

# WEST AFRICA – EBOLA OUTBREAK

FACT SHEET #12, FISCAL YEAR (FY) 2016

SEPTEMBER 30, 2016

## NUMBERS AT A GLANCE

**28,616**

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

**11,310**

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

**8,706**

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

**3,358**

Confirmed EVD Cases in Guinea\*†  
CDC – April 2016

**3,163**

Confirmed EVD Cases 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

- No new EVD cases reported since April 2016
- Response actors continue to strengthen health care capacity and surveillance systems in EVD-affected countries to mitigate the impacts of future disease outbreaks
- USG provides more than \$406 million in FY 2016 humanitarian funding for EVD response activities

## HUMANITARIAN FUNDING

FOR THE EVD OUTBREAK RESPONSE IN FY 2014–2016

USAID/OFDA <sup>1</sup>	\$809,116,433
USAID/FFP <sup>2</sup>	\$138,089,252
USAID/GH <sup>3</sup>	\$20,076,000
USAID/Liberia	\$16,100,000
USAID/Guinea	\$9,982,000
DoD <sup>4</sup>	\$631,758,625 <sup>5</sup>
CDC <sup>6</sup>	\$1,118,997,823 <sup>7,8</sup>
<b>\$2,744,120,133<sup>9</sup></b>	

## KEY DEVELOPMENTS

- The UN World Health Organization (WHO) declared an official end to the large-scale 2014/15 EVD outbreak in West Africa in January 2016. The most recent confirmed case of Ebola Virus Disease (EVD) in West Africa was identified in Guinea on April 6, 2016. In June, WHO declared an end to EVD clusters in Guinea and Liberia; WHO previously declared an end to the latest EVD cluster in Sierra Leone in March. All three countries completed 90 days of heightened surveillance per WHO's recommended guidance.
- In FY 2016, the U.S. Government (USG) continued to respond to humanitarian needs related to the outbreak. As the number of new EVD cases declined, USG partners transitioned from emergency response activities toward efforts to build national- and community-level capacity to prepare for and respond to future infectious disease outbreaks. Since FY 2014, the USG has responded with more than \$2.7 billion in humanitarian assistance for EVD response efforts.

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

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

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

<sup>4</sup> U.S. Department of Defense (DoD)

<sup>5</sup> DoD figures represent estimated obligations as of August 31, 2015.

<sup>6</sup> U.S. Centers for Disease Control and Prevention (CDC)

<sup>7</sup> 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. The CR obligations, as well as internal CDC operational resources used during the CR period, total about \$52.7 million and include both domestic and international activities. As of September 7, 2016, CDC had obligated \$337,997,042 in FY 2016; approximately \$253,801,751 supports activities outside the United States and \$84,195,291 supports activities inside the U.S. The FY 2016 total includes actual obligations from CDC's Ebola Response appropriation and includes obligations from a USAID reimbursable agreement for International Ebola Response.

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

<sup>9</sup> Total funding figure includes committed 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

