

EBOLA

VIRUS DISEASE OUTBREAK

Overview of needs
and requirements



INTRODUCTION

The past six months have witnessed an unprecedented Ebola outbreak that has affected five countries in West Africa and threatens to compromise the social, political and economic fabric of the sub-Saharan African region.

It is clear that the rate at which the virus is spreading is increasing. Indeed, initial analysis indicates that the virus may be approaching an exponential growth rate, and could be doubling approximately every three weeks. There are well-founded concerns that the outbreak could kill thousands more before it can be brought under control. Such is the extent of uncertainty around the evolution of the outbreak, that estimates of total impact vary amongst the world's most prominent infectious disease institutions. To date, over 2,400 people have died from ebola.

The Governments of the affected countries have been responding to the outbreak since it first emerged in March 2015. A number of external issues such as difficulty in accessing affected countries and communities; internal dynamics (low capacity of national health systems and the unavailability of the requisite medical personnel and goods on a scale adequate to prevent, trace and treat the disease) and epidemiological reasons limit these Governments' capacity.

To respond to both the health and non-health aspects of the crisis the World Health Organization has declared a Public Health Emergency of International Concern (PHEIC), and the UN Secretary General has activated the United Nations Operations and Crisis Centre, appointing senior staff members to lead the UN's collective response to the crisis.

STRATEGIC OBJECTIVES

- 1 STOP** the outbreak
- 2 TREAT** the infected
- 3 ENSURE** essential services
- 4 PRESERVE** stability
- 5 PREVENT** outbreaks in countries currently unaffected

SCOPE OF THE OVERVIEW

The overview of requirements covers primarily Guinea, Liberia and Sierra Leone, the three countries with intense transmission of the virus. The overview also provides information on countries with localized transmission of the virus, such as Senegal and Nigeria, or at risk of Ebola Virus Disease (EVD) transmission.

Building upon the WHO Ebola Roadmap and the activities and plans of all UN entities responding to the ebola crisis, this overview describes the collective requirements needed to defeat the ebola outbreak and to mitigate the immediate and longer term social, economic, development and security consequences in affected countries and the region.

These needs go beyond the sizeable medical requirements needed to treat, contain, and prevent the ebola outbreak, and include needs and requirements related to non-ebola medical service (i.e. reproductive healthcare and malaria and tuberculosis (TB) treatment); food availability; clean water; livelihoods, and logistics concerns related to travel and transport of goods and services within and outside the ebola affected areas.

The overview covers a period of six months, in line with the analysis that it will take 6-9 months overcome the outbreak according to the WHO Ebola Roadmap. As the outbreak is rapidly evolving, the needs and requirements contained in this overview will be updated and disseminated accordingly.



UNICEF communicators educate communities on how to prevent the spread of Ebola Virus Disease
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OVERVIEW OF THE SITUATION

The Ebola virus disease (EVD) outbreak continues to accelerate, with almost 40% of the total cases occurring in the past 21 days. As of 12 September, there have been a total of 4,847 cases and 2,419 reported deaths across Guinea, Liberia, Nigeria, Senegal and Sierra Leone. Case fatality rate (CFR) in affected countries is estimated between 60 per cent and 70 per cent.

The current EVD outbreak is unprecedented in scale and geographical reach: the present West Africa outbreak has a higher caseload than all other previous ebola crises combined. An estimated 22.34 million people are living in areas where active EVD transmission has been reported, with 4.29 million people living in areas where twenty or more fatalities have been reported. The large number of cases in high-population density settings and simultaneously in remote, hard-to-access villages makes the outbreak particularly difficult to contain.

According to WHO data, more than 240 health care workers in Guinea, Liberia, Nigeria and Sierra Leone have developed the disease with more than 120 succumbing to the epidemic.

Because of their role as caregivers, women are experiencing the brunt of the disease, making up 75% of all cases. Women's economic roles also place them at risk – they tend to work in the health care sector as nurses and midwives or as facility cleaners or border traders.

There are 2.5 million children under the age of five living in areas affected by the ebola virus. Children face direct risks of exposure to the virus, as well as secondary risks as a result of loss of infected caregivers and family members, or inability to return to their quarantined places of origin. As basic service delivery becomes increasingly strained as a result of the outbreak, children's access to health care, education and protection may be limited, further increasing their vulnerability and risk. Children who have lost one or both of their parents to ebola face the risk of growing up without proper care or having to fend for themselves. In ebola affected areas, especially Sierra Leone and Liberia where the outbreak is nationwide, the collapse of health care systems is challenging the provision of maternal and new-born care and the management of acute malnutrition. The disruption of health services means that many children are not receiving life-saving vaccinations, and may be left untreated for preventable but potentially fatal common childhood illnesses, such as malaria, pneumonia and diarrhea. The ebola outbreak is likely to have negative consequences on children's access to education, on the availability of teachers, and on the quality of teaching and learning as well as on the safety of school premises.

“The current EVD outbreak is unprecedented in scale and geographical spread.”

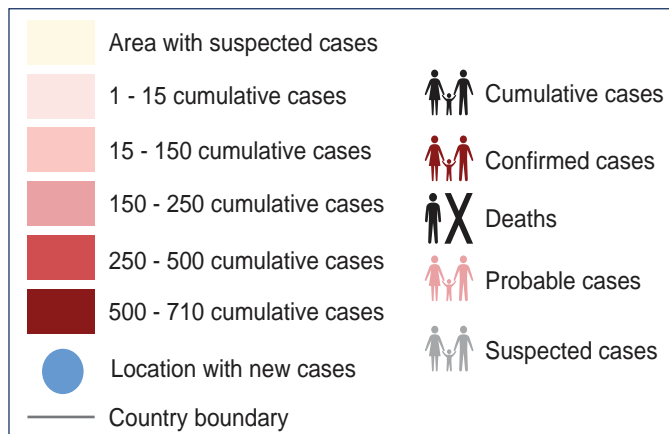
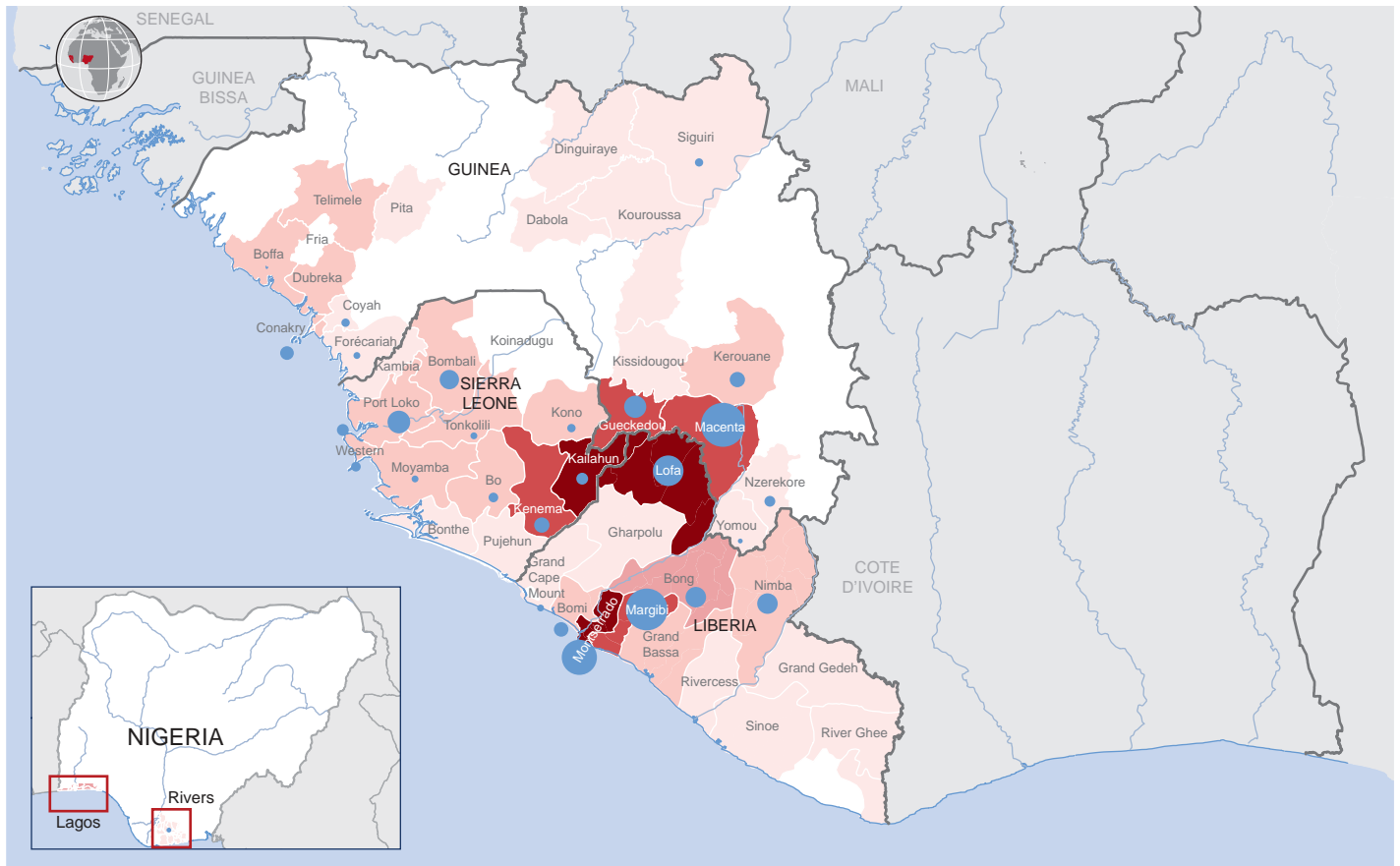
Multi-sectoral impact of the EVD outbreak

The outbreak is proving to have a wider security, economic and livelihood impact on all affected countries and on the West African region as a whole. Restrictions on movement out of, into and within affected countries have resulted in a shortage of availability of goods and services. Medical goods needed to respond to the outbreak and goods to meet basic needs (i.e. food) are in shorter supply due to transport limitations. Agricultural activities have been abandoned due to movement restrictions, and prices of basic foodstuffs have already markedly increased. Aid workers face serious challenges entering the ebola affected countries due to limited flight availability. Those who do manage to enter are not guaranteed a way of exit, including in the event of a medical emergency. This situation has hampered the recruitment of much-needed personnel.

The EVD outbreak has disrupted the availability of non-ebola health services, most worryingly the treatment of endemic TB and malaria, and the provision of obstetric care for pregnant women. In addition, all schools are closed in Liberia and Sierra Leone and Guinea has postponed the re-opening of schools. The outbreak is also negatively impacting the national economies, affecting agriculture, trade, the financial sector, small businesses and employment, and weakening the fiscal position of impacted governments through higher expenditures and reduction of tax revenues.

