

WEST AFRICA – EBOLA OUTBREAK

FACT SHEET #30, FISCAL YEAR (FY) 2015

APRIL 21, 2015

NUMBERS AT A GLANCE

25,872

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

UN World Health Organization (WHO) – April 19, 2015

10,721

Number of EVD-Related Deaths*

WHO – April 19, 2015

12,265

Number of EVD Cases in Sierra Leone*

WHO – April 19, 2015

10,042

Number of EVD Cases in Liberia*

WHO – April 11, 2015

3,565

Number of EVD Cases in Guinea*

WHO – April 19, 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

- USAID announces \$126 million to help rebuild health care systems in EVD-affected West African countries
- The Monrovia Medical Unit (MMU) in Liberia plans to close on April 30
- EVD response teams visit more than 29,000 households in Guinea’s Forécariah Prefecture during pilot stay-at-home period
- The week of April 6–12 reflects the lowest total number of prefectures and districts in EVD-affected countries to report a confirmed EVD case since the end of May 2014

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

USAID/OFDA ¹	\$590,186,388
USAID/FFP ²	\$57,479,546
USAID/GH ³	\$20,076,000
USAID/Liberia	\$16,100,000
USAID/Guinea	\$3,482,000
DoD ⁴	\$362,555,000
CDC ⁵	\$430,474,222 ⁶
\$1,480,353,156	
USG ASSISTANCE TO THE WEST AFRICA EVD OUTBREAK RESPONSE ⁷	

KEY DEVELOPMENTS

- On April 18, USAID announced plans to spend \$126 million to help rebuild West African health care systems affected by the EVD outbreak. The support will assist Guinea, Liberia, and Sierra Leone restart critical health services—vaccinations, water and sanitation services, prenatal and maternal health care and nutrition, and programs to prevent and treat malaria and other infectious diseases—suspended during the EVD outbreak.
- On April 20, the European Mobile Laboratory team—the research consortium in charge of mapping the EVD genome—announced that scientists have completely mapped the EVD genome and now have the ability to trace EVD transmission chains genetically. Researchers confirmed that the current EVD outbreak began in December 2013 in Guinea’s Guéckédou Prefecture and discovered that the virus does not have a high mutation rate. In addition, the team developed the capacity to map an individual’s viral genetic sequence in real time, thereby enhancing EVD response activities by assisting EVD response actors in locating EVD transmission chains by area.

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 April 20, 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

- During the week of April 6–12, the number of confirmed cases in EVD-affected West African countries increased to 37 from the previous week's 30 cases, according to WHO. Guinea recorded 28 confirmed EVD cases in five prefectures, and Sierra Leone's EVD case incidence remained at nine confirmed cases in three districts. Liberia maintained zero confirmed EVD cases during the same period. The week of April 6–12 reflected the lowest total number of prefectures/districts in EVD-affected countries to report a confirmed EVD case since the end of May 2014.
- On April 17, the African Development Bank announced \$300 million to support EVD recovery efforts. The new funding will assist national governments in Guinea, Liberia, and Sierra Leone by investing in health, education, water and sanitation, agriculture, and the financial sector. In addition, the African Development Bank is preparing to support both the establishment of the African Centers for Disease Control, as well as the Post-Ebola Livelihoods Restoration Project, which aims to improve the productive capacity of vulnerable EVD-affected populations and increase their access to basic socioeconomic services.