- On June 1, WHO declared the end of the most recent EVD cluster in Guinea; the declaration came 42 days after the release of the last EVD patient following a second negative test for the virus. Since the start of the outbreak in 2014, health officials in Guinea confirmed nearly 3,400 EVD cases, with approximately 2,500 deaths related to confirmed, probable, and suspected cases.
- In FY 2016, USAID/OFDA provided nearly \$14 million to non-governmental organization (NGO) partners in Guinea to respond to new EVD clusters and build national capacity to mitigate the effects of future outbreaks. Through partners Accion Contra el Hambre (ACH)/Spain and Women and Health Alliance International (WAHA), as well as an NGO consortium led by International Medical Corps (IMC), USAID/OFDA strengthened community-based surveillance by training health care workers and community members in health and hygiene best practices and disease monitoring and reporting. USAID/OFDA plans to hand over community-based surveillance activities to CDC in FY 2017 to ensure that surveillance structures are maintained.
- In FY 2016, Catholic Relief Services (CRS) utilized USAID/OFDA support to bolster infection prevention and control (IPC) capacity in health care centers through training in IPC practices and protocols and providing materials such as gloves and hand washing kits. Through the French Red Cross (FRC), USAID/OFDA maintains EVD treatment units (ETUs) on standby, capable of reactivating within 48 hours to respond to new cases, in Guinea's Forécariah and Macenta prefectures; FRC is also training health care workers on EVD and other infectious disease management. Through IMC, USAID/OFDA maintains two rapid response teams to support community health care facilities with suspected or probable EVD cases; IMC also provides training to national health care workers on health emergency response and leads simulation exercises to prepare them for future disease outbreaks.
- With \$3.3 million in FY 2016 assistance to the UN World Food Program (WFP), USAID/OFDA supported logistics coordination and the transport of response personnel and relief commodities to EVD-affected communities in Guinea, where poor road conditions frequently impede access to remote populations. The FY 2016 assistance complemented \$8.5 million in USAID/OFDA FY 2014–FY 2015 support to WFP's activities in Guinea during the height of the outbreak.
- CDC is supporting the implementation of EVD rapid diagnostic tests to facilitate identification of new EVD cases in communities most vulnerable to a resurgence of the virus. CDC's support complements a Government of Guinea Ministry of Health initiative to strengthen surveillance efforts, including through semen testing, in communities with EVD survivors to ensure rapid, effective responses for any suspected new cases of the virus.
- The EVD outbreak negatively impacted routine health operations, including immunization efforts for diseases such as polio, throughout Guinea. In response, CDC staff in the country are supporting improved surveillance for polio and facilitating polio immunization campaigns.
- USAID/Guinea continued supporting health care workers and facilities to offer safe and high-quality health services by strengthening IPC practices through training, supportive supervision, and complementary monitoring and evaluation during FY 2016. In addition, USAID/Guinea assisted communities and their local leaders to combat disease transmission through improved contact tracing and intensified social mobilization. USAID/Guinea continues to support biological monitoring to reduce the risk of EVD reappearance associated with viral persistence in EVD survivors and is also facilitating activities to reduce stigma associated with EVD survivors. With an additional \$6.5 million in FY 2016 assistance, USAID/Guinea provided nearly \$10 million for response efforts over the course of the outbreak.

## Liberia

- WHO declared the end of the most recent EVD cluster in Liberia on June 9, or 42 days after the last patients from the April cluster twice tested negative for the virus and were released from the ETU. Health officials in Liberia reported nearly 3,200 confirmed EVD cases since the outbreak began, with approximately 4,000 confirmed, probable, and suspected EVD-related deaths.
- In February, NGO Global Communities transferred the management and operational support for the Disco Hill national burial site in Margibi County to the Government of Liberia (GoL) Ministry of Health. Between late December

2014 and February 1, 2016, Global Communities—with USAID/OFDA support—conducted approximately 2,600 safe and dignified burials, including for confirmed, suspected, and probable EVD cases, at the Disco Hill site.

- In late June, USAID/OFDA staff attended a handover ceremony highlighting the formal transfer of food and logistics assets from WFP to the GoL. During the EVD outbreak, WFP provided critical logistics support in Liberia, including transportation of humanitarian personnel and cargo, strengthening of emergency telecommunications systems, and logistics coordination among stakeholders. In FY 2016, with more than \$57.3 million in prior year funding, USAID/OFDA continued supporting WFP's EVD response efforts in Liberia.
- With approximately \$15 million in assistance, USAID/OFDA supported NGO partners responding to EVD in Liberia during FY 2016. USAID/OFDA partner the International Rescue Committee (IRC) leads the Epidemic Preparedness and Response (EPR) Consortium. Comprising eight NGO partners, the EPR Consortium assists with case investigation, disinfection, and other activities during active EVD clusters; consortium members also support preparedness efforts throughout the country, facilitating the implementation of county-level EPR plans and leading simulation exercises. USAID/OFDA also supported GOAL to strengthen the capacity of health care centers to identify and respond to cases of EVD and other infectious diseases.
- With prior year funding, USAID/OFDA continued supporting IOM to strengthen community-based surveillance and response capacity, particularly at points of entry on Liberia's borders with other EVD-affected countries. The UN Children's Fund (UNICEF), also with prior year USAID/OFDA assistance, provided psychosocial support, as well as nutrition and water, sanitation, and hygiene (WASH) interventions, for EVD-affected communities.
- With CDC's assistance, health actors in Liberia are strengthening systems for detection and response to a range of health threats, including EVD and other infectious diseases. CDC facilitated integrated disease response training throughout the country, as well as training for field epidemiologists responding to infectious disease outbreaks; in addition, CDC supported information collection and reporting processes, with all 15 Liberian counties now providing timely reports on priority diseases.

