

WEST AFRICA – EBOLA OUTBREAK

FACT SHEET #9, FISCAL YEAR (FY) 2016

MARCH 24, 2016

NUMBERS AT A GLANCE

28,609

Suspected, Probable, and Confirmed EVD Cases to Date in Acutely Affected Countries†
WHO – March 23, 2016

11,307

Suspected, Probable, and Confirmed EVD-Related Deaths to Date in Acutely Affected Countries†
WHO – March 23, 2016

8,706

Confirmed EVD Cases to Date in Sierra Leone*†
WHO – March 16, 2016

3,354

Confirmed EVD Cases to Date in Guinea*†
WHO – March 23, 2016

3,160

Confirmed EVD Cases to Date in Liberia*†
WHO – March 16, 2016

* Does not include probable and suspected EVD cases.

† Figures are subject to change due to reclassification, retrospective investigation, and availability of laboratory results.

HIGHLIGHTS

- Three new EVD cases confirmed in Guinea; more than 1,000 contacts identified
- WHO declares end to Sierra Leone’s most recent EVD cluster
- GoL launches electronic platform for Liberian health workers to track and report public health threats

USG HUMANITARIAN FUNDING FOR THE EVD OUTBREAK RESPONSE IN FY 2014–2016

USAID/OFDA ¹	\$792,017,937
USAID/FFP ²	\$134,893,823
USAID/GH ³	\$20,076,000
USAID/Liberia	\$16,100,000
USAID/Guinea	\$3,482,000
DoD ⁴	\$631,758,625 ⁵
CDC ⁶	\$877,118,718 ^{7,8}
\$ 2,475,447,103⁹	

KEY DEVELOPMENTS

- Between March 17–23, the Government of Guinea (GoG) and the UN World Health Organization (WHO) confirmed three new cases of Ebola Virus Disease (EVD) in Guinea, originating in N’zérékoré Prefecture’s Koropara town. Health care workers linked all three confirmed cases to three deaths in late February and early March in Koropara, which health actors now consider probable cases. All three newly confirmed cases have since died.
- USAID/OFDA recently committed \$3.1 million to International Medical Corps (IMC) to bolster rapid response capacity in Guinea. With USAID/OFDA support, IMC maintains four rapid response teams (RRTs) to support the GoG’s response to new EVD cases. Following the confirmation of new cases, an IMC staff member deployed to Koropara to conduct initial assessments, and IMC RRTs remain on standby to assist 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 DoD figures represent estimated obligations as of August 31, 2015.

⁶ U.S. Centers for Disease Control and Prevention (CDC)

⁷ In FY 2014, CDC obligated \$17,439,000 to the West Africa EVD response, utilizing internal CDC operational resources. In FY 2015, 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. In FY 2015, prior to receiving omnibus appropriations in mid-December, CDC funded response activities using a combination of internal CDC operational resources and CR funds. These obligations totaled about \$52.7 million and supported all program-related costs, including both domestic and international activities. As of March 21, 2016, CDC had obligated \$96,117,937 in FY 2016, approximately \$71,902,439 to support activities outside the U.S. and \$24,215,498 to support activities inside the U.S. The FY 2016 total includes actual obligations from CDC’s Ebola Response appropriation.

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

⁹ 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

- From March 1–2, USAID/OFDA and CDC staff participated in a WHO-led meeting in Guinea’s capital city of Conakry to assess regional capacity for EVD residual rapid response, surveillance, and survivor care. Meeting participants—including representatives from the health ministries of Guinea, Liberia, and Sierra Leone, non-governmental organizations (NGOs), and UN agencies—highlighted the need to complete integrated disease surveillance and response trainings and strengthen community event-based surveillance (CEBS) and cross-border surveillance in all three countries. Stakeholders also emphasized the need to apply lessons learned when responding to new EVD clusters, and develop standardized approaches for high-impact, low-cost simulation exercises and trainings to maintain response capacity among relief actors.
- In FY 2015, USAID/OFDA provided more than \$13.7 million to the International Organization for Migration (IOM), which continues to support ongoing CEBS and border screening activities in Guinea, Liberia, and Sierra Leone. USAID/OFDA also recently supported NGO partners to ensure regional residual rapid response capacity through support for RRTs in Guinea and Liberia and an epidemic preparedness and response (EPR) consortium in Liberia.

