE EFFORTS			\$5,000,000
USAID/Guinea			
	Planned Health Assistance	Guinea	\$3,482,000

TOTAL USAID/Guinea ASSISTANCE TO EVD RESPONSE EFFORTS			\$3,482,000
DoD			
DoD		Liberia	\$372,145,000
TOTAL DoD ASSISTANCE TO EVD RESPONSE EFFORTS			\$372,145,000
CDC			
CDC	Health	West Africa	\$71,877,000
TOTAL CDC ASSISTANCE TO EVD RESPONSE EFFORTS			\$71,877,000
TOTAL USG ASSISTANCE TO EVD RESPONSE EFFORTS IN FY 2014 & 2015			\$952,589,254

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>