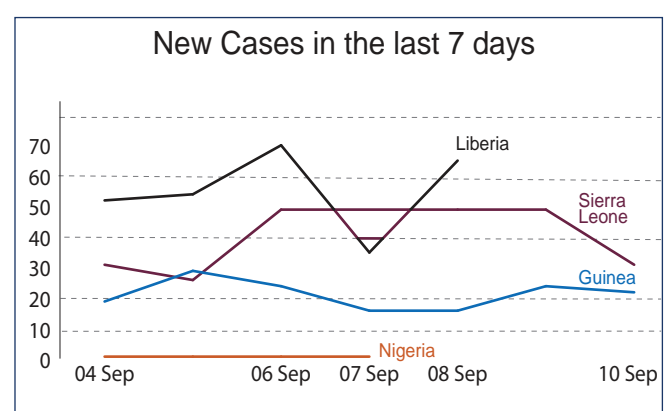
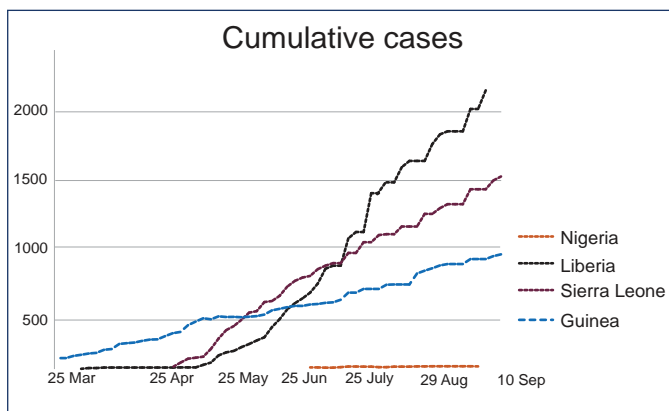
WEST AFRICA: EBOLA VIRUS DISEASE (EVD) OUTBREAK

(AS OF 10 SEP 2014)



Key figures

Sierra Leone	1,509	1,367	493	37	105
Liberia	2,184	700	1,212	1,005	479
Guinea	899	716	568	151	32
Nigeria	21	19	8	1	1
Senegal	1	1	0	0	2



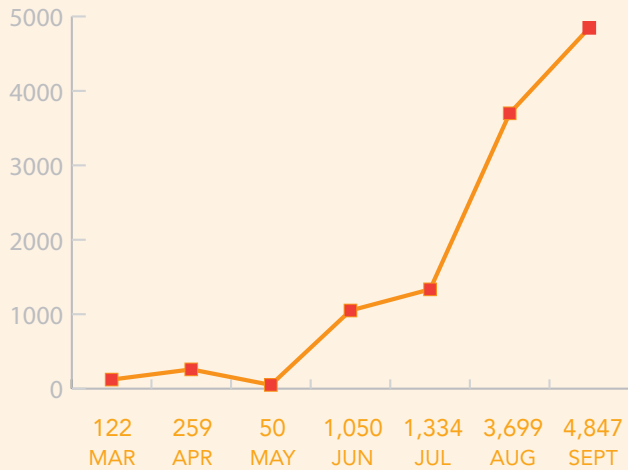
Sources: CDC, ESRI, UNCS, Natural Earth, Ministries of Health, WHO, OCHA.

*The monitoring of the Ebola Epidemic began at the end of March for Guinea and Liberia, end of May for Sierra Leone. The Map data is dated 10 September for Guinea and Sierra Leone, 08 September for Liberia and 07 September for Nigeria.

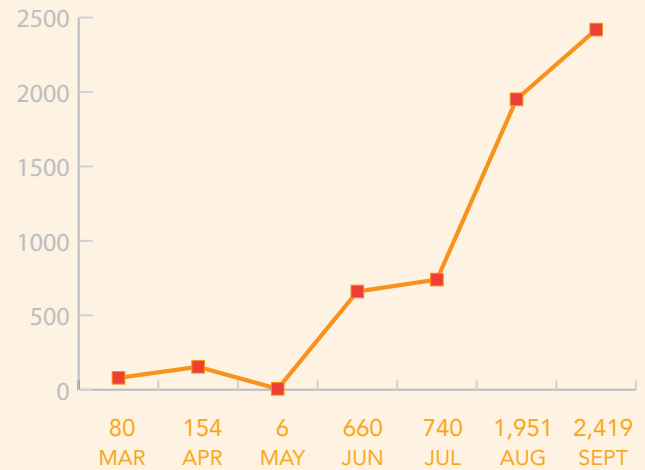
Feedback: ocharowca@un.org | For more information on Ebola Virus Disease (EVD) Outbreak, go to <http://bit.ly/1oRJw11>

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

4,847 EVD CASES



2,419 FATALITIES



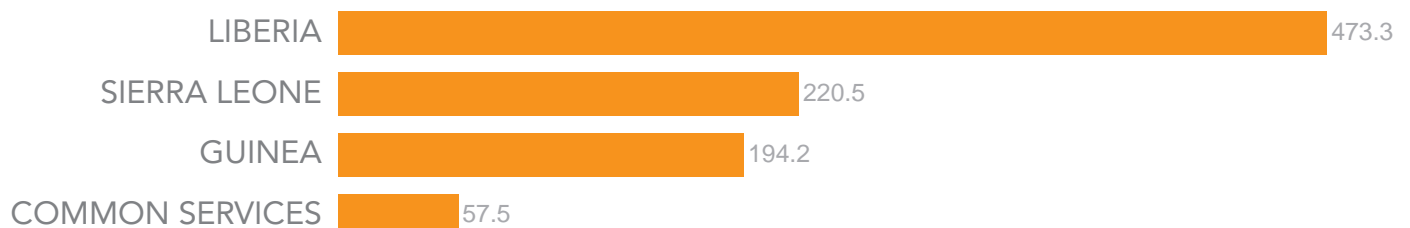
22 MILLION
PEOPLE IN NEED



\$987.8 MILLION
REQUIREMENTS

REQUIREMENTS PER COUNTRY

IN MILLIONS US\$





Hand hygiene items for distribution in Conakry, Guinea
© WHO/Toure

“It affects their livelihoods, societies and economies, as well as for their governance, security and political stability.”

RESPONSE STRATEGY

Background: The current outbreak of Ebola Virus Disease – which is centred in Liberia, Sierra Leone and Guinea – is an international public health emergency. The WHO roadmap for responding to the outbreak was released on August 28, 2014. It serves as the basis for the global response. The outbreak has consequences for the people of the affected countries: it affects their livelihoods, societies and economies, and their governance, security and political stability.

Trajectory: Any prediction of the future course of the outbreak is hedged with uncertainty. Available data suggest that the number of cases is increasing exponentially: in some areas it appears to be doubling at three week intervals. At this time the planning assumption is 20,000 people will be infected with EVD before the end of the year. It is estimated that 16 per cent of them will be in Guinea, 40 per cent in Liberia and 34 per cent in Sierra Leone. It is anticipated that through the energetic and comprehensive application of this strategy, transmission will start to reduce before the end of this year and will end before mid-2015.

After having consulted widely with the presidents of the affected countries, with other global leaders and international epidemiological experts, a strategy that seeks to/will support the implementation of national response plans for the Ebola outbreak itself, as well as the broader societal, economic and political/ stability aspects of the current outbreak has been developed by the UN Senior Coordinator for Ebola. This response strategy has been briefed and further refined with the presidents and ministers of health in each of the acutely affected countries in the past few days. The response strategy comprises five strategic objectives (insert list) and 12 + 1 Mission Critical Actions (MCAs).

As the scale of the potential threat is increasingly understood, a growing number of international actors are coming together as part of a Global Ebola Response Coalition (GERC). They will contribute to the implementation of the 12 mission-critical actions, the establishment of operational platforms and the operation of systems that ensure a safe and disciplined response. The coalition will be action-focused in order to harness the collective will and collective resources of the international community. Its aim will be to support the governments of affected countries in defeating the outbreak, to preserve quality of life and to prevent outbreaks of infections in new countries.

The GERC comprises authorities in affected and at-risk countries, civil society, private sector, non-governmental organizations, multilateral organizations, international financial institutions and individual Member States.

In accordance with the strategic objectives and mission critical activities outlined above, designed to support governments of affected countries with implementing their response plans and to assist the governments of countries deemed to be at risk with preparedness activities; a series of ‘platforms’ will be rapidly established. The platforms are the mechanism through which the global community will support those affected by and at risk from ebola; they represent the operational arm of the Global Ebola Response Coalition (GERC).

Operational Support Platforms will operate at the global, national and community level. At global level, the platform will be responsible for identification, gathering, receiving, allocation and tasking of key strategic resources and assets. The global platform will be overseen by the UN Ebola Crisis Cell under the Deputy Ebola Coordinator and Operational Crisis Manager. At national level, the platforms will support the Emergency Operations Centre in resourcing, prioritising and allocating resources in accordance with national response plans.

5 STRATEGIC OBJECTIVES (STEPP) & 13 MISSION CRITICAL ACTIONS

1 STOP the outbreak

- 1 Identify and Trace people with Ebola
- 2 Safe and Dignified Burials

2 TREAT the infected

- 3 Care for Persons with Ebola and Infection Control
- 4 Medical Care for Responders

3 ENSURE essential services

- 5 Provision of Food Security and Nutrition
- 6 Access to Basic (including non-Ebola Health) services
- 7 Cash Incentives for Workers
- 8 Recovery and Economy

4 PRESERVE stability

- 9 Reliable supplies of materials and equipment
- 10 Transport and Fuel
- 11 Social Mobilization and Community Engagement
- 12 Messaging

5 PREVENT outbreaks in countries currently unaffected

- 13 Multi-faceted approach to strengthen preparedness of all countries to rapidly detect and respond to an Ebola exposure, especially those sharing land borders with areas of active transmission and those with international transportation hubs

When making financial contributions, donors are invited to give highest priority to UN system entities. These support decentralized and national platforms and entities which implement Mission Critical Areas under the STEPP strategic objectives.

Examination of alternative ways to establish national platforms is now under way and options will be shared with interested parties as they become clear. A preparedness platform will work with at-risk countries to enhance ebola preparedness activities and planning. All of the platforms will be designed in a flexible manner to enable them to expand and contract in line with the rate of infection and response.



The response will be guided by the following **operational principles**:

Surge Capacity. Working in close partnership, governments of the affected countries and the international community will need to be ready to surge capability at short notice in order to respond to peaks in the crisis and urgent or specialist needs. The focus is on mission-critical functions and related platforms and capacity for rapid enhancement should be built-in in case the situation demands it.

Government ownership. The international response to the Ebola crisis complements national and local capacities, but does not supplant them. Keeping national and local ownership at the centre of the Coalition approach will promote resilience and sustainability.

Accountability. While the response will require fast and decisive action, affected communities deserve maximum transparency and responsiveness on the part of decision-makers.

Infection control. Infection control must be at the very heart of all efforts to defeat the outbreak. It is only through good infection control that we will be able to break the chain of transmission and to halt the spread of ebola.

De-centralisation. Ebola is an enemy that will be defeated at local level by good preventative practices, by rapid identification of cases and through early treatment. The ability to act and empowered local dynamism are vital to stemming the outbreak.

Information Management. In such a complex and fast moving situation, efficient and effective information sharing and information management are crucial. Efficient information flows will enable surge of assets to the most vulnerable areas and should facilitate early identification and resolution of potentially multiplying effects.

Messaging. Clear, simple and consistent messaging is absolutely essential to break down myths and barriers within communities, to deliver life-saving advice and to build trust in the response plan as an effective means to defeat the outbreak.

Safety of personnel. We have a clear duty to protect those working on the health front-line. The health and protection of medical and associated staff must be treated as top priority in all the we do. Protecting the health of responders is also very important in providing them with assurance and boosting their confidence, thus increasing the likelihood of growth in their numbers. Medical Evacuation (MEDEVAC) capacity and in-country care are critical.

Example from Liberia: An agreement was reached in Liberia on 13 September for a common approach under WHO/ UN leadership. This will ensure access to care for people suspected of ebola infection and establish a care system spanning households, community-based ebola care centres and ebola treatment units, with capacity for screening and supervision and support at all levels. Standard operating procedures and training procedures have been developed and are due to be agreed on 15 September by the national incident management system for immediate roll-out.

Enhanced Ebola Virus Disease Response (ERR) Personnel: Building on the Liberia case, the enhanced response strategy involves the disciplined maintenance of Infection Prevention (IP) practices by all who are eligible to work as responders (and receive agreed incentives) as well as discipline in the maintenance of Infection Control (IC) practices by all who are eligible to work as carers (and receive agreed incentives). The EER corps is sustained through (a) an EER training system and (b) an EER certification and review system. This will build on the agreements reached in-country.