Guinea

- The GoG and WHO confirmed two new EVD cases—an eight-year-old girl and her mother—in Koropara on March 17. Three family members of the confirmed cases died of EVD-related symptoms in the preceding weeks, but health actors did not identify the deceased individuals as probable EVD cases until after confirming the March 17 cases. The girl died on March 19, and the mother died on March 22 following admission into the N’zérékoré EVD treatment unit (ETU)—managed by the Alliance for International Medical Action with support from the European Commission’s Directorate-General for Humanitarian Aid and Civil Protection (ECHO).
- On March 22, the GoG confirmed a third EVD case, an adult male identified as a high-risk contact of the two confirmed cases; the individual had traveled from Koropara to Macenta Prefecture, where he died on March 20 after exhibiting EVD symptoms. Response actors conducted a safe and dignified burial for the deceased individual and transported blood samples to Conakry for post-mortem testing.
- As of March 23, response actors had initiated contact-tracing activities and identified more than 1,000 contacts in Macenta and N’zérékoré, of whom nearly 160 individuals were classified as high-risk contacts. The GoG is also enacting a *micro-cerclage*—a response strategy used to provide assistance and monitor the movement of identified contacts.
- The UN World Food Program (WFP) is planning to distribute food to households under *micro-cerclage*, and the Guinean Red Cross is leading a door-to-door sensitization campaign and conducting safe and dignified burials as necessary.
- Response actors are implementing a ring infection prevention and control (IPC) approach, which consists of assessing adherence to IPC and triage protocols at health facilities in the affected area. This strategy aims to ensure preparedness at sites where additional EVD patients may seek care, including adequate stocks of IPC supplies to avoid EVD infections among health care workers. USAID/OFDA partners Catholic Relief Services (CRS) and WHO have deployed teams to Koropara to conduct IPC supervision and quality assurance at health facilities where confirmed EVD patients initially sought treatment, and identify and reinforce IPC protocols among informal clinics and traditional healers in the area.
- With approximately \$3.1 million in new FY 2016 funding, USAID/OFDA is supporting IMC to provide residual rapid response capacity in Guinea through four RRTs, which IMC can deploy in response to new EVD cases. Each multidisciplinary team, comprising up to 16 staff, is trained to conduct EVD case management activities, including community mobilization, contact tracing, psychosocial support, rapid isolation and treatment of new EVD patients, and safe burials—amid community resistance and other challenges. As of March 24, the IMC teams remained on standby to assist response activities in Koropara as needed.
- A delegation comprising staff from the National Ebola Coordination Cell, USAID/OFDA, CDC, the UN Development Program, the UN Children’s Fund (UNICEF), WHO, and U.S. Ambassador to Guinea Dennis B. Hankins traveled to Koropara on March 24 to assess response activities. USAID/OFDA continues to coordinate with the GoG, CDC, and other stakeholders, and USAID/OFDA partners remain prepared to provide critical humanitarian assistance at the request of the GoG.

