

WEST AFRICA – EBOLA OUTBREAK

FACT SHEET #11, FISCAL YEAR (FY) 2016

JUNE 24, 2016

NUMBERS AT A GLANCE

28,616

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

11,310

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

8,706

Confirmed EVD Cases to Date in Sierra Leone*†
CDC – April 2016

3,358

Confirmed EVD Cases to Date in Guinea*†
CDC – April 2016

3,163

Confirmed EVD Cases to Date in Liberia*†
CDC – April 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

- Governments of Guinea and Liberia report no new EVD cases since April 6; WHO declares end to March/April clusters
- Guinea and Liberia discharge remaining EVD patients from treatment, complete 42 days of heightened surveillance
- USAID/OFDA provides more than \$8.5 million for recovery efforts in Guinea and Sierra Leone

HUMANITARIAN FUNDING

FOR THE EVD OUTBREAK RESPONSE IN FY 2014–2016

USAID/OFDA ¹	\$804,563,284
USAID/FFP ²	\$138,089,252
USAID/GH ³	\$20,076,000
USAID/Liberia	\$16,100,000
USAID/Guinea	\$3,482,000
DoD ⁴	\$631,758,625 ⁵
CDC ⁶	\$980,815,649 ^{7,8}
\$2,594,884,810⁹	

KEY DEVELOPMENTS

- As of June 24, the governments of Guinea and Liberia had not reported a confirmed Ebola Virus Disease (EVD) case since April 6. The countries' March/April clusters—both linked to an EVD survivor in Guinea's N'Zérékoré Prefecture—included seven confirmed and three probable cases in Guinea and three confirmed cases in Liberia.
- The UN World Health Organization (WHO) declared an end to Guinea's and Liberia's recent EVD clusters on June 1 and 9, respectively, following 42-day periods of heightened surveillance in each country.
- USAID/OFDA recently provided the International Medical Corps (IMC) and the International Rescue Committee (IRC) with nearly \$6.9 million to bolster infection prevention control (IPC) and rapid response capacity in Sierra Leone. In addition, USAID/OFDA provided the French Red Cross (FRC) with more than \$1.6 million to support treatment capacity for EVD and other infectious diseases in Guinea.

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 2016, 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 June 6, 2016, CDC had obligated \$199,814,868 in FY 2016, including approximately \$153,220,985 to support activities outside the U.S. and \$46,593,883 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.

Guinea

- Between March 17 and April 6, the Government of Guinea (GoG) confirmed seven EVD cases in southeastern Guinea's N'Zérékoré and Macenta prefectures. The new cases resulted from transmission of residual EVD virus by a survivor in N'Zérékoré, WHO reports. Prior to the recent cluster, the GoG had not confirmed a new EVD case since October 29, 2015.
- On April 21, health care workers discharged the final EVD patient in the recent cluster from the EVD treatment unit (ETU) in N'Zérékoré. All contacts of the recently confirmed cases had completed 21 days of monitoring by April 27. During the monitoring period, response actors—including USAID partner the UN World Food Program (WFP)—supported households under observation with cash and food distributions to discourage travel outside affected areas. Between March 24 and April 8, the GoG and WHO administered the EVD vaccine to approximately 1,510 contacts of the recent cases—including more than 240 contacts classified as high-risk—in N'Zérékoré and Macenta. On June 1, WHO declared the end of the cluster, following 42 days with no confirmed EVD cases.
- Through more than \$3.4 million in USAID/OFDA support, IMC is strengthening community event-based surveillance activities in Guinea, in accordance with WHO guidance for post-EVD recovery efforts. In coordination with Plan International and Première Urgence, IMC is building capacity among community health workers and local health facility staff to quickly identify and communicate EVD and other infectious disease alerts to prefectural- and national-level staff. The non-governmental organizations (NGOs) are also training community health workers to conduct outreach to local households regarding EVD and other infectious diseases.
- USAID/OFDA recently provided FRC with more than \$1.6 million to bolster treatment for EVD and other infectious diseases and strengthen capacity to contain future EVD outbreaks. With USAID/OFDA assistance, FRC is training Guinean health care workers in Coyah, Forécariah, and Macenta prefectures—considered high-risk for new EVD cases due to potential transmission by EVD survivors—on EVD and infectious disease management. FRC is also maintaining ETUs on standby, capable of reactivating within 48 hours at the request of the GoG, in Forécariah and Macenta. USAID/OFDA previously supported FRC with \$4.5 million in FY 2015 assistance to manage the Forécariah ETU, which treated more than 280 people, including 54 confirmed EVD patients—24 of whom were discharged as survivors.

