

# WEST AFRICA – EBOLA OUTBREAK

FACT SHEET #2, FISCAL YEAR (FY) 2015

OCTOBER 8, 2014

## NUMBERS AT A GLANCE

**8,011**

Total Number of Suspected and Confirmed Ebola Virus Disease (EVD) Cases  
U.N. World Health Organization (WHO) – October 8, 2014

**3,857**

Total Number of EVD-Related Deaths\*  
WHO – October 8, 2014

**3,924**

Total Number of EVD Cases in Liberia\*  
WHO – October 8, 2014

**2,789**

Total Number of EVD Cases in Sierra Leone\*  
WHO – October 8, 2014

**1,298**

Total Number of EVD Cases in Guinea\*  
WHO – October 8, 2014

\*Includes laboratory-confirmed, probable, and suspected EVD cases.

## HIGHLIGHTS

- The U.S. Government (USG)-provided laboratory at the Island Clinic EVD treatment unit (ETU) in Monrovia, Liberia, began operations on October 2. A second USG-provided laboratory in Bong County is enabling USAID/OFDA partner International Medical Corps (IMC) to test suspected cases and release patients who test negative for EVD.
- U.N. Special Representative of the Secretary-General and Head of the U.N. Mission for Ebola Emergency Response (UNMEER) Tony Banbury arrived in Guinea on October 7 and met with President Alpha Condé, U.N. response personnel, and international actors.
- USAID/OFDA-partner Global Communities (GC) is managing 56 operational burial teams in all of Liberia's 15 counties as of October 8.

## HUMANITARIAN FUNDING TOWARD USG EVD RESPONSE TO DATE IN FY 2014 & 2015

USAID/OFDA <sup>1</sup>	\$79,861,185
USAID/FFP <sup>2</sup>	\$6,604,891
USAID/GH <sup>3</sup>	\$13,840,000
USAID/Liberia	\$5,000,000
DoD <sup>4</sup>	\$34,577,000
CDC <sup>5</sup>	\$16,722,000 <sup>6</sup>

**\$156,605,076<sup>7</sup>**

TOTAL USG ASSISTANCE TO THE WEST AFRICA EBOLA OUTBREAK RESPONSE

## KEY DEVELOPMENTS

- The Fifth Committee of the U.N. General Assembly—a body responsible for administrative and budgetary issues—recently adopted a measure to allocate \$49.9 million to fund UNMEER. The U.N. plans to launch a Global Ebola Response Coalition on October 10, which will bring business, political, and health leaders together to mobilize resources and support for the ongoing response.
- DoD plans to send 100 U.S. Marines to help bolster the U.S. response in Liberia. The Marines are scheduled to arrive on October 9. DoD also plans to send four tilt-rotor aircraft and two C-130 cargo planes to Liberia in the coming days. The Marine contingent will serve to temporarily assist with U.S. supply efforts and air transport until the U.S. Army's 101<sup>st</sup> Airborne arrives in mid-October.
- As of October 6, the USG has sent more than 130 civilian medical health care and disaster response experts and nearly 350 military personnel to West Africa, making the current response the largest-ever U.S. response to an international public health crisis.

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

<sup>6</sup> CDC funding as of September 30; total includes estimated salaries and benefits and funding from all sources. USAID/OFDA funding to CDC—\$3 million—is not included in this total.

<sup>7</sup> Total funding figures reflect committed international funding to date. This number represents a subset of the total USG effort.

## CURRENT SITUATION

- EVD transmission rates remain high in the three most severely-affected countries of West Africa. EVD cases in Liberia are currently doubling every 15 to 20 days, according to CDC. In Sierra Leone and Guinea, cases are doubling every 30 to 40 days.
  - Accurate data collection remains a constraint in tracking the current outbreak, according to WHO. Responders continue to face challenges gathering accurate data from high-priority areas.
  - The World Bank Group released a report on October 7 outlining the financial and fiscal impacts of the outbreak. In the short term, the World Bank estimates that annual gross domestic product (GDP) growth in Guinea may contract from 4.5 percent to 2.4 percent, in Liberia from 5.9 percent to 2.5 percent, and in Sierra Leone from 11.3 percent to 8 percent. With rapid containment of the disease, the loss in GDP for the West Africa sub-region—including the three worst-affected countries and neighboring countries—could be as high \$2.2 billion in 2014 and \$1.6 billion in 2015. In a scenario where the outbreak is contained more slowly, GDP loss in the sub-region could be as high as \$7.4 billion in 2014 and \$25.2 billion in 2015. The report notes that the estimations are based on scarce data and uncertainty regarding the future epidemiological path.
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### Liberia