Liberia

- The U.S. Public Health Service (USPHS) Commissioned Corps is working to decontaminate and officially close the MMU on April 30. The MMU—which opened to patients on November 7, 2014—had, in total, admitted 42 patients, tested 18 positive for EVD, and discharged nine of those as survivors as of April 15.
- In recent weeks, the Government of Liberia (GoL) Incident Management System (IMS) contacted multiple organizations to request assistance decommissioning the Island Clinic, Old Ministry of Defense, and Unity Conference Center EVD treatment units (ETUs) in Montserrado County. In response, WHO provisionally agreed to provide financial and technical assistance to decommission the three facilities. The UN Children's Fund (UNICEF) also agreed to assist with the removal of liquid and ash waste from the ETU sites.
- Médecins Sans Frontières (MSF) plans to officially hand over the ELWA 3 ETU in Montserrado to the GoL in the coming days. The GoL reported plans to relocate staff and resources from the ELWA 2 ETU, as well as equipment and supplies from the MMU, to ELWA 3 and operate the facility as an infectious disease hospital with the ability to convert to an ETU as needed. Following the transfer of staff and resources, the GoL anticipates decommissioning the ELWA 2 facility with support from WHO.
- The GoL also reported plans to relocate the SKD Stadium ETU to Montserrado's Caldwell neighborhood and provide HIV and tuberculosis treatment. Like ELWA 3, the Caldwell facility will maintain the capacity to convert to an ETU, according to the GoL.
- On April 20, CDC presented IMS with its proposed plan for the phased implementation of rapid diagnostic tests (RDTs) for EVD in Liberia. The approach includes the evaluation of RDT performance in testing laboratories in Liberia before limited distribution to clinical facilities. CDC recommended that the implementation of RDTs—which detect EVD proteins in blood and other fluids—follow Liberia's current infection prevention and control (IPC) guidelines for collecting samples from persons with other infectious diseases, including malaria. CDC also noted that RDTs will sometimes produce both false-positive and false-negative results, and the currently used reverse transcription polymerase chain reaction test remains the gold standard for EVD testing suspected patients and deceased bodies.
- The Ebola Survivor Network—managed by the GoL Ministry of Health (MoH)—recently mapped available survivor services in Liberia to improve coordination among EVD response actors and identify unmet needs. The GoL MoH identified eight organizations providing EVD survivor services. The services include medical care, psychosocial support, and cash and food assistance. Following the mapping activity, the Ebola Survivor Network reported a need for support services that promote reintegration of survivors into their communities and foster independence and resilience rather than the one-time assistance packages that some organizations provide. Specifically, the network noted the need for policies that deter discrimination and structured, sustainable programs that encourage financial independence, as well as formal education and training opportunities for EVD survivors.
- In a recent IMS meeting, MSF presented its integrated model for caring for EVD survivors that comprises physical health, mental health, and community integration. Of the approximately 1,500 EVD survivors in the GoL database, more than 500 received treatment in the MSF-managed ELWA 3 ETU in Montserrado, and MSF continues to operate a free

clinic for confirmed EVD survivors. However, MSF reports the need for additional research on post-EVD health issues and increased cooperation among health actors to ensure that survivor needs are met. In addition, the lack of trained specialists, such as psychiatrists and ophthalmologists, poses challenges to assisting EVD survivors, according to MSF.