Training: Training of responders and carers should be provided by WHO-authorized trainers using specified protocols. Responder training will be provided at a designated training centre in Las Palmas [Training contract 1]. Carer, contact tracer and funeral training will be provided in-country [Training contract 2]. This needs to be developed through interaction between the Crisis Centre in NY and WHO Geneva, taking into account the needs of the in-country groups.

The ebola crisis is unprecedented, and as such requires an unprecedented, exceptional international response to prevent not only a health crisis but a broader societal, economic and political threat to affected countries.

It is clear that the international community is now galvanizing support for affected countries and at risk from the ebola outbreak. In order to defeat the outbreak the international community will now need to demonstrate:

- **Unequivocal political commitment** to ensure an effective response. This includes lifting administrative barriers to the response, such as unnecessary air travel restrictions.
- **Unity of purpose** through enhanced coordination at all levels.
- **Sustained support** until all strategic objectives are met.

GLOBAL RESPONSE PLANS

The Accra Response Strategy: from 2-3 July, health ministers from 11 countries in the West African region convened to define a common approach to the current ebola outbreak. Participants in the meeting agreed on three pillars for action: (1) immediate outbreak response interventions; (2) enhancing coordination and collaboration; and (3) scale-up of human and financial resource mobilization.

The pillars cover four thematic areas: (i) coordination, finance, and logistics, (ii) epidemiology and laboratory, (iii) case management, infection prevention and control and psychosocial support; and (iv) social mobilization and public information. The Accra Plan underlines the national and UN response plans for Guinea, Liberia, and Sierra Leone and the WHO's Ebola Response Roadmap. The Accra meeting resulted in the establishment of a WHO sub-regional coordination centre, in Conakry, as a hub for ebola information and coordination in the region.

The World Health Organization Ebola Response Roadmap: Published on 28 August 2014, the Roadmap outlines activities required to halt the transmission of ebola in affected countries within 6-9 months and to prevent international spread of the disease. These activities include medical and non-medical needs of affected communities. The Roadmap objectives are three-fold: (1) to achieve full geographic coverage with complementary ebola response activities in countries with widespread and intense transmission; (2) to ensure emergency and immediate application of comprehensive ebola response interventions in countries with an initial case(s) or with localized transmission; (3) to strengthen preparedness in all countries to rapidly detect and response to an ebola exposure, especially countries sharing land borders with intense transmission areas and those with international transportation hubs. The five priority activities include: (i) EVD case management (ii) EVD case diagnosis (iii) surveillance with contact tracing and monitoring; (iv) safe burials and (v) social mobilization with full community engagement in contact tracing and risk mitigation.

Doctors Without Borders (MSF): Along with national health actors, the international non-governmental organization Doctors without Borders (Médecins sans Frontières, MSF) has been at the forefront of the medical response to the ebola virus disease in the three most affected countries. More information on their activities to combat can be found on their website: www.msf.org.

The International Federation of Red Cross and Red Crescent Societies (IFRC), Regional Coordination and Preparedness Emergency Appeal

The appeal aims to strengthen and scale up operations support, coordination, communication, capacity building and preparedness for at risk countries in the region and to prepare for the potential spread of ebola outbreak to other countries in Africa and beyond. This emergency appeal and proposed strategy aims to support the RCRC response across a number of areas of work at several levels, from improved support to country level response, through to the necessary resourcing for Africa-wide and global preparedness and advocacy. It also aims to ensure appropriate human resourcing is in place at each level to achieve the aims of the strategy.

At global level, the IFRC through this emergency appeal plans to set up an IFRC Ebola Preparedness and Recovery Fund to support the allocation of grants to national societies for staff/volunteer training, national-level contingency planning and other preparedness activities, as well as for recovery grants, in recognition of the need for communities to recover after an ebola outbreak. This Fund contain CHF 1 million and will be managed based on preparedness needs and according to strict criteria.

At regional level, an Africa Ebola Management Unit will be established allowing the IFRC to consolidate its multi-country, multi-sectoral response to the outbreak under a single, unified decision-making structure. The plan will provide support for preparedness measures and for training of surge capacity and national staff and volunteers in the measures required in the event of an outbreak. It will also prepare key messages that need to be communicated. The strategy will also start to consider recovery planning for those communities that have been badly affected by the outbreak.

EBOLA

VIRUS DISEASE
OUTBREAK



Food distribution in Monrovia, Liberia
© WFP



Kenema Government Hospital, Sierra Leone
© IRIN/OCHA

OVERVIEW OF FINANCIAL REQUIREMENTS

1 STOP the outbreak

1 Identify and trace people with Ebola

\$7.0M COMMON SERVICES	\$26.8M GUINEA	\$116.5M LIBERIA	\$39.2M SIERRA LEONE	\$189.5M TOTAL
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RESPONDING AGENCIES
UNDP, UNFPA, UNHCR, UNMIL, WHO

2 Safe and dignified burials

\$0.8M COMMON SERVICES	\$4.3M GUINEA	\$14.2M LIBERIA	\$4.4M SIERRA LEONE	\$23.8M TOTAL
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RESPONDING AGENCIES
WHO

2 TREAT the infected

3 Care for Persons with Ebola and Infection Control

\$7.0M COMMON SERVICES	\$52.5M GUINEA	\$212.6M LIBERIA	\$59.2M SIERRA LEONE	\$331.2M TOTAL
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RESPONDING AGENCIES
UNFPA, UNHCR, UNICEF, UNMIL, WHO

4 Medical Care for Responders

\$10.0M COMMON SERVICES	\$1.0M GUINEA	\$2.0M LIBERIA	\$1.0M SIERRA LEONE	\$14.0M TOTAL
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RESPONDING AGENCIES
WHO

3 ENSURE essential services

5 Provision of Food Security and Nutrition

\$2.5M COMMON SERVICES	\$28.4M GUINEA	\$36.3M LIBERIA	\$40.4M SIERRA LEONE	\$107.7M TOTAL
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RESPONDING AGENCIES
FAO, UNICEF, WFP

6 Access to Basic (including non-Ebola Health) services

\$1.0M COMMON SERVICES	\$47.1M GUINEA	\$12.9M LIBERIA	\$36.1M SIERRA LEONE	\$97.1M TOTAL
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RESPONDING AGENCIES
OCHCR, UNFPA, UNHCR, UNICEF, WHO

7 Cash Incentives for Workers

\$2.5M GUINEA	\$2.5M TOTAL
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RESPONDING AGENCIES
UNDP

8 Recovery and Economy

\$0.3M COMMON SERVICES	\$9.5M GUINEA	\$43.1M LIBERIA	\$11.7M SIERRA LEONE	\$64.8M TOTAL
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RESPONDING AGENCIES
FAO, IOM, UNDP, UNIDO

4 PRESERVE stability

9 Reliable supplies of materials and equipment

\$3.9M COMMON SERVICES	\$3.1M GUINEA	\$20.7M LIBERIA	\$14.8M SIERRA LEONE	\$42.6M TOTAL
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RESPONDING AGENCIES
UNFPA, UNHCR, UNICEF, UNMIL, UNOPS, WFP

10 Transport and Fuel

\$22.9M COMMON SERVICES	\$0.5M LIBERIA	\$23.4M TOTAL
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RESPONDING AGENCIES
UNHCR, WFP

11 Social Mobilization and Community Engagement

\$0.6M COMMON SERVICES	\$18.6M GUINEA	\$13.2M LIBERIA	\$13.3M SIERRA LEONE	\$45.8M TOTAL
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RESPONDING AGENCIES
FAO, UN WOMEN, UNDP, UNFPA, UNHCR, UNICEF, WHO

12 Messaging

\$1.5M COMMON SERVICES	\$0.3M GUINEA	\$1.1M LIBERIA	\$0.3M SIERRA LEONE	\$3.2M TOTAL
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RESPONDING AGENCIES
UNAIDS, WHO

Common Services

Regional support to strategic objectives 1 to 4

\$11.9M TOTAL

RESPONDING AGENCIES
OCHA, UNICEF, GERC

5 PREVENT outbreaks in countries currently unaffected

13 Multi-Faceted/Preparedness

\$30.5M REGIONAL	\$30.5M TOTAL	RESPONDING AGENCIES UNICEF, WHO
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TOTAL: \$987.8M

NOTE: The overview presents a consolidated view of the estimated global resources required over the next six months - by national governments, WHO, UN agencies and some NGOs - to implement the Strategy for Enhanced EVD Response (EER).

OVERVIEW OF REQUIREMENTS

SO 1
MCA

1 Identify and Trace People with Ebola

\$189.5M NEEDED

- Enhance support for community-led contact tracing of Ebola-exposed patients in intense transmission areas, through facilitation of transportation and communication for community-based agents reaching all Ebola-affected areas.
- Increase capacity of national authorities to monitor response activities through the provision of transport (i.e. vehicles, motorcycles)
- Increase response capacity at key border crossings with ambulatory support for medical reference of suspected and infected persons.
- Strengthen coordination of contact tracing among various actors through data collection, collation, and analysis.
- Establish early case detection at the community and health facility levels; reporting and referrals of cases through active surveillance; and extended outbreak investigation.
- Increase information-sharing and case detection training, etc. in refugee camps.
- Enhance response capacity for surveillance, specimen transport and accurate reporting of Ebola cases at county level.

SO 1
MCA

2 Safe and Dignified Burials

\$23.8M NEEDED

- Support training on safer handling of infected dead bodies
- Put in place secure burial practices and cremation
- Support community volunteer burial teams
- Provide logistic, financial and operational support for safe burials – e.g. Personal Protective Equipment (PPE), transport, body bags, etc.

SO 2
MCA

3 Care for Persons with Ebola and Infection Control

\$331.2M NEEDED

- Establish adequately equipped treatment centers to ensure prompt and effective case management of all suspected and confirmed cases.
- Introduce early and effective case management among refugees.
- Provide care for children in EVD treatment and care facilities, including an integrated package of health and nutrition treatment and care. In treatment facilities and in containment areas, support the procurement of water, sanitation and hygiene equipment and supplies, as well as appropriate training for the health and medical partners.
- Ensure health care services to pregnant women

SO 2
MCA

4 Medical Care for Responders

\$14M NEEDED

- Establish specialized medical care referral centres in affected countries for national and international health workers
- Reduce exposure to ebola virus amongst health workers and service providers during delivery of maternal health services in ebola-affected communities
- Provide protective gear to health workers
- Conduct training of health workers on the use of chlorine for hand washing and for different disinfection purposes for ebola prevention

SO 3
MCA

5 Provision of Food Security and Nutrition

\$107.7M NEEDED

- Provide 1.36 million people with food assistance, including patients in ebola treatment centres, survivors of ebola discharged from treatment centres and communities with widespread and intense transmission. Distribute 76,641 mt of food in the three affected countries.
- Distribute emergency food assistance to affected communities, to entail significant strengthening of existing logistics pipelines in affected countries.
- Conduct joint national comprehensive vulnerability analyses of food security situation with national authorities, UN and NGOs. Develop tools, pre-test and train data collectors, conduct data collection and analysis, and present and disseminate a final report to stakeholders.
- Assess the impact of EVD on the production and marketing of agricultural inputs and food security and on the livelihood security of affected communities, in collaboration with national authorities, UN and NGOs.
- Provide liquid infant formula and powdered milk to children of infected mothers and to Ebola orphans
- Provide nutrition support to in-treatment and convalescent patients (RUTF)
- Re-establish SAM screening and treatment in affected areas
- Conduct nutritional assessments and ensure adequate response for severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) caseloads