Liberia

- Between March 31 and April 5, the Government of Liberia (GoL) confirmed three EVD cases—later linked to the transmission chain from N'Zérékoré—in Liberia's capital city of Monrovia. The first case, an EVD-positive woman, succumbed to the virus on March 31; health care workers discharged the remaining EVD patients, both children of the EVD-positive woman, from treatment on April 29. On June 9, WHO declared the end of the EVD cluster in Liberia, following a 42-day period of heightened EVD surveillance.
- USAID/OFDA partners the International Organization for Migration (IOM), the UN Children's Fund (UNICEF), WHO, and WFP supported the GoL response to the March/April cluster. UNICEF provided psychosocial support and safe drinking water to families under precautionary observation, and WFP distributed food to affected families and provided logistical support to relief actors. To assist heightened surveillance efforts, IOM expanded border surveillance activities from 26 to more than 50 crossing points in approximately 1,500 communities bordering Guinea. In addition, WHO provided the GoL with epidemiological surveillance, case investigation, and contact tracing support, including conducting on-the-job mentoring and supervision of contact tracers and supporting active case-finding efforts at more than 280 health facilities in Montserrado County. WHO also trained health care workers in Montserrado to report live EVD alerts and provided IPC support—including assessment of IPC gaps and distribution of IPC supplies—to more than 50 health facilities near clinics where the confirmed EVD cases sought care.
- In response to the recent cluster, the USAID/OFDA-supported epidemic preparedness and response (EPR) consortium—comprising eight NGO partners—shifted from ongoing preparedness efforts to response activities. In Bong, Lofa, Margibi, Montserrado, and Nimba counties, which either border Guinea or host transitory populations, the EPR consortium assisted case investigation and surveillance, case management, and contact tracing efforts; the implementation of rapid diagnostic tests; and logistical coordination, among other activities. Consortium member

Global Communities led disinfection and safe burial efforts, including disinfecting two clinics which treated the March/April cases and increasing its safe burial capacity from five burial teams to eight. Global Communities has managed more than 7,000 safe and dignified burials countrywide since late 2014, and Global Communities-trained burial team members continue to serve on Liberia’s county health teams. USAID/OFDA is supporting IRC with nearly \$8.7 million to lead the consortium’s preparedness and response efforts in support of Liberia’s 15 county health teams.

