

WEST AFRICA – EBOLA OUTBREAK

FACT SHEET #6, FISCAL YEAR (FY) 2016

DECEMBER 18, 2015

NUMBERS AT A GLANCE

28,604

Number of Suspected, Probable, and Confirmed EVD Cases to Date in Acutely Affected Countries[†]
WHO – December 16, 2015

11,300

Number of Suspected, Probable, and Confirmed EVD-Related Deaths to Date in Acutely Affected Countries[†]
WHO – December 16, 2015

8,704

Number of Confirmed EVD Cases to Date in Sierra Leone*[†]
WHO – December 16, 2015

3,160

Number of Confirmed EVD Cases to Date in Liberia*[†]
WHO – December 16, 2015

3,351

Number of Confirmed EVD Cases to Date in Guinea*[†]
WHO – December 16, 2015

* 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 EVD cases reported in West Africa in nearly one month
- All contacts in Liberia complete 21-day monitoring period
- USAID/OFDA partners support adherence to IPC protocols in Liberia
- DART works to bolster PPE pipeline in Guinea

USG HUMANITARIAN ASSISTANCE FOR EVD OUTBREAK RESPONSE TO DATE IN FY 2014–2016

USAID/OFDA ¹	\$772,547,608
USAID/FFP ²	\$127,070,933
USAID/GH ³	\$20,076,000
USAID/Liberia	\$16,100,000
USAID/Guinea	\$3,482,000
DoD ⁴	\$631,758,625 ⁵
CDC ⁶	\$798,996,391 ^{7,8}
\$ 2,370,031,557	
USG ASSISTANCE FOR THE WEST AFRICA EVD OUTBREAK RESPONSE ⁹	

KEY DEVELOPMENTS

- The Government of Liberia (GoL), the USG Disaster Assistance Response Team (DART), and relief organizations continue to lead response efforts linked to mid-November cases of Ebola Virus Disease (EVD) in Liberia's Montserrado County. All contacts linked to the EVD cases completed their 21-day monitoring period on December 10, with no contacts remaining under precautionary observation.
- A USAID/OFDA health advisor traveled to Sierra Leone during the week of November 30 to assess the ongoing EVD response transition. The advisor briefed the U.S. Ambassador to Sierra Leone and met with the DART, CDC, the UN, and USAID/OFDA partners.
- As of December 18, the governments of Guinea, Liberia, and Sierra Leone had not reported a confirmed EVD case since the week of November 15.

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 December 10, 2015, CDC has obligated \$17,995,610 in FY 2016, approximately \$13,582,506 supports activities outside the U.S. and \$4,413,104 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.

Liberia

- All 166 primary contacts—including at least 10 health care workers and 13 community members classified as high-risk contacts—linked to the mid-November EVD cases completed their 21-day monitoring period on December 10. As part of the ongoing EVD response effort, the GoL and the U.S. National Institutes of Health had provided EVD vaccines—via the Partnership for Research on Ebola Vaccines in Liberia (PREVAIL) project—to more than 200 individuals associated with the cluster as of December 11, according to the UN World Health Organization (WHO).
- USAID/OFDA partners, including the International Medical Corps (IMC), John Snow, Inc. (JSI), and MENTOR Initiative, continue to monitor staff adherence to infection prevention and control (IPC) protocols at more than 70 Montserrado health facilities considered at risk for EVD transmission related to the recent cases. Known as a ring IPC approach, the strategy ensures that health facilities likely to receive additional EVD-affected patients adhere to IPC protocols such as triage and isolation. In addition to support for monitoring, USAID/OFDA partners are providing IPC mentorship at 21 health facilities. For example, JSI is conducting daily mentorship and bolstering screening and waste management procedures at seven health facilities.
- On November 30, the GoL Ministry of Health, the UN Children’s Fund (UNICEF), and other EVD response actors conducted seven social mobilization trainings in Montserrado and deployed more than 450 general community health volunteers to disseminate EVD-related messages, including general information about the virus, the importance of community monitoring and reporting, and continued adherence to EVD prevention methods such as hand washing.
- On December 18, the Office of the UN High Commissioner for Refugees (UNHCR) resumed the voluntary repatriation of Ivorian refugees residing in Liberia—a UNHCR-led process that began in late 2012. The EVD outbreak and subsequent closure of the Côte d’Ivoire–Liberia border interrupted the program and forced UNHCR to suspend refugee returns in July 2014. According to UNHCR, approximately 11,000 of the 38,000 Ivorian refugees in Liberia have expressed a desire to return immediately to Côte d’Ivoire, and more than 1,000 refugees are expected to return by the end of 2015. UNHCR plans to provide transportation and reintegration support, including emergency relief commodities and livelihoods assistance, to facilitate the process.
- In FY 2015, USAID/FFP provided more than \$8.9 million to the UN World Food Program (WFP) to deliver food assistance to Ivorian refugees in Liberia. USAID/FFP also provided more than \$3.6 million in FY 2015 to WFP to support refugee returnees and host communities in Côte d’Ivoire.