SO 3
MCA

6 Access to Basic (including non-Ebola Health) services

\$97.1M NEEDED

- Provide support for the management of childhood illnesses, in particular the integrated management of diarrhea, pneumonia and malaria and the distribution of insecticide-treated bed nets to protect against malaria, and measles and polio immunization.
- Support the continuity of critical HIV prevention and treatment services, especially for women and children whose treatment may have disrupted in affected areas.
- Ensure continuity in access to education, through innovative approaches to learning and alternative learning channels until schools are reopened and the academic year can be recovered
- Provide access to Water, Hygiene and Sanitation for the populations living in Ebola affected areas
- Provide psychosocial support services to children and families affected by Ebola, and support for the most vulnerable children;
- Support unaccompanied and separated children (UASC) and children abandoned or orphaned for long term care and case management to re-establish contact with their families and relatives, including alternative care, home-based or foster care, and protection; including for children with disabilities
- Procure and distribute reproductive health kits and drugs to health facilities to ensure women have continued access to safe birthing facilities.
- Procure and distribute protective gear for midwives and other community based maternal healthcare providers.
- Procure and distribute dignity kits to widows and most vulnerable women and girls in affected communities and refugees camps.
- Recruit and provide salaries for midwives - retired and newly graduated-- to be deployed in the key affected areas to ensure business continuity of Reproductive Health services.
- Conduct risk assessment and impact of EVD outbreak on maternal health and train midwives in management of infection in maternal health facilities.
- Provide financial incentives for community based reproductive health service providers.
- Provide gender sensitive hygiene kits to households with vulnerable targeted women, girls and young people.
- Recruit socio-anthropologist expert in female genital mutilation to engage in a dialogue with community leaders and traditional healers to protect girls from EVD.
- Support the global assessment of EVD impact on women and girls vulnerability.
- Monitor and report human rights/protection violations such as discrimination and stigmatization of victims and their families, and restrictions on freedom of movement and association, and conduct sensitization campaign on mainstreaming human rights into ebola response activities.
- Increase capacity for treatment and care services for survivors of sexual violence in health facilities and one-stop centres, including adherence to universal precautionary measures.

SO 3
MCA 7 **Cash Incentives for Workers**

\$2.5M NEEDED

- Salary-incentives and top-up schemes for health workers and service providers
- Support decentralized ebola surveillance teams
- Pay incentives for social workers and mental health clinicians to provide psychosocial support and case management, including to orphans and families
- Pay incentives for distribution assistants to expedite non-food items (NFI) distribution.

SO 3
MCA 8 **Recovery and Economy**

\$65M NEEDED

- Provide cash transfer/compensation scheme for affected communities.
- Conduct rapid assessment of socio-economic impacts of EVD at the household, district and national levels.
- Strengthen health system and support capacity development in procurement, supply chain, financial management, M&E in support of affected districts.
- Provide alternative sources of animal protein (especially among communities reliant on bush meat) by supporting poultry and pork production and establishing fish farms.
- Provide resilience support to households in communities affected by EVD due to loss of production, rising prices, and food in availability.
- Develop nutritional education and hygiene awareness modules to complement entrepreneurial and compressed multi-skills training in technical trades such as welding, market-oriented training in handicraft industries, and improvement of rice value chain through introduction of mobile threshing machine.
- Provide agricultural livelihood support in terms of market flows, storage facilities and food production to households affected by the EVD outbreak and provide training in nutrition sensitive agriculture and bush-meat handling, inter alia, for households affected by the EVD outbreak.
- Support farmer associations involved in savings and loans initiatives with a special attention to women associations in the affected areas.

SO 4
MCA 9 **Reliable supplies of materials and support**

\$42.6M NEEDED

- Facilitate regular coordination meetings and provide information management services.
- Create additional storage capacity available in specific locations, as well as provide the staffing, logistics, and engineering capabilities for the humanitarian community to respond to the crisis.
- Establish inter-agency emergency telecommunications systems and communication centers in operational hubs.
- Enhance the capacity of national authorities in the procurement and delivery of the equipment required to respond. Support timely and adequate logistical support to outbreak response activities by national authorities.
- Procure and provide essential medical supplies, including protective equipment and health kits (including diarrheal disease treatment kits), vaccines and cold chain equipment, as well as non-food items/materials to support treatment and care facilities and households in affected areas.
- Provide timely logistical support to refugee camps.

SO 4
MCA 10 **Transport and Fuel**

\$23.4M NEEDED

- Provide general logistical coordination support to governments
- Facilitate the movement of health care professionals from organizations such as WHO and from MSF and other health sector NGOs, working the front line of the response, through provision of an UNHAS air fleet.
- Procurement of fuel, spare parts, motor cycles, pick-ups, ambulances and commercial trucks.

SO 4
MCA 11 Social Mobilization and Community Engagement

\$45.8M NEEDED

- Ensure at-risk populations in affected districts are reached with Ebola preventive messages through structured social mobilization strategies
- Support scale-up of social mobilization interventions to outside districts and border zones.
- Reinforce training of community mobilizers, including teachers, community and religious leaders, in outreach techniques and messaging around the care and prevention of Ebola
- Increase public awareness and social mobilization initiatives through local radio/ television broadcasts; door-to-door campaigns; and cellphone messaging, promoting responsible behaviors, dispel rumors, and reduce stigma.
- Support the design, printing and distribution of Ebola prevention materials targeting women and girls and young people, translated into local languages through mobile public announcement systems, including use of taxi, and traditional communication channels.
- Support intensified information, education and communication of women, girls and young people, through regular broadcasting of Ebola prevention messages via national and local radio and TV.

SO 4
MCA 12 Messaging

\$3.2M NEEDED

SO 5
MCA 13 Preventing of spread to other locations

\$30.5M NEEDED

- Supplying government counterparts with tents, buckets, basins, bottles of chlorine, Aquatabs and basic medical equipment including thermometers and masks, and diarrheal disease treatment kits to prepare potential suspected cases.
- Scaling-up social mobilization activities linking C4D, WASH, Health and Emergency coordination to support containment and control efforts and scaling up efforts for hygiene promotion and non-food item (NFI) prepositioning.
- Undertaking adequate preparedness and response measures, particularly in communication and social mobilization and in critical sectors of health, and water, sanitation and hygiene. Specific activities include: preparedness and prevention measures in partnership with government and NGO actors including contingency planning, communication, establishment of standby committees, prepositioning of supplies and setting up coordination mechanisms.
- Identifying and training partners in wildlife cadaver data collection and sampling, using appropriate bio-security measures
- Conducting a risk assessment of virus spillover from wildlife/ animals to humans
- Formulating risk management options focusing on the interface between human, animals and the ecosystems to mitigate the risks of virus spillover from wildlife to humans.

OVERVIEW OF NON-FINANCIAL REQUIREMENTS

Alongside the financial requirements, partners responding to the ebola virus disease (EVD) outbreak are seeking additional operational, material, staffing and political support. A more detailed breakdown of non-financial needs is annexed to this document.



Foreign Medical Teams

Foreign medical teams (FMTs) are urgently required to manage the Ebola Treatment Units and to fill the critical gap in clinical EVD services. Without expanded capacity to transfer patients from the community to dedicated facilities for isolation and treatment, disease transmission will increase rapidly, especially in complex urban environments.



Support for medical evacuations

To control the EVD outbreak, a three- to four-fold scale-up of international presence is proposed. One of the major constraints to recruitment of international staff is the lack of predictable access to medical evacuation for those who may have been exposed to ebola during the course of their work. WHO estimates that up to seven medical evacuations per month may be required for international staff infected with or exposed to ebola. As requests for a major expansion of international operations are issued to partners, it is essential that staff be guaranteed reliable access to timely medical evacuation to pre-identified medical facilities, regardless of their nationality or organizational affiliation.



Human resources

Successful management of the outbreak will be dependent on the ability to deploy a large number of technical and operational staff. Secondment of staff from global technical networks, standby partners, UN agencies and other organizations has been invaluable to date. But additional support from governments and other organizations to identify and second senior technical and operational staff will be necessary to ensuring a timely and effective scale-up of operations.



Material support

The response will also be dependent on the consistent supply of essential equipment and supplies. In-kind contributions of vehicles, personal protective equipment (PPE), body bags, and laboratory supplies would be of great assistance for the response. Logistic support for the field operations is challenging, because of the poor roads and remoteness of some "hot spot" sites. It will require reliable telecommunications, four wheel drive vehicles and motorcycles. Ambulances are necessary to transport suspect cases to appropriate facilities. Supplies of PPE – seven sets per patient per day – are critical for appropriate infection prevention and control.



Air Bridge

The United Nations Humanitarian Air Service (UNHAS), the World Food Programme, the UN Mission in Liberia and the UN Department for Field Support have been working in close cooperation to deliver a complimentary air service. In order to maintain a sustainable continuity of service, UN aviation assets plan to establish three hubs, thus providing a level of assurance of access redundancy in the event of the closure of any particular route. UNHAS, DFS HQ aviation staff, UN Medical Services Division, WHO and the International Civil Aviation Organisation (ICAO) have also worked together to produce a common process for medical screening and response in light of the Ebola outbreak. As the scale of the response scales up (initial estimates are that a scale up of 3-4 times is required), there may be the need to increase the scope and capacity of the air bridges. It may also be necessary to co-locate supporting services as 'air-hubs'. Such supporting services may include training, medical facilities and logistics inflow. UNHAS and UNMIL/DFS are currently engaging with the governments in the respective air-bridge locations upon the conditions, provisos and assurances that may be required if it were deemed operational necessary to upgrade the current air-bridges to broader air hubs.



Political support and engagement

As a result of the outbreak of the ebola virus, most of the regular commercial flights into affected countries have been suspended. Several countries in the region have also imposed entry bans on all persons leaving an ebola-affected country. These restrictions have severely constrained the ability of international responders to move the urgently needed equipment and personnel. WHO has recommended that there be no unnecessary restrictions on travel or trade links with affected countries. Member States are urged to lift all travel bans so as to ensure that the economic impact of the restrictions do not add to the escalating consequences of the outbreak and endanger response efforts.

Overall International staffing requirements - based on a 20,000 caseload

	Safe burials	Contact tracing	Ebola treatment unit	Ebola community centres	Laboratories	Social mobilization	Coordination	Guinea	Liberia	Sierra Leone	Grand Total
International staff											
Administrator							22	4	8	10	22
Doctor			45				11	8	30	18	56
Epidemiologist		25					33	10	27	22	58
Laboratory scientist					67			9	38	20	67
Logistician	33		89				33	22	86	48	156
Nurse			178					24	102	52	178
Public health specialist						51	22	12	37	23	73
Field Coordinator								6	9	4	19
Data and information management							28	8	14	6	28
TOTAL	33	25	312	0	67	51	149	104	351	202	656

Estimated flight legs per month

	Ebola response	Humanitarian response	Commercial traffic, (for reference purposes)
Flight legs	2,000 Estimated need 1,000 international health workers x 2 (inbound and outbound flights)	4,000 Estimated need 2,000 international aid workers x 2 (inbound and outbound flights)	81,000 passengers/month between affected countries and Europe in July 2014

*NB - The number of humanitarian responders is not included in the Ebola Response Roadmap. The 2000 estimate is based on input from WFP, IFRC and WHO only.