- Staff from the USG's Disaster Assistance Response Team (DART) and the International Organization for Migration (IOM) traveled to Bomi County's city of Tubmanburg to attend a ceremony marking the start of ETU construction on October 3. DART and IOM personnel met with Armed Forces of Liberia (AFL) and DoD representatives in Bomi—the AFL and DoD are constructing the ETU. DoD anticipates that construction will take between two and three weeks with an initial capacity of 10 beds, eventually scaling up to 100 beds in November.
- USAID/OFDA is supporting GC to train and oversee safe burial teams in Liberia. As of October 1, GC had trained safe burial team personnel in all of Liberia's 15 counties. As of October 8, GC reported that 56 burial teams were active countrywide. From September 26 to 30, USAID/OFDA-funded safe burial teams removed 82 percent of the bodies reported to the Montserrado County EVD call center within 24 hours, according to GC. Bodies of deceased EVD patients are highly infectious and a public health risk if not buried or cremated properly.
- The first cohort of 67 health care workers trained by the Liberian Ministry of Health and Social Welfare (MoHSW) and WHO will complete training on the week of October 5. The MoHSW–WHO trainings prepare health staff to provide care and support at ETUs as additional sites open in the coming weeks.
- Between September 20 and 28, approximately 20 teams trained by the National Infection Prevention and Control (IPC) task force—consisting of CDC, WHO, and MoHSW representatives—traveled to seven counties in southeast Liberia. The teams trained health care facility staff on appropriate IPC practices, including triage, establishing isolation areas, personal protective equipment (PPE) use, and cleaning and disinfection protocols. The teams visited 157 facilities and trained more than 2,200 health care workers and county health department staff in Grand Gedeh, Grand Kru, Grand Bassa, Maryland, River Cess, River Gee, and Sinoe counties, according to CDC. Infection control measures among health care workers outside of EVD care sites remains paramount to restoring basic health care services in Liberia.
- USAID/OFDA is supporting IOM with more than \$28 million in FY 2015 funding to provide clinical care at ETUs in Liberia.
- USAID/OFDA partner IMC reports that the recently established DoD mobile laboratory in Bong County has significantly improved its ability to evaluate suspected cases and release those with negative EVD test results. IMC released five patients who tested negative for EVD from the ETU it manages in Bong on October 4 as a result of timely testing from the DoD laboratory.

### Sierra Leone

- CDC representatives recently visited Sierra Leone's national EVD call center and reported that the call center is operational and receiving more than 1,000 calls per day. The call center provides the capacity for response actors to rapidly respond to EVD-related needs and monitor Sierra Leone's national- and district-level EVD response system.
- Burial teams in Sierra Leone refused to work on October 7 due to a reported lack of hazard pay, according to international media. As of October 8, Sierra Leone's Deputy Health Minister stated that the strike was over, and media reported witnessing burial teams removing bodies in the capital city of Freetown.
- Non-governmental organization (NGO) *Deutsche Welthungerhilfe* (WHH), the U.N. Food and Agriculture Organization, and the Sierra Leonean Ministry of Agriculture, Forestry, and Food Security conducted a rapid assessment of rural

communities in Kailahun and Kenema districts. Of the nearly 250 respondents, 97 percent reported a drop in household income between May and August 2014. Nearly half of people interviewed who had relocated since May reported moving due to the outbreak. Approximately 80 percent of respondents expect lower crop yields compared with 2013, and nearly 71 percent of households reported difficulty hiring adequate labor to harvest crops.

- CDC has engaged with the U.N. Children’s Fund (UNICEF) and Sierra Leonean NGO Focus 1000 to develop a knowledge, attitudes, and practices (KAP) survey tool. CDC will use the KAP to better understand knowledge and attitudes relating to EVD within communities and develop messaging based on results.

## **Guinea**

- Nineteen suspected EVD patients were transported from Coyah Prefecture to the Donka ETU in Guinea’s capital city of Conakry on October 6. Five of the 19 patients have already tested positive for EVD; testing of the remaining patients is ongoing. The EVD patients were in regular contact with approximately 50 family members, according to the DART. In response, a team—including international epidemiologists—was scheduled to deploy to Coyah on October 7 for further investigation.
- WHO is working to expand the national Emergency Operations Center model to the prefecture level in Guinea—including social mobilization, epidemiological, and logistics components. Priority response areas for Guinea include contact tracing and raising social awareness to reduce community resistance to EVD prevention activities, according to the U.N.
- The International Federation of the Red Cross and Red Crescent Societies (IFRC) is supporting 42 safe burial teams in Guinea. Each team consists of six members—four people to handle bodies and two disinfection personnel. As new EVD cases are reported throughout the country, IFRC continues to increase the number of burial teams and train new volunteers for psychosocial support services and social mobilization activities, particularly in Conakry and Guéckédou and Nzérékoré prefectures.

