

WEST AFRICA – EBOLA OUTBREAK

FACT SHEET #6, FISCAL YEAR (FY) 2016

JANUARY 21, 2016

NUMBERS AT A GLANCE

28,602

Number of Suspected, Probable, and Confirmed EVD Cases to Date in Acutely Affected Countries†
WHO – January 20, 2016

11,301

Number of Suspected, Probable, and Confirmed EVD-Related Deaths to Date in Acutely Affected Countries†
WHO – January 20, 2016

8,705

Number of Confirmed EVD Cases to Date in Sierra Leone*†
WHO – January 20, 2016

3,351

Number of Confirmed EVD Cases to Date in Guinea*†
WHO – January 20, 2016

3,160

Number of Confirmed EVD Cases to Date in Liberia*†
WHO – January 20, 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

- GoSL and partners launch response to two new confirmed EVD cases in Sierra Leone
- WHO declares end to EVD outbreak in Guinea
- Liberia commemorates end to most recent EVD outbreak; response actors transition to surveillance activities

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

USAID/OFDA ¹	\$773,263,362
USAID/FFP ²	\$131,739,223
USAID/GH ³	\$20,076,000
USAID/Liberia	\$16,100,000
USAID/Guinea	\$3,482,000
DoD ⁴	\$631,758,625 ⁵
CDC ⁶	\$820,275,299 ^{7,8}
\$ 2,396,694,509⁹	

KEY DEVELOPMENTS

- The Government of Sierra Leone (GoSL) confirmed a new Ebola Virus Disease (EVD) case in Tonkolili District on January 14, following consecutive EVD-positive post-mortem test results. A rapid response team deployed to Tonkolili the same day to assist case investigation and response efforts.
- On January 21, the GoSL confirmed that a family member and close caretaker of the deceased individual subsequently developed EVD, and immediately began receiving treatment at a specialized EVD treatment unit (ETU) in Freetown, Sierra Leone's capital city.
- Guinea began a 90-day period of heightened surveillance on December 30, as the Government of Guinea (GoG) and humanitarian partners transition to surveillance and recovery 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 January 19, 2016, CDC has obligated \$39,274,518 in FY 2016, approximately \$27,438,923 supports activities outside the U.S. and \$11,835,595 supports activities inside the U.S. The FY 2016 total includes actual obligations from CDC's Ebola Response appropriation.

⁸ The 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

- The regional USG Disaster Assistance Response Team (DART) and Washington, D.C.-based Response Management Team (RMT) deactivated on January 4, 2016. USAID/OFDA remains in the acutely affected countries of Guinea, Liberia, and Sierra Leone to bolster in-country capacity to respond to new EVD cases and coordinate with development partners and international health actors on the transition from emergency response to long-term recovery.

Sierra Leone

- On January 14, the GoSL confirmed a new EVD case in Tonkolili, following three consecutive EVD-positive post-mortem test results. According to the UN World Health Organization (WHO), the infected individual—a 22-year-old woman—became symptomatic on January 3 and traveled to four districts prior to her death in Tonkolili’s Magburaka village on January 12. On January 21, the GoSL confirmed a second EVD case—a family member who cared for the deceased woman prior to her death. WHO reported that health workers began treating the infected individual at the 34 Military ETU in Freetown on the same day. The source of EVD transmission remained unconfirmed as of January 19. WHO had previously declared Sierra Leone free of EVD transmission on November 7; the country was scheduled to complete a 90-day period of post-EVD heightened surveillance on February 5.
- A rapid response team including representatives from the GoSL, CDC, UK Department for International Development (DFID), UN Children’s Fund (UNICEF), and WHO deployed on January 15 to support district- and local-level response coordination efforts in Kambia, Tonkolili, and other affected districts.
- To address case management needs, UNICEF has dispatched community care center kits to affected districts to support the establishment of temporary isolation units. In the event of suspected or additional confirmed cases, there are currently 34 beds designated for isolation across the four most-affected districts, according to the GoSL’s Public Health National Emergency Operations Center. Treatment capacity is currently available at Western Area’s 34 Military ETU, where the second case is receiving care.
- As of January 19, the GoSL was monitoring more than 150 contacts linked to the case, with approximately 80 contacts under precautionary observation; efforts to locate additional contacts remain underway. The UN World Food Program (WFP) is supporting the distribution of food and other supplies to households under observation.
- Response actors launched an EVD vaccination campaign on January 19 and subsequently expanded efforts to reach Kambia and Port Loko districts. The GoSL reports that the campaign is targeting both high- and low-risk contacts of the community death, as well as contacts of contacts and other targeted community members.
- The Tonkolili Social Mobilization Pillar is working to improve community engagement and acceptance of contact tracing, EVD vaccination, hygiene promotion, precautionary observation, and other key EVD messaging—including through outreach by more than 1,100 religious leaders. Response partners—including Concern Worldwide and the Sierra Leone Red Cross Society—are mobilizing staff for deployment to high-risk chiefdoms, and chiefdom coordinators are engaged in disseminating key messages in affected districts.
- As of December 14, more than 650 male EVD survivors from Bombali, Port Loko, and Western Area Urban and Rural districts had registered for the National Ebola Response Center semen testing program as part of Project SHIELD—the sexual health support and risk mitigation component of the GoSL Comprehensive Program for Ebola Survivors. Project SHIELD also conducts EVD survivor registration and mapping and provides sexual health counseling services for survivors and trainings for health practitioners.