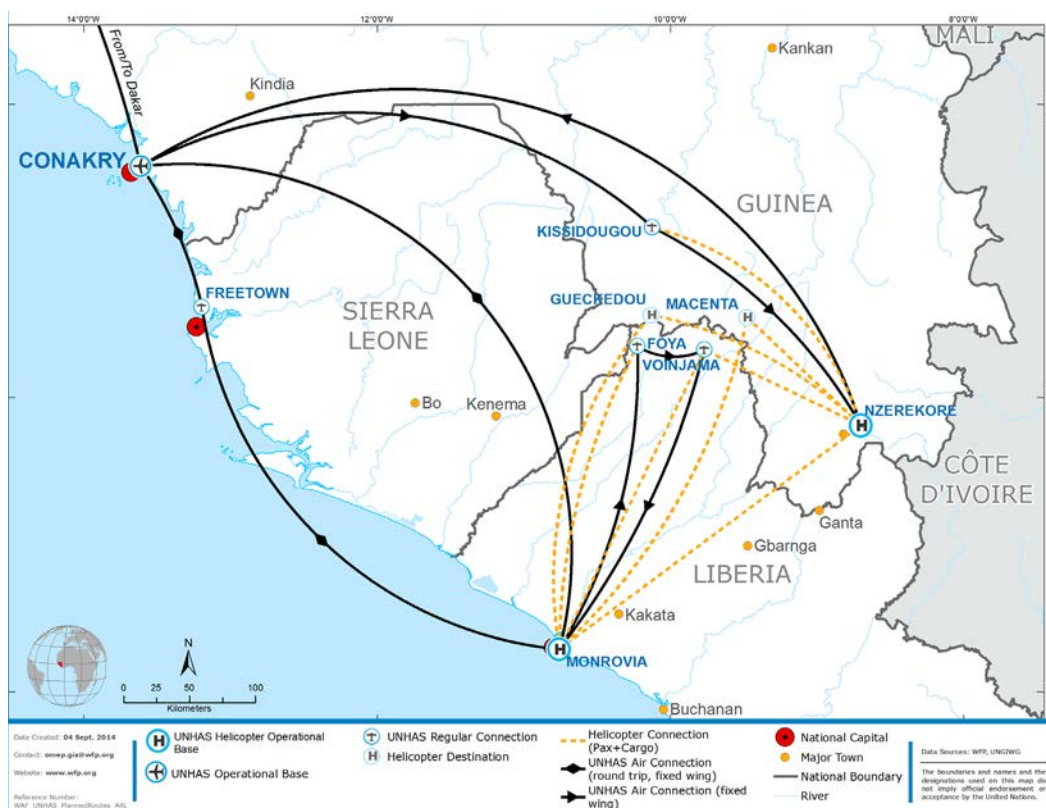
Estimated equipment needs per month

	Total volume m ³	Total weight tons
Personal Protective Equipment (PPE)	14,893	3,095
Body bags	40	4
Chlorine	16	16
Medical supplies	230	115
Lab supplies	25	12
TOTAL	15,204	3,242

*NB - Biological samples will also need to be transported internationally by air. Sample shipment boxes will have minimal space requirements, but will require specific handling protocols.

EBOLA VIRUS DISEASE OUTBREAK

UNHAS Air Operation, Potential Helicopter Routes WEST AFRICA



MSF treatment centre in Kailahun, Sierra Leone
© IRIN/OCHA

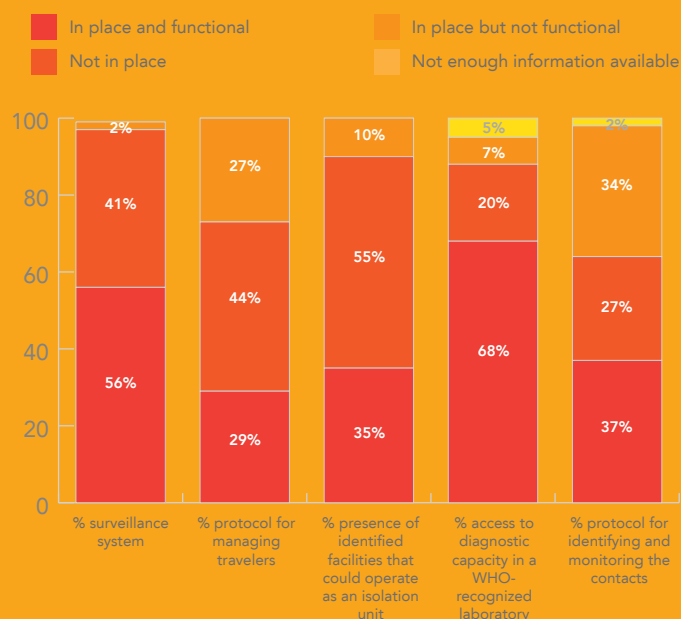
EARLY ACTION & PREPAREDNESS

For countries with initial and localised transmission (Nigeria and Senegal) and at risk countries (Benin, Burkina Faso, Cote d'Ivoire, Ghana, Guinea Bissau and Mali)

Prevention, response preparedness and early action are pivotal to containing the ebola outbreak and its further spread to other countries.

Countries bordering an ebola-affected country with widespread and intense transmission (Guinea, Liberia and Sierra Leone) are at especially high risk. As of 12 September 2014, these countries include Côte d'Ivoire, Guinea-Bissau and Mali and they require urgent and large scale preparedness and prevention measures (see box for principal preparedness actions for countries at high risk). Countries with an initial case or cases, or with localized transmission (Nigeria, Senegal) require strengthened early action. Other countries in the region, especially those with weak health systems, also require basic preparedness actions, to ensure minimum readiness.

Implementation of robust prevention, preparedness and early action measures requires coordinated and collaborative action by all actors, including governments, traditional local leaders, media, humanitarian and development actors as well as communities, whether at regional, national or decentralized level.



Timely and adequate funding for prevention, preparedness and early action is crucial to avoid the further spread of ebola. While medical advice and assistance (epidemiology, surveillance, case management, laboratory, etc.) will need to be provided by specialized actors, many preparedness actions, such as general hygiene training and community awareness, distribution of basic disinfectant and protective equipment, social and cultural mobilisation, public communication, etc. can be provided by non-medical partners.

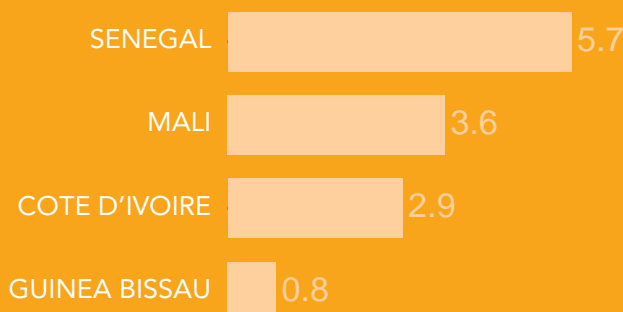
Preliminary results of a September 2014 WHO assessment

Preparedness and prevention tasks for countries at high risk

- ☐ Provide health facilities with basic disinfection and protective equipment (gloves, soaps, chlorine...) and training/posters on universal precautions.
- ☐ Targeted communication (health facilities, border controls) and "social mobilization" (media, schools, local leaders, etc.).
- ☐ General hygiene awareness at community level and supply of basic equipment (hand washing station with soaps or chlorinated water).
- ☐ Surveillance: provide case detection charts at all health facilities (also in local language).
- ☐ Case management and infection control: In-country clinical / IPC training (including standard precautions) and distribution of clinical Ebola guidelines.
- ☐ Protection: Procurement of PPE kits, safe burial kits and hygiene equipment as well as in-country training on use of PPE kits, safe burial kits and hygiene equipment.
- ☐ Set-up of basic isolation units for suspected cases in all major hospitals.
- ☐ Identification of potential treatment sites and establishment of patient referral /alert systems.
- ☐ Establish protocols and systems for contact tracing.
- ☐ Establish coordination mechanism/structure at country and district levels.
- ☐ Strategic preparation and development of national Ebola contingency plan.
- ☐ Identification of IHR focal points and distribution of related contact details.

of country preparedness to rapidly detect and respond to ebola exposure among 41 countries in Africa show diverse levels of preparedness in the fields of surveillance in major land border crossings and capital cities; protocol for managing travellers; presence of isolation units; diagnostic capacity and protocol for identifying and monitoring of contacts.

PREPAREDNESS FUND PER COUNTRY IN MILLIONS US\$



NATIONAL RESPONSE PLANS

OVERALL

National response plans and UN response plans have been aligned. The Guinean, Sierra Leone and Liberian response plans were published in July 2014 following the Accra ministerial meeting on ebola held on 2-3 July. Following the high-level meeting, the three countries aligned their plans according to two principal strategic objectives: 1) stopping the transmission of EVD and 2) preventing the further spread of the disease. Acting on the outcomes of the Accra meeting, the three countries organized their respective national plans around four thematic areas: (i) coordination, finance and logistics, (ii) epidemiology and laboratory, (iii) case management, infection prevention and control and psychosocial support; and (iv) social mobilization and public information. All the national plans cover a five-month period from August - December 2014.

The United Nations, in close collaboration with the Governments of Guinea, Liberia, and Sierra Leone, has developed country-based response plans to tackle the epidemic and its adverse secondary effects on basic services including non-ebola medical care, food and water. Thematic areas in the Sierra Leone and Guinean plans are aligned with those of the national plans. Liberia follows a sectoral approach. All UN plans reflect the expertise of UN agencies specializing in humanitarian and early recovery activities at country level.

GUINEA

Planned Response to the Ebola Virus Disease in Guinea

National Plan: the goal of the national plan is to reduce morbidity and mortality due to Ebola virus by breaking the chain of transmission at the national and regional level, and also on disease prevention.

United Nations Plan: the UN Plan shares the two Strategic Objectives (SO) of the National Plan, adding a third SO towards building resilience and supporting recovery and livelihood activities. The UN Response Plan was finalized at the end of August and covers a period of 5 months, from August - December 2014.

LIBERIA

Operational Plan for Accelerated Response to Re-Occurrence of Ebola Epidemic

National Plan: the national plan uniquely addressed the second wave of the EVD that returned in May of 2014 following the first appearance of the disease in March 2014.

United Nations Plan: in light of the deteriorating situation in Liberia, the UN Plan has undergone some serious revisions to reflect expanding needs as they relate to Ebola tracing and treatment, but similarly related to social mobilization and access to basic services such as provision of food. The plan is organized by humanitarian sectors (i.e. health, water, sanitation and hygiene and food security) The UN Plan is currently under revision and tentatively covers a six-month period from September 2014 – February 2015.

SIERRA LEONE

Accelerated Ebola Outbreak Response Plan

National Plan: the goal of the operational plan is to reduce morbidity and mortality due to ebola through prompt identification, notification and effective management of cases, effective social mobilization and coordination of the epidemic response activities. The plan takes includes activities to be implemented at district level to break the chains of transmission of the virus to new communities in Sierra Leone and neighboring countries.

United Nations Plan: the UN Response Plan was finalized at the end of August and covers a five-month period from August-December 2014. The Annex to the response plan, which covers food and nutrition needs, will cover a period of 15 months from September 2014 - December 2015.

COUNTRY PERSPECTIVES

GUINEA
LIBERIA
SIERRA LEONE





Awareness raising campaign at the Marché Niger, a market in Conakry, Guinea.
© UNICEF/La Rose



Use of a non-contact thermometer at a Hospital in Coyah Prefecture, Guinea.
© WHO/Pallangyo

GUINEA

SITUATION

Guinea is the epicentre of the ebola virus disease outbreak in West Africa. The first cases were detected in March 2014 in the Guinea Forest region in the south east of the country. As of 11 September, there have been 909 cases and 571 deaths reported.

Most new cases have been reported in Macenta. Persistent transmission is ongoing in Guéckédou, which borders Macenta and was the origin of the outbreak, and in areas in and around the capital Conakry.

A national health emergency was declared on 13 August. Guinea is one of the poorest countries in the world, ranking 178/187 countries on the UNDP HDI Index. Preceding the EVD outbreak, the country had a very low functioning healthcare system, poverty was endemic and malnutrition high, and the road infrastructure made many communities outside of the capital inaccessible.