Liberia

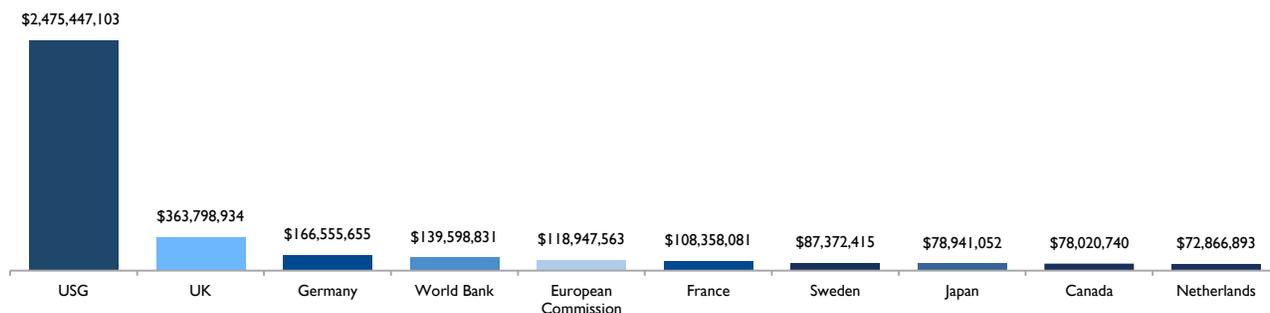
- In response to the new confirmed EVD cases in Guinea, the Government of Liberia (GoL) has enacted heightened EVD surveillance efforts, particularly in Bong, Lofa, and Nimba counties, which border southern Guinea. Additionally, USAID/OFDA partner IOM is screening visitors at points of entry along border areas and supporting county health teams to conduct EVD surveillance through community reporting in Liberia's counties bordering Guinea and Sierra Leone. As of late February, more than 800 community health volunteers in approximately 800 border communities had received CEBS training; in total, IOM plans to train nearly 3,000 community volunteers from approximately 2,500 communities.
- In addition, CDC, WHO, and IOM—along with other response actors involved in border management activities—recently completed a new border screening and surveillance training package, which the GoL Ministry of Health is reviewing. IOM is currently supporting more than 200 health screeners at nearly 50 points of entry across Liberia's five counties bordering Guinea and Sierra Leone.
- On March 16, the GoL held a workshop to provide feedback on Liberia's draft national EPR strategy, which outlines terms of reference and standard operating procedures for case management, epidemiology and surveillance, IPC, and logistics activities to prevent and respond to EVD and other infectious diseases. Workshop participants—including representatives from the GoL, USAID/OFDA, CDC, WHO, and USAID/OFDA partners—provided feedback regarding the draft EPR strategy. The GoL aims to finalize the plan by late April.
- During the workshop, the GoL Minister of Health announced the launch of Liberia's electronic disease early warning system (eDEWS), which enables health care workers to track and quickly report potential public health threats through an electronic platform. With USAID/OFDA support, the GoL and WHO recently piloted eDEWS in 75 health care facilities in Bomi, Gbarpolu, Grand Bassa, and Montserrado counties, and district surveillance officers and health facility staff are using the system to track and report data. The GoL aims to complete a countrywide roll-out of eDEWS by late 2016, bolstering Liberia's integrated disease surveillance and response capacity.
- As part of the national GoL strategy, the USAID/OFDA-supported, International Rescue Committee (IRC)-led EPR consortium is assisting county health teams to implement county-level EPR plans. To gauge EVD response capacity prior to upcoming RRT trainings, IRC piloted a simulation exercise with approximately 30 local- and district-level surveillance officers in Montserrado County from February 5–6. During the exercise, surveillance officers learned key components of rapid response and applied them to scenarios based on Montserrado's EVD outbreak in November 2015.

Sierra Leone

- On March 17, WHO declared an end to Sierra Leone's most recent EVD cluster, 42 days after the country's last confirmed EVD patient tested negative for EVD in early February. WHO reports there have been more than 14,100 confirmed, probable, or suspected EVD cases in Sierra Leone since WHO announced the regional outbreak in 2014, with nearly 4,000 confirmed, suspected, and probable deaths. Health experts report that the re-emergence of EVD remains likely due in part to the disease's persistence in the central nervous system, eyes, and semen of EVD survivors.
- In December 2015, the Government of Sierra Leone (GoSL) Ministry of Health and Sanitation introduced a new IPC assessment tool to evaluate health care facility compliance with national IPC standards. To assist GoSL efforts, a USAID/OFDA-supported, IRC-led Ebola Response Consortium (ERC) is conducting assessments of nearly 1,200 peripheral health units and 19 government hospitals receiving IPC support from the ERC.
- With approximately \$5.4 million in FY 2015 funding, USAID/OFDA has supported the ERC to conduct IPC training activities, establish infectious disease screening stations, and train health care workers to screen for EVD and other infectious diseases. The ERC also provides mentoring to health care workers to improve adherence to IPC protocols. As of December 2015, the ERC had trained more than 6,100 health workers on IPC principles.