## **Sierra Leone**

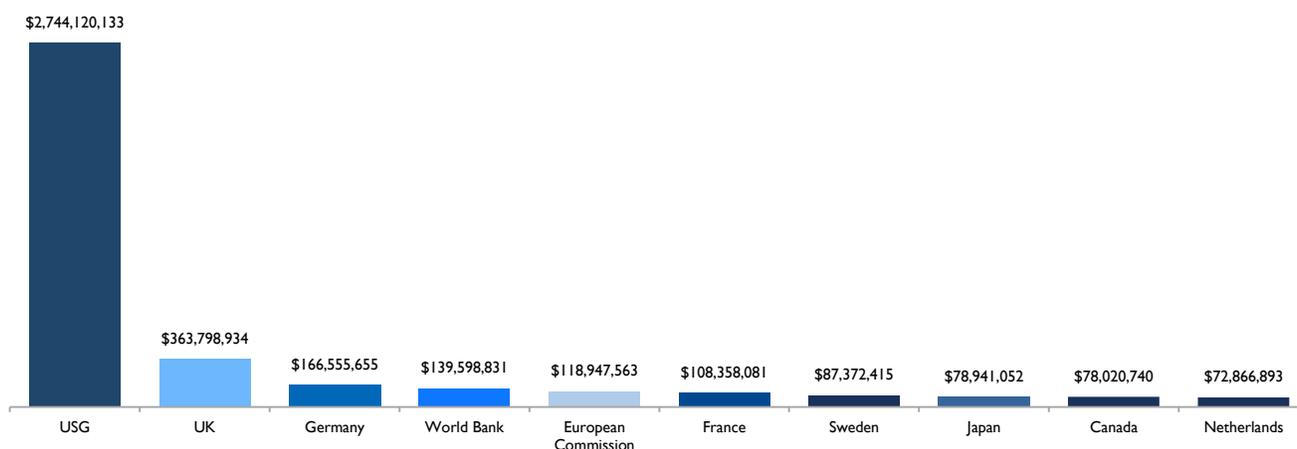
- On March 17, WHO declared an end to Sierra Leone's most recent EVD cluster; the declaration came 42 days after the country's last confirmed EVD patient tested negative for the virus in early February. Since the start of the outbreak in 2014, health officials in Sierra Leone reported approximately 8,700 confirmed EVD cases, with nearly 4,000 deaths related to confirmed, probable, or suspected cases.
- USAID/OFDA provided nearly \$10.4 million to support NGO partners in Sierra Leone during FY 2016. Partner IRC leads the Health Consortium, which provides IPC training in hospitals and community health facilities, establishes infectious disease screening stations, and mentors health care workers to improve adherence to IPC protocols. USAID/OFDA also supports partner IMC to maintain district-level rapid response teams to support community health care facilities with suspected or probable EVD cases; provide psychosocial support to affected community members; and strengthen community-level capacity to identify and respond to potential disease outbreaks, in coordination with Health Consortium members' response efforts.
- In FY 2016, CDC continued to strengthen disease surveillance and response capacity in Sierra Leone, supporting health facilities across all 14 districts to provide routine reports on priority diseases and providing an emergency management fellowship at the CDC headquarters in Atlanta, Georgia, for several Government of Sierra Leone (GoSL) National Emergency Operations Center staff. CDC also transferred finalized data from the EVD outbreak and response to the GoSL Ministry of Health and Sanitation.
- Through its Frontline field epidemiology training program, CDC completed training for the first cohort of 18 surveillance officers in September 2016. The Frontline program aims to train additional cohorts and support other activities that strengthen national epidemiological capacity in the coming years.

## Food Security and Market Recovery

- The EVD outbreak negatively impacted food security conditions in acutely EVD-affected countries due to 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.
- In Sierra Leone’s Kailahun and Port Loko districts, residual economic shocks from the EVD outbreak continued to impact agricultural production and purchasing power as of August, according to the USAID-funded Famine Early Warning Systems Network (FEWS NET). As a result, FEWS NET projects that populations in Kailahun and Port Loko will experience Stressed—IPC 2—levels of food insecurity through January 2017.<sup>10</sup>
- FEWS NET anticipates that households elsewhere in Sierra Leone, as well as populations throughout Guinea and Liberia, will experience Minimal—IPC 1—levels of food insecurity through January 2017.
- Since the start of the EVD outbreak in FY 2014, USAID/FFP provided more than \$138 million for emergency food assistance and recovery support for the most-affected populations.
- USAID/FFP is partnering with Action Against Hunger and the Cash Learning Partnership (AAH/CaLP) to conduct a 14-month learning exercise focused on cash transfer programming (CTP)—the primary form of recovery food assistance for EVD-affected households. The AAH/CaLP research aims to capture experiences, best practices, and lessons learned from CTP activities in Liberia and Sierra Leone; findings will inform the use of CTP in future crises.