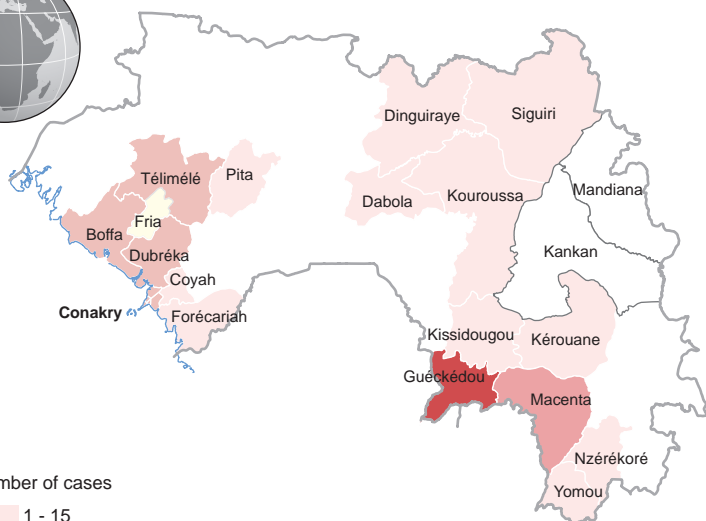
While efforts to date have focused largely on medical interventions to contain the EVD outbreak, it seems increasingly clear that a great deal more needs to be done to address the secondary effects of the outbreak increasing access to food and improving communication with affected communities towards preventing social unrest.

RESPONSE

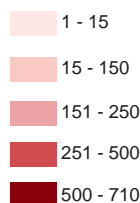
In support of the Government's response plan, a number of partners are currently operating in Guinea. WHO is leading the coordination of the response in support of the Ministry of Health and is strengthening laboratory capacity with the Institut Pasteur. MSF has taken the leader in the provision of treatment for EVD patients and is running two Ebola treatment centres – one in the capital, Conakry, and one in Guéckédou. IFRC is leading efforts to conduct safe burials UNICEF is leading social mobilization activities while WFP will provide food to 352,000 people, run UNHAS flights to transport responders and supplies, and provide logistics and emergency telecommunications services.

GUINEA: HUMANITARIAN OPERATIONAL PRESENCE

(AS OF 15 SEP 2014)



Number of cases



Region	Organization	Case Management	Coordination	Epi-Surveillance and Lab	ETC + Triage	Funding	Logistics	Safe burial	Social Mobilisation/Education	Social Mobilisation/Health Promotion	Surveillance/Contact Tracing	Triage
Boke	CRG											
	Ministry of Health											
	MSF											
	UNDP											
	UNICEF											
Conakry	WHO											
	CRG											
	IFRC											
	Intitut Pasteur de Dakar											
	Ministry of Health											
	MSF											
	OCHA											
	OCPH											
	PLAN											
	Rio Tinto											
	Save the Children											
	UNDP											
	UNFPA											
	UNICEF											
	USAID											
	WFP											
	WHO											
Faranah	Catholic Relief Services											
	CRG											
	IFRC											
	Ministry of Health											
	MSF											
	OCPH											
	PLAN											
	Rio Tinto											
	UNDP											
	UNFPA											
	UNICEF											
Kankan	USAID											
	WFP											
	WHO											
	CRG											
	IFRC											
	Ministry of Health											
Kindia	Save the Children											
	UNDP											
	UNICEF											
	WFP											
	WHO											
	CRG											
	Ministry of Health											
	MSF											
Mamou	N/A											
	PLAN											
	UNDP											
	UNFPA											
	UNICEF											
N/Zerekore	WHO											
	Bernhard-Nocht Institut (Hamburg)											
	Catholic Relief Services											
	CRG											
	IFRC											
	Ministry of Health											
	MSF											
	N/A											
	OCPH											
	PLAN											
	Rio Tinto											
	UNDP											
	UNFPA											
	UNICEF											
	USAID											
	WFP											
	WHO											

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Sources: ESRI, UNCS, Clusters, WHO, OCHA Feedback: ocharowca@un.org www.unocha.org www.reliefweb.int



Distribution of food to Ebola survivors at the JFK hospital in Monrovia, Liberia.
© WHO/Pallangyo



Distribution of posters bearing information on the symptoms of Ebola virus disease (EVD) and best practices to help prevent its spread.
© UNICEF/Jallanzo

LIBERIA

SITUATION

In March 2014, Liberia became the third country to report that EVD had spread from neighbouring Guinea. With 2,407 cases and 1,296 deaths, Liberia has reported the most cases and deaths of any affected country in the outbreak. The past week has seen almost 400 confirmed and probable cases reported almost double the number of newly reported cases in the preceding week. The sharp increase has mainly been driven by a surge in cases in the capital, Monrovia. There is also evidence of substantial underreporting of cases and deaths. There continues to be a high number of new cases in Lofa County, which borders the Guinean districts of Macenta and Guéckédou. An increase in new cases has also been reported in districts throughout the country, including Bong, Bomi, Grand Bassa, Margibi and Nimba.

An already low-capacity health care system has been inordinately stretched and is unable to meet basic ebola and non-ebola medical needs. Restrictions on movement have hindered trade and caused price increases that cannot be matched by the average Liberian, who now lacks access to basic services such as food and water.

The outbreak is disproportionately affecting women as the primary carers. Children also face loss of education due to the closure of schools.

RESPONSE

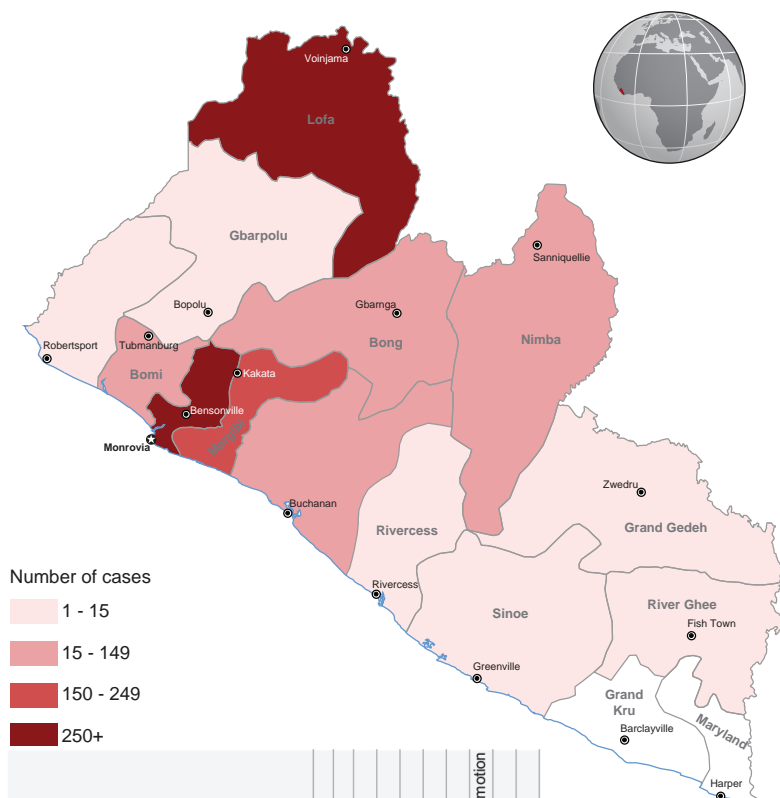
The nature of the ongoing ebola outbreak requires a multi-disciplinary approach to include medical treatment and case management, humanitarian assistance and security. The Government of Liberia's Operational Plan acknowledges the challenges affecting an effective response and identifies appropriate measures to be taken.

In support of the Government efforts, MSF has completed the construction of a new 120-bed case management centre in Monrovia, one of the largest Ebola treatment centre ever built by the organisation. The team also continues to provide technical support and training to the Ministry of Health. MSF has also recently launched a response in the Lofa region, alongside the Guinean border. In Foya, a team has rehabilitated the isolation centre with 40 beds in line with MSF standards for the management of the disease. UNICEF is scaling up provision of essential health services (ebola and non-ebola), leading on communication with communities, ensuring the provision of life-saving supplies (medical and WASH) and also ensuring psychosocial support for children and families affected by ebola.

With the school year at risk, the organization is also developing innovative ways to ensure access to education for children in affected areas. WFP plans to distribute food assistance to 405,000 people, provide logistics and emergency telecommunications services to responders, and manage an UNHAS plane serving the three affected countries, as well as a helicopter to reach remote destinations within the country.

LIBERIA: HUMANITARIAN OPERATIONAL PRESENCE

(AS OF 15 SEP 2014)



Number of cases

- 1 - 15
- 15 - 149
- 150 - 249
- 250+

Region	Organization	Case Management	Coordination	Epi-Surveillance and Lab	ETC + Triage	Logistics	Safe burial	Social Mobilisation/Education	Surveillance/Health Promotion	Surveillance/Contact Tracing	Triage
Bomi	ActionAid Liberia										
	Catholic Relief Services										
	IFRC										
	Kriterion										
	Ministry of Health										
	MTI										
	PLAN										
	RBHS										
	UNICEF										
	Women's Campaign International										
Bong	Africare										
	CRG										
	IFRC										
	Ministry of Health										
	MTI										
	RBHS										
	Right to Play										
	Save the Children										
	UNDP										
	unfilled										
Gbarpolu	ActionAid Liberia										
	IFRC										
	RBHS										
	Save the Children										
	UNDP										
Grand Bassa	Catholic Relief Services										
	Concern Worldwide										
Grand Cape M	IFRC										
	MTI										
Grand Gedeh	RBHS										
	UNDP										
Grand Gedeh	ActionAid Liberia										
	IBIS										
	IRC										
	MTI										
	Oxfam										
	RBHS										
	Right to Play										
	Save the Children										
	Tiyatien Health										
	UNDP										
Nimba	ADC										
	Africare										
	Catholic Relief Services										
	Danish Refugee Council										
	IFRC										
	Ministry of Health										
	MTI										
	RBHS										
	Right to Play										
	Save the Children										
River Ghee	Tiyatien Health										
	UNDP										
	unfilled										
	UNICEF										
	WHO										
	Women's Campaign International										
	IBIS										
	Oxfam										
	RBHS										
	UNDP										

Region	Organization	Case Management	Coordination	Epi-Surveillance and Lab	ETC + Triage	Logistics	Safe burial	Social Mobilisation/Education	Surveillance/Health Promotion	Surveillance/Contact Tracing	Triage
Grand Kru	RBHS										
	Save the Children										
	Tiyatien Health										
Lofa	ADC										
	Africare										
	AHA										
	CDC										
	ChildFund										
	Concern Worldwide										
	IFRC										
	iLab										
	IRC										
	Making Change										
	Ministry of Health										
	MSF										
	PLAN										
	RBHS										
	Right to Play										
Maryland	UNDP										
	UNICEF										
	WFP										
	WHO										
Montserrado	ADC										
	IRC										
	MTI										
	RBHS										
	Right to Play										
	Save the Children										
	Tiyatien Health										
	ActionAid Liberia										
	Catholic Relief Services										
	CDC										
Nimba	Concern Worldwide										
	Danish Refugee Council										
	IFRC										
	iLab										
	IREX										
	Kriterion										
	Making Change										
	Médecins du Monde										
	Ministry of Health										
	MSF										
River Ghee	MTI										
	Oxfam										
	PLAN										
	RBHS										
	Right to Play										
	Save the Children										
	Tiyatien Health										
	UNDP										
	UNFPA										
	UNICEF										

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Update : 15 Sep 2014

Sources: ESRI, UNCS, Clusters, OCHA

Feedback: ocharowca@un.org

www.unocha.org

www.reliefweb.int



SIERRA LEONE

SITUATION

A cumulative 1,551 and 547 deaths have been reported in Sierra Leone. A total of 56 health workers have been confirmed positive for ebola with 30 deaths. The incidence of EVD in Sierra Leone remains very high, with almost 200 new cases reported in the past week. Transmission remains high in the capital, Freetown, and is stable and high in Kailahun and Kenema. There has been an increase in the number of new cases reported in the districts of Bo, Bombali, and Port Loko.