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## **LOGISTICS AND RELIEF COMMODITIES**

- An additional 46 DoD-procured tents arrived in Monrovia on October 1. DoD plans to store the tents at a warehouse in Monrovia. The USG and health partners will use the tents at planned ETU sites in Liberia.
- A shipment containing 2,200 USAID/OFDA-funded cots arrived in Monrovia on October 2, increasing the total number of USAID/OFDA-funded cots provided to support patient care to 4,400. On October 2, the Logistics Cluster—the coordinating body for humanitarian logistics activities, comprising U.N. agencies and other stakeholders—transported the cots to a warehouse located at the Samuel K. Doe (SKD) Stadium for storage. WHO and other health actors plan to use the cots at ETU sites, including those currently under construction at a Ministry of Defense campus and SKD Stadium in Monrovia.

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## **FOOD SECURITY AND LIVELIHOODS**

- The U.N. World Food Program (WFP) is providing food assistance to patients in ETUs in Liberia, according to the Food Security Cluster. Health partners have requested a 15-day ration for patients receiving care at ETUs and a 60-day, take-home ration for discharged survivors. Food commodities include therapeutic milk and ready-to-use therapeutic foods, including high energy biscuits and pastes. Additionally, WFP is providing 90-day food rations to other vulnerable populations in Liberia.
- Prices of imported rice in Liberia—a staple food—have increased on average by 12 percent between July and August and by 18 percent nationally since 2013. Liberia relies heavily on imported food, with nearly 80 percent of foodstuffs imported in 2013, according to WFP. WFP reports that the EVD outbreak has disrupted agricultural activity and suspended several major food markets, both causing food prices to rise and reducing food availability in parts of Liberia. Disruptions in cross-border trade have also increased food prices.
- WHH found that rice prices had increased on average by 30 percent between May and August in eastern areas of Sierra Leone during a rapid assessment of EVD impacts.
- WFP recently recommended that food security actors monitor Central and Northwestern Liberia—areas of high agricultural production—as the high prevalence of EVD has negatively affected agricultural production and normal livelihood activities in these regions.
- USAID/FFP has provided more than \$6.6 million in FY 2014 funding to support WFP’s food assistance for the EVD response in Guinea, Liberia, and Sierra Leone.

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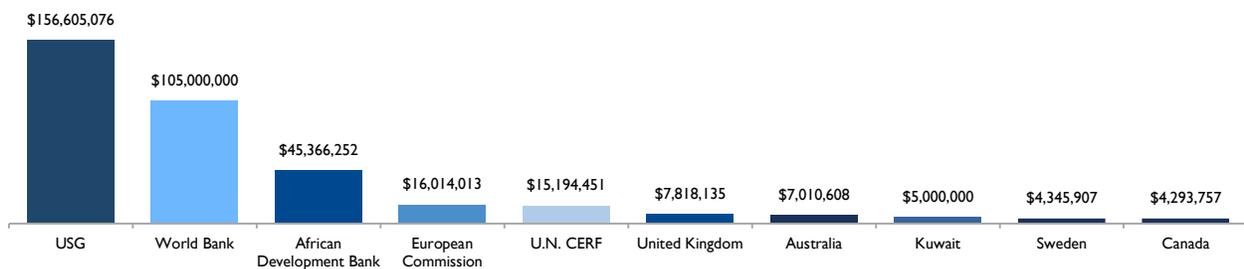
## COMMUNICATION AND MESSAGING

- The Ebola Communication Network (ECN) website—developed by the Health Communication Capacity Collaborative (HC3) with input from CDC, IFRC, UNICEF, USAID, and WHO—launched on October 8. The ECN is an online, centralized collection of EVD resources, materials, and tools for the global health community, which includes public messaging, infographics, and health care provider preparation checklists, among other documents. HC3 is a USAID-funded project designed to strengthen developing countries’ capacity to implement state-of-the-art health communication programs.
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## INTERNATIONAL RESPONSE