Guinea

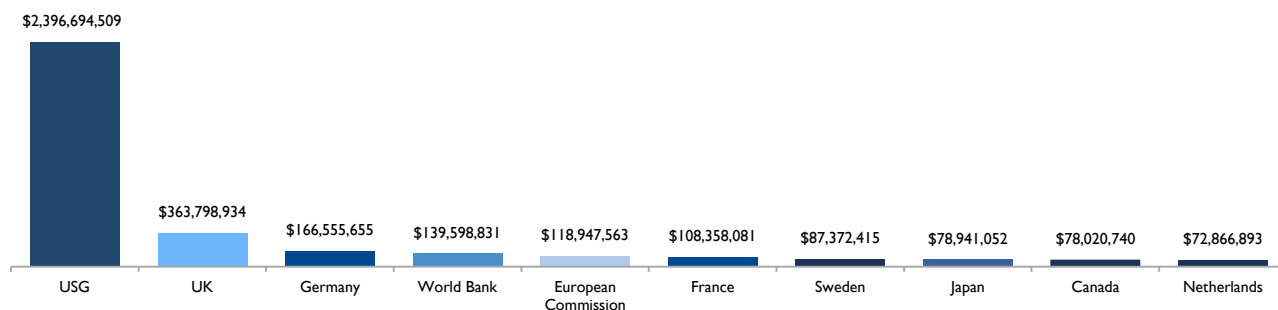
- On December 29, WHO declared an end to EVD transmission in Guinea, 42 days after health care workers discharged the country’s most recent EVD patient from treatment. The GoG hosted a national ceremony on December 30 to commemorate the end of the country’s EVD outbreak. An estimated 3,800 people in Guinea contracted the virus since WHO confirmed the outbreak in March 2014, with approximately 2,500 patients succumbing to the disease.

- Guinea commenced a 90-day period of heightened surveillance on December 30, with President Alpha Condé emphasizing the need for continued vigilance against EVD, particularly at the community level. The GoG and response partners—including USAID/OFDA—are bolstering rapid response capacity to address any new EVD cases.
- With USAID/OFDA support, International Medical Corps (IMC) launched community events-based surveillance (CEBS) activities in Conakry Prefecture’s Dixinn sub-prefecture on January 16. The GoG Minister of Health, the National Ebola Coordinator, and other Guinean health officials lauded the effort to strengthen community reporting of deaths and suspected infectious disease cases to enable the activation of rapid response mechanisms during the launch.
- A high-level delegation—including the GoG Minister of Health, the National Ebola Coordinator, prefectural leadership, and representatives from CDC and WHO—traveled to Guinea’s Forécariah Prefecture and border areas of Sierra Leone’s Kambia District on January 18 to engage with Sierra Leonean counterparts to strengthen cross-border surveillance and other response efforts. Staff from USAID/OFDA and partner International Organization for Migration (IOM) traveled to Forécariah on the same day and met with the delegation. The GoG National Ebola Coordination Cell recently dispatched a team to Kambia—where the EVD-positive woman from Sierra Leone traveled while symptomatic—to support EVD vaccination efforts, including cold-chain management of vaccines.
- Despite reports of anti-EVD sentiment in Guinean communities following the late December end of the outbreak, USAID/OFDA partners Action Contre la Faim, Concern Worldwide, IOM, and the International Federation of Red Cross and Red Crescent Societies plan to dispatch approximately 100 health volunteers to nearly 50 entry points along the Kambia–Forécariah border to conduct EVD screenings. In addition, IOM has activated a cross-border working group and is preparing to re-establish strategic health screening posts in Guinea and Sierra Leone should local authorities request assistance.