With one doctor for every 33,000 people, the country's fragile health system is ill-equipped to respond to the outbreak. In Sierra Leone, the outbreak erupted at a crucial period in the agricultural season for rice and other important food crops. Many farmers were not able to complete key, time-critical agricultural activities. This may have dire consequence for individuals, households, villages, districts and, consequently, the nation as a whole. The closure of markets, roads and banks has further reduced the availability and increased the price of food. There is a serious risk of acute malnutrition for children under the age of five years and their families.

RESPONSE

The Accelerated Ebola Outbreak Response Plan was launched by President Ernest Bai Koroma on 30 July 2014. The plan is organized around four thematic areas: 1) coordination, finance and logistics 2) epidemiology and laboratory; 3) case management, infection prevention and control and psychosocial support 4) social mobilization and public information.

Several partners are currently supporting the Tunisian Government response plan inside the country. WHO and health partners are responsible for case management to bring the outbreak under control. MSF runs an ebola treatment centre in Kailahun, near the border with Guinea, and is building a 35-bed isolation centre in Bo town. MSF also runs a transit capacity centre where suspected cases are isolated and then transferred for further care.

UNFPA and UNICEF are engaged in surveillance and contact tracing. UNICEF and WHO are leading on social mobilization and public awareness, and large-scale communication campaigns are underway to inform and educate the population on the risk associated with ebola and support services available. WFP provides UNHAS flights to transport responders and supplies, and facilitate logistics and emergency telecommunications.

UNICEF is working closely with partners to provide health, water, sanitation and hygiene services as well as essential medicines. With school closures, UNICEF is also developing alternate learning forums including radio learning to reach children in affected areas.

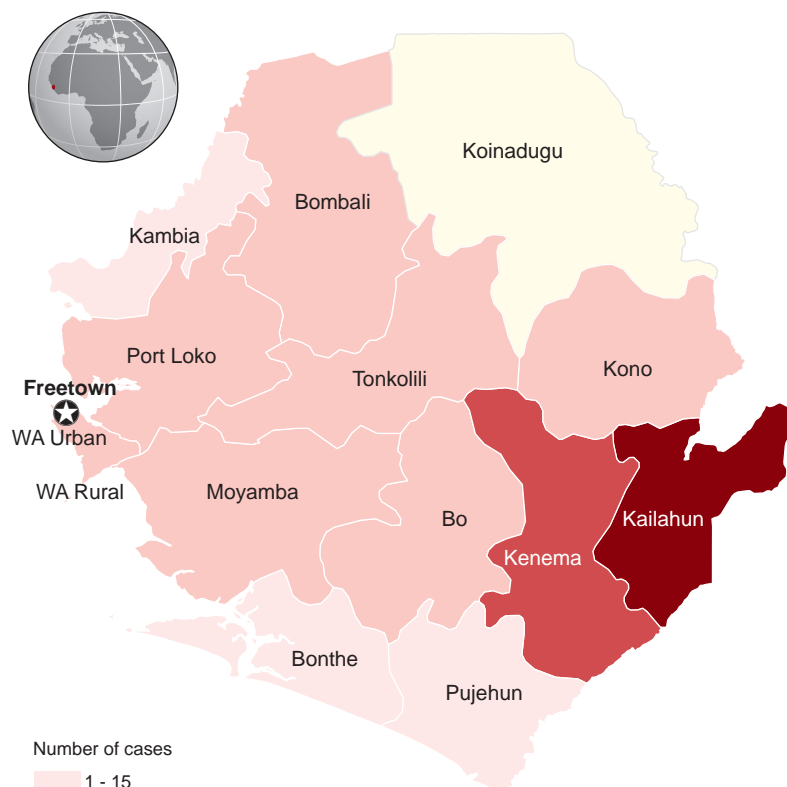
UNICEF, and WFP have joined together to ensure the provision of food assistance to medical facilities, families and communities directly affected by the outbreak - WFP plans to distribute hot meals and food rations to 601,000 people- and the availability of nutritious food for families and communities in need through the post-outbreak period. Based on food security assessments, FAO and WFP will help to restore robust local agricultural productivity and livelihoods to prevent affected communities from slipping into chronic food insecurity and extreme poverty. Particular attention is being paid to rehabilitation of the nutritional status of children under five years old with severe acute malnutrition, and infants and children of EVD affected mothers from age 0 to 23 months.



In July 2014 in Sierra Leone, Sister Nancy Yoko holds a photograph of survivors of Ebola virus disease (EVD) who left a treatment centre the previous week. She speaks with colleagues in the office of the EVD treatment centre at Kenema Government Hospital. Staff at the centre are devastated by the loss of six nurses and one doctor who contracted EVD while caring for patients.

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SIERRA LEONE: HUMANITARIAN OPERATIONAL PRESENCE (AS OF 15 SEP 2014)



District	Organization	Case Management	Coordination	ETC + Triage	Safe burial	Social Mobilisation/Education	Social Mobilisation/Health Promotion	Surveillance/Contact Tracing	Triage	Surveillance/Contact Tracing
Bo	Catholic Relief Services Community Volunteers Ministry of Health MSF MSF Belgique UNFPA UNICEF WHO									
Bombali	unfilled UNFPA WHO									
Bonthe	UNFPA UNICEF WHO									
Freetown	Community Volunteers Ministry of Health Save the Children UK UNICEF WHO									
Kailahun	Catholic Relief Services CDC Community Volunteers IFRC Metabioa_USDoD Ministry of Health MSF MSF Belgique UNFPA UNICEF WHO									
Kambia	CARE CAWEC NETHIPS UNFPA UNICEF WHO									
Kenema	Catholic Relief Services CDC Community Volunteers CORDSL IFRC Metabioa_USDoD Ministry of Health MSF UNFPA UNICEF WHO									
Koinadugu	Catholic Relief Services UNFPA UNICEF									
Kono	UNFPA									
Makeni	UNFPA									
Mattru-Jong	UNFPA									
Moyamba	Community Volunteers Ministry of Health UNFPA UNICEF WHO									
Port Loko	Catholic Relief Services Community Volunteers HFAC Ministry of Health UNFPA UNICEF WHO									
Pujehun	Community Volunteers Ministry of Health UNFPA UNICEF WHO									
Tonkolili	Community Volunteers Ministry of Health UNFPA UNICEF									
Werstern Area	Catholic Relief Services MSF Belgique UNFPA									
Western Area Rural	Ministry of Health UNICEF WHO									

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Sources: ESRI, UNCS, Clusters, WHO, OCHA Feedback: ocharowca@un.org www.unocha.org www.reliefweb.int

ANNEX

Overview of non-financial requirements

In addition to the financial requirements partners responding to the Ebola virus disease (EVD) outbreak are seeking additional operational, material, human resources, and political support.

1. Foreign Medical Teams

Among the four strategic objectives of the collective EVD response is to treat and provide care for those who have been infected. Central to this objective is the establishment of dedicated clinical services in Ebola Treatment Units (ETUs) staffed by well trained, well equipped, and supervised staff. The national health systems of Guinea, Sierra Leone, and Liberia are unable to scale up to provide these services, because of their inherent weaknesses and the substantial disruptions that they have sustained due to the outbreak. Over 250 health care workers have been infected across the three countries, including an estimated 2% of the entire Liberian health workforce. Most of these infections have occurred in under-resourced private health care facilities, where people are seeking care because of the lack of access to ETUs.

Foreign medical teams (FMTs) are urgently required to manage the ETUs and to fill the critical gap in clinical EVD services. Without expanded capacity to transfer patients from the community to dedicated facilities for isolation and treatment, disease transmission will increase rapidly, especially in complex urban environments.

Appeals for assistance by WHO and the Governments of Sierra Leone, Liberia and Guinea have been met by four organisations and one Government to date. Médecins Sans Frontières (Guinea, Liberia), IFRC (Sierra Leone), International Medical Corps (Liberia), Save the Children (Sierra Leone) and the UK Government (Sierra Leone) have deployed or committed teams. There are currently nine ETUs operational across the three countries (Guinea = 2, Sierra Leone = 3; Liberia = 4), providing over 600 beds. Five others will soon be operational (Guinea = 1, Sierra Leone = 2, Liberia = 2) and a sixth expanded (Liberia) to provide an additional 540 beds. But a further 12 ETUs are still required, to provide close to a further 800 beds.

WHO and partners will provide the following support to governments and organizations committing to support an ETU: site identification and set-up; training on infection prevention and EVD case management; access to dedicated health services; access to accommodation, where possible; and access to medical evacuation, where possible.

LOCATION, SIZE AND ESTIMATED STAFFING OF PROPOSED ETU SITES

Country	County or Province	Site Name	# Beds planned	# FMTs needed	Estimated Staff Needed	Estimated Staff Needed (International)
LIBERIA	Montserrado County	Monrovia, Lynch Street - "AT Stadium"	200	2	420	84
LIBERIA	Montserrado County	Monrovia, Congo Town - New Defence Ministry	200	2	420	84
LIBERIA	Nimba County	Nimba site	25	1	55	11
LIBERIA	Margibi County	Margibi site	50	1	105	21
SIERRA LEONE	Western Province	Freetown - site #1	35	1	75	15
SIERRA LEONE	Western Province	Freetown - site #2	16	1	42	8
SIERRA LEONE	Western Province	Freetown - site #3	16	1	42	8
SIERRA LEONE	Western Province	Freetown - site #4	20	1	50	10
SIERRA LEONE	Western Province	Freetown - site #5	20	1	50	10
SIERRA LEONE	Eastern Province	Kenema City Hospital	100	1	210	42
SIERRA LEONE	Northern Province	Gbom Samba Town	100	1	210	42
TOTAL			782	12	1679	335

The current estimates of unmet ETU needs, including staffing requirements, are outlined in the table below. Staffing estimates are presented for the entire facility. International staffs are estimated to represent 20% of the total staffing needs. Estimates for additional ETUs are currently under review given the rapid escalation of the outbreak, and these figures are expected to change. But they provide indicative requirements, for which the support of governments and other providers of ETUs is urgently required.

2. Support for medical evacuations

To control the EVD outbreak, a three- to four-fold scale-up of international presence is proposed. But among the major constraints to recruitment of international staff is the lack of predictable access to medical evacuation for those who may have been exposed to Ebola during the course of their work. As requests for a major expansion of international operations are issued to partners, it is essential that staff be guaranteed reliable access to timely medical evacuation to pre-identified medical facilities, regardless of their nationality or organizational affiliation.

To date, seven international staff have been infected or exposed over a two month period. All have been had access to timely medical evacuation, but the process to date has been ad hoc and expensive. WHO and partners are seeking the support of governments and donors to help establish predictable medical evacuation services, including:

- Identification of aeromedical services (private, government or military) that can be dispatched within 24 hours of notification to retrieve an infected or exposed international staff member. To date, one such provider has been identified – Phoenix Air, contingent on authorization by the US State Department. At least two additional service providers are required;
- Identification of treatment facilities within a 10 hour flight of West Africa that will provide specialized care for those infected with or exposed to Ebola. It is imperative that these and other facilities agree to provide care to individuals, regardless of nationality;
- Agreement on insurance coverage or payment for transportation and medical care, regardless of organizational affiliation. All international staff must be guaranteed that their medical costs would be covered, in the event of the need for medical evacuation. Member states and donors can assist by agreeing to cover such costs, for cases where insurance companies will not provide coverage.