- The Government of Canada (GoC) sent a second mobile laboratory and two additional members of staff to Sierra Leone to increase EVD testing capacity on October 4. A third scientist plans to join the team in the coming days. The Public Health Agency of Canada placed the laboratory in Kailahun, where the Canadian staff will assist with testing specimens from an 80-bed Médecins Sans Frontières ETU operating in Kailahun. The laboratory has the capacity to test 30 cases per day.
- The second laboratory will join with a laboratory that GoC sent in June. In addition to testing EVD specimens, the Canadian technicians also plan to test infection control measures, such as the efficacy of PPE used by health care workers.
- The Government of the United Kingdom (GoUK) delivered two ambulances, construction equipment and supplies for a planned ETU, and four additional vehicles to Sierra Leone on October 4. The GoUK delivery comes under the umbrella of the European Union’s Civil Protection Mechanism (EUPCM)—a coordinating body for civil protection authorities across Europe. Austria, Belgium, and France have already sent sanitation supplies, isolation equipment, and personnel to EVD-affect countries through the EUPCM. The EUPCM plans to send addition assistance, including nutritional supplies, to West Africa in the coming days as part of the coordinated response.
- The Government of Norway (GoN) announced an additional NOK 89 million—\$13.8 million—to support the EVD response in West Africa on October 6, bringing GoN’s total commitments to NOK 184 million—\$28.5 million. GoN plans to coordinate with the U.N. and other responding governments to provide equipment and personnel to bolster the response.

## 2014 TOTAL FUNDING FOR THE EBOLA RESPONSE\* PER DONOR



\* Funding figures are as of October 8, 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, body 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.
- The USG deployed a field-based DART on August 5 and established a corresponding RMT based in Washington, D.C. The DART—comprising disaster response and medical experts from USAID/OFDA, CDC, and DoD—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 EBOLA RESPONSE PROVIDED IN FY 2014 and 2015<sup>8</sup>

USAID/OFDA <sup>2</sup>			
REGIONAL			
African Union	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
	Program Support		\$1,262,567
LIBERIA			
Global Communities (GC)	Health	Liberia	\$7,740,608
IFRC	Health	Liberia	\$1,000,000
IMC	Health	Liberia	\$4,906,604
IOM	Health	Liberia	\$28,048,894
IRC	Health	Liberia	\$2,969,196
Project Concern International	Logistics Support and Relief Commodities; Health	Liberia	\$1,550,723
Save the Children	Health, Protection, Water, Sanitation, and Hygiene	Liberia	\$8,276,263
UNICEF	Health	Liberia	\$2,224,044
UNICEF	Logistics Support and Relief Commodities	Liberia	\$680,333
USAID/OFDA-Airlifted Relief Commodities	Logistics Support and Relief Commodities	Liberia	\$1,824,327
SIERRA LEONE			
IFRC	Health	Sierra Leone	\$3,500,000
GUINEA			
IFRC	Health	Guinea	\$999,552
Plan International	Health	Guinea	\$1,028,074
<b>TOTAL USAID/OFDA ASSISTANCE TO EVD RESPONSE EFFORTS</b>			<b>\$79,861,185</b>
USAID/FFP			
WFP	Food Assistance	Guinea, Liberia, Sierra Leone	\$6,604,891
<b>TOTAL USAID/FFP ASSISTANCE TO EVD RESPONSE EFFORTS</b>			<b>\$6,604,891</b>
USAID/GH			

<sup>8</sup> Year of funding indicates the date of commitment or obligation, not appropriation, of funds.

WHO	Health	Guinea, Liberia, Nigeria, and Sierra Leone; additional support to neighboring at-risk countries	\$13,840,000
<b>TOTAL USAID/GH ASSISTANCE TO EVD RESPONSE EFFORTS</b>			<b>\$13,840,000</b>
<b>USAID/Liberia</b>			
GoL MoHSW	Health	Liberia	\$5,000,000
<b>TOTAL USAID/Liberia ASSISTANCE TO EVD RESPONSE EFFORTS</b>			<b>\$5,000,000</b>
<b>DOD</b>			
DoD		Liberia	\$34,577,000
<b>TOTAL DoD ASSISTANCE TO EVD RESPONSE EFFORTS</b>			<b>\$34,577,000</b>
<b>CDC</b>			
CDC	Health	West Africa	\$16,722,000
<b>TOTAL CDC ASSISTANCE TO EVD RESPONSE EFFORTS</b>			<b>\$16,722,000</b>
<b>TOTAL USG ASSISTANCE TO EVD RESPONSE EFFORTS IN FY 2014</b>			<b>\$156,605,076</b>

## 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:
  - The 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>