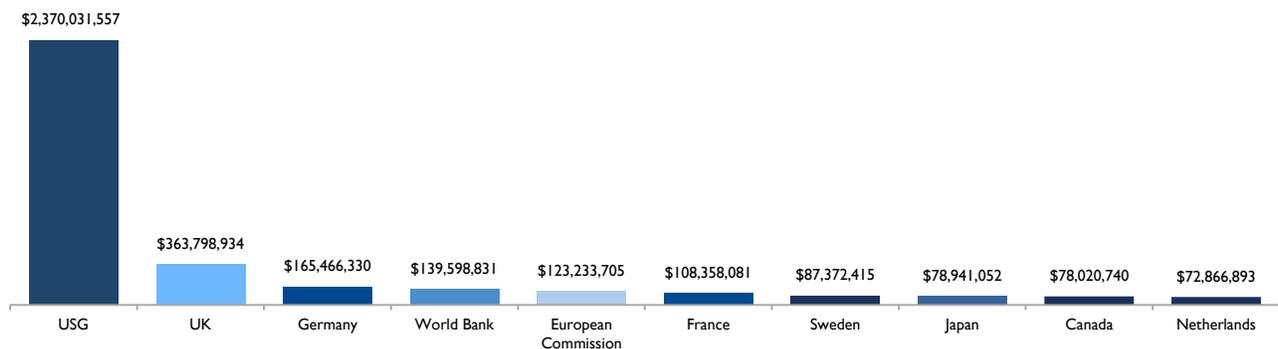
Sierra Leone

- The Government of Sierra Leone (GoSL) has not reported a confirmed EVD case in approximately three months. The most recent EVD case—identified in mid-September—recovered and tested negative for EVD by September 27.
- During the week of November 30, a USAID/OFDA health advisor traveled to Sierra Leone to assess the EVD response transition from emergency operations to long-term residual response capacity. During the visit, the health advisor met with representatives from the DART, CDC, international donors, the UN, and USAID/OFDA partners. The health advisor also briefed U.S. Ambassador to Sierra Leone John F. Hoover on the current situation.
- On December 14, the National Ebola Response Center (NERC) presented a contingency plan for responding to potential EVD outbreaks in Sierra Leone, which maps existing isolation and treatment capacity across the country. As of mid-December, Sierra Leone’s isolation capacity at non-EVD health facilities for suspected cases included approximately 40 beds in three facilities in Western Area Region. Three EVD treatment units (ETUs), including a mobile ETU, also maintained isolation and treatment capacity for more than 100 patients. The mobile ETU, operated by the Republic of Sierra Leone Armed Forces, can deploy within four days and treat at least 36 patients, according to the NERC. In the coming weeks, the GoSL plans to develop standard operating procedures and trigger mechanisms for deploying the mobile ETU. The UN Office for Project Services also plans to provide additional isolation units at district hospitals across the country by mid-2016.