Liberia

- On January 14, WHO declared an end to Liberia’s most recent EVD outbreak, 42 days after the convalescence of the country’s last confirmed EVD case in early December. The Government of Liberia (GoL) Emergency Operations Center convened local and international response partners to commemorate the end of the recent outbreak—comprising three EVD cases confirmed in mid-November in Montserrado County. WHO commended the GoL and response organizations for quickly stopping further transmission. In addition, the GoL and WHO underscored the continued need for vigilant surveillance and strong residual response capacity, given the potential for additional EVD clusters nationwide.
- With USAID/OFDA support, response organizations have facilitated the delivery and distribution of personal protective equipment (PPE) to health facilities to protect health care workers from potential EVD transmission. On December 18, John Snow, Inc. (JSI)—supported by USAID/OFDA to manage last-mile distribution of infection prevention and control (IPC) supplies in Liberia—completed distribution of all USAID/OFDA-procured PPE to health care facilities. With USAID/OFDA assistance, JSI has supplied 743 of an estimated 750 health care facilities nationwide with critical IPC materials since April 2015. JSI is transitioning IPC supply chain activities to existing GoL mechanisms and transferred the central stock of supplies in Montserrado County to the GoL during the week of December 21.
- As of late December, the GoL-led Men’s Health Screening Program had enrolled approximately 310 participants—more than half of Liberia’s estimated 570 male EVD survivors ages 15 years and older—across seven counties. The program—which conducts semen testing and provides health and psychosocial support services—plans to expand mobile outreach activities and regional coverage to Lofa County in the coming weeks.
- In late December, USAID/FFP allocated an additional \$4.7 million to humanitarian partner Mercy Corps to provide targeted cash transfers to approximately 150,000 vulnerable people in Lofa, Margibi, and Montserrado counties, in an effort to reduce food insecurity and increase household purchasing power. Mercy Corps also plans to assist farmers to secure seeds and tools needed to resume agricultural activities during the upcoming February-to-March planting season.
- In response to a reduced demand for air transport, the UN Humanitarian Air Service (UNHAS) discontinued humanitarian personnel and cargo transportation services to and from Liberia on December 31. With USAID/OFDA support, UNHAS has supported EVD response efforts in Guinea, Liberia, Sierra Leone, and neighboring countries since September 2014.

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



* Funding figures as of January 21, 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 TO 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		\$591,322
LIBERIA			
Global Communities (GC)	Health	Liberia	\$1,963,455
GOAL	Health	Liberia	\$2,578,833
International Rescue Committee (IRC)	Health	Liberia	\$1,695,100
SIERRA LEONE			
IMC	Health, Protection, WASH	Sierra Leone	\$439,597
GUINEA			
Accion Contra el Hambre (ACH)/Spain	Health	Guinea	\$1,681,043
Catholic Relief Services (CRS)	Health, WASH	Guinea	\$1,846,005
French Red Cross (FRC)	Health	Guinea	\$680,000
Women and Health Alliance International (WAHA)	Health	Guinea	\$749,936
TOTAL USAID/OFDA ASSISTANCE TO EVD RESPONSE			\$12,703,003
USAID/FFP			
CRS	Food Vouchers	Guinea	\$1,927,693
Mercy Corps	Cash Transfers, Agricultural Input Vouchers	Liberia	\$4,668,089
WFP	WFP Regional Emergency Operation	Sierra Leone	\$272,000
TOTAL USAID/FFP ASSISTANCE TO EVD RESPONSE			\$6,867,782
CDC			
CDC	Health	West Africa and USA	\$39,274,518
TOTAL CDC ASSISTANCE TO EVD RESPONSE			\$39,274,518
TOTAL USG ASSISTANCE TO EVD RESPONSE IN FY 2016			\$58,845,303

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

TOTAL USAID/OFDA ASSISTANCE TO EVD RESPONSE	\$760,560,359
TOTAL USAID/FFP ASSISTANCE TO EVD RESPONSE	\$124,871,441
TOTAL USAID/GH ASSISTANCE TO EVD RESPONSE	\$20,076,000
TOTAL USAID/LIBERIA ASSISTANCE TO EVD RESPONSE	\$16,100,000
TOTAL USAID/GUINEA ASSISTANCE TO EVD RESPONSE	\$3,482,000
TOTAL DoD ASSISTANCE TO EVD RESPONSE	\$631,758,625
TOTAL CDC ASSISTANCE TO EVD RESPONSE	\$781,000,781
TOTAL USG ASSISTANCE TO EVD RESPONSE IN FY 2014–2015	\$2,337,849,206

TOTAL USG ASSISTANCE TO EVD RESPONSE IN FY 2014–2016 **\$2,396,694,509**

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.

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 DART on August 5, 2014, and established a corresponding 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>