2014–2016 TOTAL FUNDING FOR EVD OUTBREAK RESPONSE*

PER DONOR



* Funding figures as of March 24, 2016. 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, 2015, and to date in 2016, 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.

USG HUMANITARIAN ASSISTANCE FOR THE EVD OUTBREAK RESPONSE IN FY 2016¹

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
USAID/OFDA²			
REGIONAL			
WHO	Health, Humanitarian Coordination and Information Management	Guinea, Liberia, Sierra Leone	\$477,712
	Program Support		\$860,328
LIBERIA			
Global Communities	Health	Liberia	\$1,963,455
GOAL	Health	Liberia	\$2,578,833
IRC	Health	Liberia	\$10,374,233
SIERRA LEONE			
IMC	Health, Protection, Water, Sanitation, and Hygiene (WASH)	Sierra Leone	\$439,597
GUINEA			
Accion contra el Hambre (ACH)/Spain	Health	Guinea	\$1,681,043
CRS	Health, WASH	Guinea	\$1,846,005
French Red Cross (FRC)	Health	Guinea	\$680,000
IMC	Health	Guinea	\$6,544,806
Women and Health Alliance International (WAHA)	Health	Guinea	\$712,046
TOTAL USAID/OFDA ASSISTANCE FOR THE EVD RESPONSE			\$31,457,578
USAID/FFP³			
CRS	Food Vouchers	Guinea	\$1,927,693
Mercy Corps	Cash Transfers for Food, Agricultural Input Vouchers	Liberia	\$4,668,089
WFP	Local and Regional Food Procurement	Côte d'Ivoire	\$3,300,000
WFP	U.S. In-Kind Food Aid	Sierra Leone	\$272,000
TOTAL USAID/FFP ASSISTANCE FOR THE EVD RESPONSE			\$10,167,782

CDC			
CDC	Health	West Africa and USA	\$96,117,937
TOTAL CDC ASSISTANCE FOR THE EVD RESPONSE			\$96,117,937
TOTAL USG ASSISTANCE FOR THE EVD RESPONSE IN FY 2016			\$137,743,297

USG HUMANITARIAN ASSISTANCE FOR THE EVD OUTBREAK RESPONSE IN FY 2014–2015

TOTAL USAID/OFDA ASSISTANCE FOR THE EVD RESPONSE	\$760,560,359
TOTAL USAID/FFP ASSISTANCE FOR THE EVD RESPONSE	\$124,726,041
TOTAL USAID/GH ASSISTANCE FOR THE EVD RESPONSE	\$20,076,000
TOTAL USAID/LIBERIA ASSISTANCE FOR THE EVD RESPONSE	\$16,100,000
TOTAL USAID/GUINEA ASSISTANCE FOR THE EVD RESPONSE	\$3,482,000
TOTAL DoD ASSISTANCE FOR THE EVD RESPONSE	\$631,758,625
TOTAL CDC ASSISTANCE FOR THE EVD RESPONSE	\$781,000,781
TOTAL USG ASSISTANCE FOR THE EVD RESPONSE IN FY 2014–2015	\$2,337,703,806

TOTAL USG ASSISTANCE FOR THE EVD RESPONSE IN FY 2014–2016	\$2,475,447,103
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¹ Year of funding indicates the date of commitment or obligation, not appropriation, of funds.

² 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.

³ Estimated value of food assistance and transportation costs at time of procurement; subject to change.

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 redeclared a disaster in Sierra Leone. U.S. Ambassador Deborah R. Malac redeclared 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 redeclared a disaster in Guinea.
- The USG deployed a field-based Disaster Assistance Response Team (DART) on August 5, 2014, 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—identified key needs stemming from the EVD outbreak, amplified humanitarian response efforts, and coordinated all USG efforts to support the EVD response. Following a steady decrease in EVD cases, the DART and RMT demobilized on January 4, 2016; USAID/OFDA staff in Guinea, Liberia, and Sierra Leone are supporting partners to ensure continued capacity to respond to new EVD cases and facilitate the transition from relief to recovery.

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:
 - USAID 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>