Guinea

- The Government of Guinea (GoG) has not reported a confirmed EVD case in more than six weeks, with the most recent EVD-positive case—identified in late October—recovering and testing negative for EVD by November 17.
- On November 27, the GoG—with support from USAID/OFDA partners UNICEF and WHO—held a workshop in the capital city of Conakry regarding how to improve access to vaccines against viral hemorrhagic fevers, including EVD. Workshop participants included scientists, public health experts, biomedical research institutions, pharmaceutical companies, and international organizations, according to the UN. The discussions assessed current research efforts, production and marketing constraints, and approval and certification procedures for vaccines in case of an epidemiological emergency.
- As part of the national EVD surveillance strategy, the GoG and EVD response actors continue to test blood samples or oral swabs from recently deceased individuals who exhibited clinical symptoms compatible with EVD, including fever, fatigue, muscle pain, headaches, vomiting, and diarrhea. The GoG reported more than 1,000 community death alerts during the week of December 7—approximately 45 percent of the nearly 2,250 anticipated community deaths based on population estimates and the crude mortality rate in Guinea, according to WHO. Eight operational laboratories, including one supported by the USG, tested more than 580 specimens for EVD during the same period.
- Through consultations with the GoG, WHO, and other EVD response actors, the DART is working to resolve ongoing personal protective equipment (PPE) logistical challenges. Ensuring consistent PPE stocks at health facilities enables USAID/OFDA partners and other EVD response actors to continue IPC training for health care workers—an essential element for strengthening local capacity to respond safely to possible EVD transmission.

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



* Funding figures as of December 18, 2015. 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 and to date in 2015, 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 PROVIDED 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		\$555,568
LIBERIA			

Global Communities	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, Water, Sanitation, and Hygiene (WASH)	Sierra Leone	\$439,597
GUINEA			
Accion Contra el Hambre/Spain (ACH/Spain)	Health	Guinea	\$1,681,043
Catholic Relief Services (CRS)	Health, WASH	Guinea	\$1,846,005
Women and Health Alliance International (WAHA)	Health	Guinea	\$749,936
TOTAL USAID/OFDA ASSISTANCE			\$11,987,249
USAID/FFP			
CRS	Food Vouchers	Guinea	\$1,927,492
WFP	WFP Regional Emergency Operation	Sierra Leone	\$272,000
TOTAL USAID/FFP ASSISTANCE			\$2,199,492
CDC			
CDC	Health	West Africa and USA	\$17,995,610
TOTAL CDC ASSISTANCE			\$17,995,610
TOTAL USG ASSISTANCE FOR THE EVD RESPONSE EFFORTS IN FY 2016			\$32,182,351

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

TOTAL USAID/OFDA ASSISTANCE	\$760,560,359
TOTAL USAID/FFP ASSISTANCE	\$124,871,441
TOTAL USAID/GH ASSISTANCE	\$20,076,000
TOTAL USAID/LIBERIA ASSISTANCE	\$16,100,000
TOTAL USAID/GUINEA ASSISTANCE	\$3,482,000
TOTAL DoD ASSISTANCE	\$631,758,625
TOTAL CDC ASSISTANCE	\$781,000,781
TOTAL USG ASSISTANCE FOR THE EVD RESPONSE EFFORTS IN FY 2014–2015	\$2,337,849,206
TOTAL USG ASSISTANCE FOR THE EVD RESPONSE EFFORTS IN FY 2014–2016	\$2,370,031,557

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 re-declared a disaster in Sierra Leone. U.S. Ambassador Deborah R. Malac re-declared 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 re-declared a disaster in Guinea.
- The USG deployed a field-based DART on August 5, 2014, and established a corresponding Response Management Team based in Washington, D.C. The DART—including disaster response and medical experts from USAID and CDC—continues working to identify key needs stemming from the EVD outbreak, amplify humanitarian response efforts, and coordinate all USG efforts to support the EVD response.

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>