WHO estimates that up to seven medical evacuations per month may be required for international staff infected with or exposed to Ebola. This is based on the recent experience of seven infections over a two month period; a four-fold scale-up of staff; and an assumed 50% reduction in infections and exposures, due to improved infection control procedures.

3. Human resources

Successful management of the outbreak will be dependent on the ability to deploy a large number of technical and operational staff. For WHO, field operations are being established in 23 sites – six in Guinea, 15 in Liberia (international staff in nine), and four in Sierra Leone. Staffing projections have been made for the next six months. Based on these projections, it is estimated that WHO and partners will require over 650 international staff and 11,500 national staff to manage the 12 mission critical functions, including managing ETUs.

Given the many ongoing emergencies globally – partners are currently responding to five Grade/Level 3 emergencies – there are competing demands for senior emergency and technical staff by many operational agencies. Secondment of staff from global technical networks, standby partners, UN agencies and other organizations has been invaluable to date. But additional support from governments and other organizations to identify and second senior technical and operational staff will be necessary to ensuring a timely and effective scale-up of operations.

Estimates of requirements for international staff are outlined in the following table. These are subject to review, given the rapid evolution of the outbreak: (next page)

OVERVIEW OF INTERNATIONAL STAFFING REQUIREMENTS BASED ON A 20,000 CASELOAD

By Activity								
	Safe burials	Contact tracing	Ebola Treatment unit	Ebola community centres	Laboratories	Social mobilization	Sub-national coordination	Grand total
Administrator							22	22
Doctor			45				11	56
Epidemiologist		25					33	58
Laboratory scientist					67			67
Logistician	33		89				33	156
Nurse			178					178
Public health specialist						51	22	73
Field coordinator								19
Data and information management							28	28
TOTAL	33	25	312	0	67	51	149	656

By Country				
	Guinea	Liberia	Sierra Leone	Grand total
Administrator	4	8	10	22
Doctor	8	30	18	56
Epidemiologist	10	27	22	58
Laboratory scientist	9	38	20	67
Logistician	22	86	48	156
Nurse	24	102	52	178
Public health specialist	12	37	23	73
Field coordinator	6	9	4	19
Data and information management	8	14	6	28
TOTAL	104	351	202	656

4. Material support

The response will also be dependent on the consistent supply of essential equipment and supplies. In-kind contributions of vehicles, personal protective equipment (PPE), body bags, and laboratory supplies would be of great assistance for the response. Logistic support for the field operations is challenging, because of the poor roads and remoteness of some “hot spot” sites. It will require reliable telecommunications, four wheel drive vehicles and motorcycles. Ambulances are necessary to transport suspect cases to appropriate facilities. Supplies of PPE – seven sets per patient per day – are critical for appropriate infection prevention and control. An outline of priority material needs for the response is presented below:

SELECTED MATERIAL REQUIREMENTS FOR EVD RESPONSE, SEPTEMBER 2014 – MARCH 2015

By Supplies and Equipment

	Safe burials	Contact tracing	Ebola Treatment unit	Ebola community centres	Laboratories	Social mobilization	Sub-national coordination
Phone		2,530				2,530	
Burial kit	19,980						
Diagnostic kits					1,606		
PPE			3.3 million				
Ambulance			45				
Car	33	127		82	22	25	33
Car 4x4	33	127		76	22	25	33
Motorbike		1,265					11

By Country

	Guinea	Liberia	Sierra Leone	Grand total
Phone	840	2,920	1,300	5,060
Burial kit	2,520	13,560	3,900	19,980
Diagnostic kits	216	922	468	1,606
PPE	481,000	2.20 million	618,000	3.3 million
Ambulance	6	26	13	45
Car	52	182	88	323
Car 4x4	51	179	87	316
Motorbike	212	734	330	1,276

5. Air-bridge

UNHAS, UNMIL and the UN DFS HQ aviation staff have been co-operating in the setup of air bridges between the countries currently affected by the Ebola outbreak and major air hubs in the region. UNMIL has re-established a previous existent southern air link between Monrovia and Accra, Ghana, UNHAS continues to operate flights out of Conakry within the affected area and is exploring the northern air bridge with connections to Dakar or Bamako.

Concept: UNHAS, UNMIL and DFS HQ aviation staff have been working in close cooperation to deliver a complimentary air service. In order to maintain a sustainable continuity of service, UN aviation assets plan to establish three hubs, thus providing a level of assurance of access redundancy in the event of the closure of any particular route. UNHAS, DFS HQ aviation staff, UN Medical Services Division, WHO and the International Civil Aviation Organisation (ICAO) have also worked together to produce a common process for medical screening and response in light of the Ebola outbreak.

Who can use the Air Bridge: UNHAS and UNMIL flights linking the affected areas to the region are open to UN staff from all Departments Agencies, Funds and Programmes, International NGO and associated staff related to the Ebola response and members of the international diplomatic community.

Status

- **UNMIL** – UNMIL operates three fixed wing aircraft (a small commercial jet passenger aircraft and two smaller prop driven passenger aircraft) . All of these aircraft have clearances to fly to Accra. The UNMIL air-bridge to Accra was re-instigated on 7th Sept . It is currently planned that the UNMIL air assets will fly 2-3 roundtrips from Monrovia to Accra per week. The type of aircraft he flies the route and its capacity is dependent upon demand.
- **UNHAS** – UNHAS operate a fleet currently used for shuttle services within the three affected countries. UNHAS are in the process of discussing and negotiating the initiation of humanitarian air bridges between Dakar, Senegal and the affected region and Los Palmas, Tenerife Spain, and the affected region. UNHAS may also operate out of Accra in conjunction with UNMIL.

Surge Capability: Within the broader DFS peacekeeping assets operating within the region, there is the ability to re-direct additional aviation assets to support the Ebola response if required. Furthermore DFS has in place linkages with commercial aviation suppliers that would enable the rapid procurement and deployment of further additional assets if required.

Mapping and coordination of needs and assets: An ECHO led process of mapping all current and anticipated aviation needs and assets is underway. With the establishment of the UN Ebola Crisis Centre this coordination function will transfer to the global operational platform that will be operated from the UN Ebola Crisis Centre.

Funding: UNHAS/ WFP have launched and received a first tranche of funding in response to an initial funding appeal. **UNMIL/ DFS** air assets have to date been funded through the regular UNMIL budget. If the requirement for air connections or the capacity requirement of the current connections increases drastically, it may be necessary to consider alternative funding options.

Hubs with additional services: As the scale of the response scales up (initial estimates are that a scale up of 3-4 times is required), there may be the need to increase the scope and capacity of the air bridges. It may also be necessary to co-locate supporting services as 'air-hubs'. Such supporting services may include training, medical facilities and logistics inflow. UNHAS and UNMIL/DFS are currently engaging with the governments in the respective air-bridge locations upon the conditions, provisos and assurances that may be required if it were deemed operational necessary to upgrade the current air-bridges to broader air hubs.

Estimate of needs: The estimates below represent our forecasting for the next 6 months based on equipment and people that will need to be moved. In-kind donations and country-led private flights (civilian or military) are not taken into account.

Proposed destinations within country

- Guinea: Conakry, and Gueckedou
- Liberia: Monrovia, Robertson, James Spriggs Payne (centrally located), and Foya
- Sierra Leone: Freetown, and Kenema

**Some of these locations will require short take-off and landing capabilities.*

Proposed frequency

Current proposal is for daily flights to rotate among the affected countries.

- Estimating that 4 internal flights per week will be needed from each capital city.
- International responders will rotate in/out every 4-6 weeks; current target is 1000 international health care workers in the affected countries.
- Although not addressed in detail by the Ebola Response Roadmap, we estimate that 2000 international humanitarian responders will be needed in the affected countries at any one time.
- Movement at this capacity, plus the extraordinary need for supplies such as PPE, will likely require daily flights.

ESTIMATED FLIGHTS PER MONTH

	Ebola response	Humanitarian response	Commercial traffic, FYI
Flight Legs	2,000 Estimate will need 1000 international health workers x 2 (flight in and flight out)	4,000 Estimate will need 2000 international aid workers x 2 (flight in and flight out)	81,000 passengers/month between affected countries and Europe (July numbers)

*NB - The number of humanitarian responders is not included in the Ebola Response Roadmap. The 2000 estimate is based on input from WFP, IFRC and WHO only.

ESTIMATED EQUIPMENT NEEDS PER MONTH

	Total volume m ³	Total weight tons
Personal Protective Equipment (PPE)	14,893	3,095
Body bags	40	4
Chlorine	16	16
Medical supplies	230	115
Laboratory supplies	25	12
TOTAL	15,204	3,242

*NB - Biological samples will also need to be transported internationally by air. Sample shipment boxes will have minimal space requirements, but will require specific handling protocols.

6. Political support and engagement

As a result of the outbreak of the Ebola virus, most of the regular commercial flights into the affected countries have been suspended. Several countries in the region have also imposed entry bans on all persons coming out of an Ebola affected country. These restrictions have severely constrained the ability of international responders to move the urgently needed equipment and personnel. The UN estimate that 2,000 international humanitarian responders will be needed to respond to the outbreak. Movement at this capacity, plus the extraordinary need for supplies such as PPE, requires daily flights.

The current limitations on flights into and out of these countries and the restrictions placed on aircrafts originating from these countries transiting through airports in neighboring countries, though understandable, are not warranted. They are mostly done out of fear.

The World Health Organization (WHO) has clearly recommended that there should be no unnecessary restrictions of travel or trade links with the affected countries. Conversely, efforts to prevent transmission through robust exit screening procedures are of critical importance to minimize further transmissions.

Member states are urged to lift all travel bans so as to ensure that the economic impact of the restrictions do not add to the escalating consequences of the outbreak and endanger response efforts.



HOW TO HELP

Donate through the Multi-Partner Trust Fund for Ebola Response

Multi-Partner Trust Fund Office, Bureau of Management, UNDP

Please contact: david.nabarro@undp.org, yannick.glemarec@undp.org

www.mptf.undp.org

Donate through the UN Foundation Ebola Response Fund

(for private donations from individuals and companies)

www.unfoundation.org/ebolafund

Donate through the Central Emergency Response Fund (CERF)

www.unocha.org/cerf/our-donors/how-donate

Donate to Humanitarian Partners Responding to the Ebola Crisis

Food and Agriculture Organization of the United Nations (FAO)

International Federation of Red Cross and Red Crescent Societies (IFRC)

International Medical Corps (IMC)

Médecins Sans Frontières: (MSF)

International Organization for Migration (IOM)

Plan International

Save the Children

United Nations Children's Fund (UNICEF)

United Nations Development Programme (UNDP)

United Nations High Commissioner for Refugees (UNHCR)

United Nations Industrial Development Organisation (UNIDO)

United Nations Mission in Liberia (UNMIL)

United Nations Office for the Coordination of Humanitarian Affairs (OCHA)

United Nations Office of the High Commissioner for Human Rights (OHCHR)

The United Nations Office for Project Services (UNOPS)

United Nations Population Fund (UNFPA)

Joint United Nations Programme on HIV/AIDS (UNAIDS)

United Nations Entity for Gender Equality and the Empowerment of Women (UN Women)

World Health Organization (WHO)

World Food Programme (WFP)

Contributing to Ebola National Responders

For donors wishing to contribute towards response to the Ebola crisis bilaterally, the Governments of Guinea, Liberia and Sierra Leone welcome cash/in kind contributions.

For more information on Ebola Virus Disease (EVD) Outbreak, go to:

<https://extranet.who.int/ebola> | www.who.int/ebola | www.unocha.org/rowca | <http://bit.ly/1oRJw11>