## 2014–2016 TOTAL FUNDING FOR THE EVD OUTBREAK RESPONSE\*

PER DONOR



\*Funding figures are as of September 30, 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 the 2014, 2015, and 2016 calendar years, while USG figures are according to the USG and reflect the most recent USG commitments based on the fiscal years, which began on October 1, 2013; October 1, 2014; and October 1, 2015.

<sup>10</sup> 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 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 with support from USAID/OFDA's regional office in Dakar.

### USG HUMANITARIAN FUNDING FOR THE EVD OUTBREAK RESPONSE IN FY 2016<sup>1</sup>

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
<b>USAID/OFDA<sup>2</sup></b>			
<b>REGIONAL</b>			
WHO	Health, Humanitarian Coordination and Information Management	Guinea, Liberia, Sierra Leone	\$477,712
International Business & Technical Consultants, Inc. (IBTCI)	Monitoring and Evaluation	Guinea, Liberia, Sierra Leone	\$2,934,238
	Program Support		\$2,618,194
<b>GUINEA</b>			
ACH/Spain	Health	Guinea	\$1,681,043
CRS	Health, WASH	Guinea	\$1,846,005
FRC	Health	Guinea	\$2,230,175
IMC	Health	Guinea	\$7,485,293
WFP	Logistics Support and Relief Commodities	Guinea	\$3,299,520
WAHA	Health	Guinea	\$712,046
<b>LIBERIA</b>			
Global Communities	Health	Liberia	\$1,963,455
GOAL	Health	Liberia	\$2,578,833
IRC	Health	Liberia	\$10,374,233
<b>SIERRA LEONE</b>			
IMC	Health, Protection, Risk Management Policy and Practice, WASH	Sierra Leone	\$3,338,247
IRC	Health	Sierra Leone	\$7,017,080
<b>TOTAL USAID/OFDA FUNDING</b>			<b>\$48,556,074</b>

USAID/FFP			
CRS	Food Vouchers	Guinea	\$1,927,693
Mercy Corps	Cash Transfers, 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	Cote d'Ivoire	\$3,300,000
	U.S. In-Kind Food Assistance	Sierra Leone	\$272,000
<b>TOTAL USAID/FFP FUNDING</b>			<b>\$13,363,211</b>
CDC			
CDC	Health	West Africa and USA	\$337,997,042
<b>TOTAL CDC FUNDING</b>			<b>\$337,997,042</b>
USAID/GUINEA			
John Snow, Inc. (JSI)	Health	Guinea	\$6,500,000
<b>TOTAL USAID/GUINEA FUNDING</b>			<b>\$6,500,000</b>
<b>TOTAL USG FUNDING FOR THE EVD OUTBREAK RESPONSE IN FY 2016</b>			<b>\$406,416,327</b>

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

<b>TOTAL USAID/OFDA FUNDING</b>	<b>\$760,560,359</b>
<b>TOTAL USAID/FFP FUNDING</b>	<b>\$124,726,041</b>
<b>TOTAL USAID/GH FUNDING</b>	<b>\$20,076,000</b>
<b>TOTAL USAID/LIBERIA FUNDING</b>	<b>\$16,100,000</b>
<b>TOTAL USAID/GUINEA FUNDING</b>	<b>\$3,482,000</b>
<b>TOTAL DoD FUNDING</b>	<b>\$631,758,625</b>
<b>TOTAL CDC FUNDING</b>	<b>\$781,000,781</b>
<b>TOTAL USG FUNDING FOR THE EVD OUTBREAK RESPONSE IN FY 2014–2015</b>	<b>\$2,337,703,806</b>
<b>TOTAL USG FUNDING FOR THE EVD OUTBREAK RESPONSE IN FY 2014–2016</b>	<b>\$2,744,120,133</b>

<sup>1</sup> Year of funding indicates the date of commitment or obligation, not appropriation, of funds.

<sup>2</sup> USAID/OFDA funding represents anticipated or actual obligated amounts as of September 30, 2016.

<sup>3</sup> 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](http://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](http://www.cidi.org) or +1.202.821.1999.
  - Information on relief activities of the humanitarian community can be found at [www.reliefweb.int](http://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>.