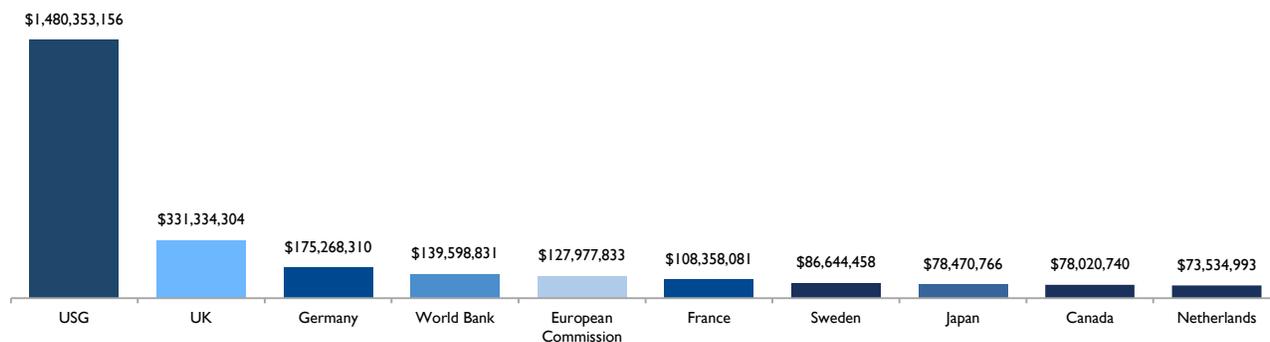
Sierra Leone

- In Sierra Leone, WHO reported the nine new confirmed EVD cases during the week of April 6–12 were identified in the three western districts of Kambia, Port Loko, and Western Area Urban, which includes the capital city of Freetown. WHO noted that the low proportion of laboratory samples that tested EVD-positive—nine of 1338, or less than 1 percent—and the increasing proportion of cases arising among registered contacts are encouraging signs of the ongoing downward trend in EVD case incidence in Sierra Leone.
- The International Rescue Committee (IRC) leads the Ebola Response Consortium (ERC) in Sierra Leone. With \$4.4 million in support from USAID/OFDA, the ERC is bolstering IPC capacity in peripheral health units (PHUs) throughout the country by training community health care workers and traditional birth attendants to serve as designated EVD screeners at their local PHUs. In addition, ERC partners are working with PHUs to establish EVD screening stations located outside of the facility. Screening activities follow specific IPC guidelines, including the distance between the screener and the patient; protective equipment, such as gloves and face shields, worn by screeners; and procedures for any screened individual that may meet the case definition for EVD. These measures ensure that all individuals coming to PHUs receive proper screening prior to entry. As of March 22, the ERC had supported nearly 1,100 PHUs to establish screening stations and had trained 950 health care workers and traditional birth attendants to conduct screenings.

Guinea

- The Government of Guinea (GoG) and WHO reported 28 new confirmed EVD cases, including 17 cases in Forécariah Prefecture, six cases in the capital city of Conakry, three cases in Coyah Prefecture, and one case each in Boffa and Kindia prefectures, between April 6 and 12—a 33 percent increase from the 21 new confirmed cases reported the previous week. Five prefectures in Guinea reported at least one confirmed EVD case during the same week—one less prefecture than the previous week, according to WHO.
- During the first three days of the April 12–15 stay-at-home campaign piloted in Forécariah, EVD response teams visited more than 29,000 households and identified and tested 23 suspected EVD cases, according to WHO. The GoG is planning to conduct similar stay-at-home operations in Boffa, Conakry, Coyah, Dubréka, and Kindia prefectures in the coming weeks.
- On April 17, a number of EVD response actors—including representatives from the GoG MoH, the UN Mission for Ebola Emergency Response, the UK Department for International Development, CDC, USAID/OFDA, the International Organization for Migration (IOM), WHO, and the non-governmental organization Action Contre le Faim (ACF)—convened in Conakry to provide updates on their activities to mitigate cross-border transmission. USAID/OFDA partner ACF is evaluating how Guinean EVD response actors can learn from cross-border cholera surveillance programs. CDC is currently working with Guinea's National Institute for Statistics and WHO to map contact-tracing data with sub-prefectural geographic information. The mapping exercise will provide a visual representation of health care facilities and EVD cases on a sub-prefectural level to enhance contact tracing and case management activities. Also, with support from USAID/OFDA, IOM is evaluating its existing cross-border surveillance programs and is planning to install additional monitoring control points on the Guinea–Sierra Leone border.

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



* Funding figures are as of April 21, 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
	Program Support		\$6,243,510
LIBERIA			

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	\$23,767,075
IOM	Health	Liberia	\$28,048,894
IRC	Health, Protection	Liberia	\$18,456,673
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
USPHS	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
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	\$9,688,573
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	\$20,000,000
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
Health Communication Capacity Collaborative (HC3)	Health	Guinea	\$1,000,000
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	\$7,292,220
IFRC	Health	Guinea	\$2,999,552
IMC	Health	Guinea	\$14,854,760
Jhpiego	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	\$6,000,400
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			\$590,186,388
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	\$362,555,000
TOTAL DoD ASSISTANCE TO EVD RESPONSE EFFORTS			\$362,555,000
CDC			
CDC	Health	West Africa	\$430,474,222
TOTAL CDC ASSISTANCE TO EVD RESPONSE EFFORTS			\$430,474,222
TOTAL USG ASSISTANCE TO EVD RESPONSE EFFORTS IN FY 2014 & 2015			\$1,480,353,156

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>