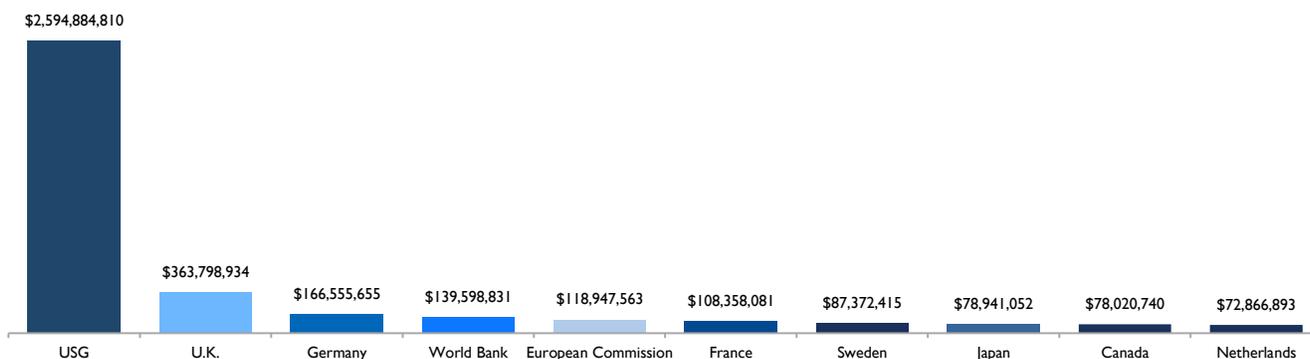
Sierra Leone

- USAID/OFDA recently provided IRC with \$4 million to continue strengthening adherence to IPC protocols in Sierra Leone’s health facilities, including through ongoing training and mentoring for health care workers at 19 government hospitals. With USAID/OFDA assistance, IRC and other NGO partners are assisting the transition from EVD-specific to comprehensive IPC practices at key health care facilities in Sierra Leone.
- Through nearly \$3 million in USAID/OFDA assistance, IMC is enhancing community preparedness for future EVD cases and supporting residual rapid response capacity in Sierra Leone. IMC is conducting community outreach regarding EVD prevention and surveillance measures and bolstering the capacity of district-level operations centers to quickly and effectively contain new EVD cases.

Agriculture and Food Security

- The EVD outbreak negatively affected food security conditions in acutely EVD-affected countries as a result of restrictions on movements and market activities, lost livelihoods, and other EVD-related shocks. While all three countries are recovering from the outbreak’s negative economic impact, recovery in Sierra Leone has been slower than in Guinea and Liberia. The majority of Sierra Leone’s vulnerable households will experience Stressed—IPC 2—levels of food insecurity through September due to below-average agricultural production, above-average prices, and limited economic activity due to continued Sunday market bans, according to the USAID-funded Famine Early Warning Systems Network (FEWS NET).¹⁰ Households in the urban districts of Bo and Port Loko, however, will experience Minimal—IPC Phase 1—levels of food insecurity through September as businesses reopen and markets recover following the end of most EVD-related restrictions. The majority of households in Guinea and Liberia will experience Minimal food insecurity through September due to seasonally typical incomes and food sources, including local crops and imported staples such as rice, FEWS NET reports.
- USAID/FFP recently provided Save the Children with nearly \$3.2 million to continue providing cash transfers to EVD-affected households in Sierra Leone. Since FY 2014, USAID/FFP has provided more than \$138 million in emergency food assistance to vulnerable households in EVD-affected countries.

2014–2016 TOTAL FUNDING FOR THE EVD OUTBREAK RESPONSE* PER DONOR



*Funding figures are as of June 24, 2016. All international figures are according to OCHA’s Financial Tracking Service and based on international commitments during the current calendar year, while USG figures are according to the USG and reflect the most recent USG commitments based on the fiscal year, which began on October 1, 2015.

¹⁰ 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.

CONTEXT

- EVD is a severe illness transmitted through direct contact with the blood, bodily fluids, and tissues of infected or previously 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 U.S. Government (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.

USG HUMANITARIAN FUNDING 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		\$907,058
GUINEA			
Acción contra el Hambre (ACH)/Spain	Health	Guinea	\$1,681,043
Catholic Relief Services (CRS)	Health, Water, Sanitation, and Hygiene (WASH)	Guinea	\$1,846,005
FRC	Health	Guinea	\$2,322,400
IMC	Health	Guinea	\$7,485,293
WFP	Logistics Support and Relief Commodities	Guinea	\$3,299,520
Women and Health Alliance International	Health	Guinea	\$712,046
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, WASH	Sierra Leone	\$3,338,247
IRC	Health, Protection	Sierra Leone	\$7,017,080
TOTAL USAID/OFDA FUNDING			\$44,002,925

USAID/FFP ³			
CRS	Food Vouchers	Guinea	\$1,927,693
Mercy Corps	Cash Transfers for Food, Agricultural Input Vouchers	Liberia	\$4,668,089
Save the Children	Cash Transfers for Food, Food Grants to Traders	Sierra Leone	\$3,195,429
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 FUNDING			\$13,363,211

CDC			
CDC	Health	West Africa and USA	\$199,814,868
TOTAL CDC FUNDING			\$199,814,868
TOTAL USG HUMANITARIAN FUNDING FOR THE EVD RESPONSE IN FY 2016			\$275,181,004

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

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

TOTAL USG HUMANITARIAN FUNDING FOR THE EVD RESPONSE IN FY 2014–FY 2016	\$2,594,884,810
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¹ Year of funding indicates the date of commitment or obligation, not appropriation, of funds.

² USAID/OFDA funding represents anticipated or actual obligated amounts as of June 24, 2016.

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

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>.