

HIGHLIGHTS

- Border surveillance is a key component in the people's fight to get to zero.
- OCHA called upon to take a greater role in field coordination, reporting and information management in Guinea, Sierra Leone and Liberia.
- Six new confirmed cases reported in Liberia, whose transmission chain is still under investigation.
- Donors have pledged \$3.4 Billion for Ebola Recovery Plan, at the International Ebola Recovery Conference in New York.

KEY FIGURES FOR EBOLA COUNTRIES

Population in the three countries	20,8 million
Confirmed cases	27,573
Deaths	11,246

FUNDING

USD 294.4 million Requested (July-Oct 2015)

USD 129.7 million received (July-Oct 2015)



Credit: OCHA/Ivo Brandau

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Strengthening border surveillance between Ebola affected countries

Ebola first came to attention in late 2013 in Meliandou village in Guinea's Forest region. A few months later, the virus spread to nearby regions in Liberia and Sierra Leone. The risk of cross-border infections remain high with porous borders and high population movement. As such, border surveillance remains a key component in the region's fight against Ebola.

Liberia reopens borders, sets up surveillance

Since Liberia reopened its borders in February, a Border Coordination Group chaired by the Ministry of Health has been working actively to strengthen surveillance. The Group includes members from the Bureau of Immigration, National Police, the Ministry of Health, UNMEER, WHO, CDC, IOM, UNICEF, key NGOs and OCHA.

The Border Coordination Group members have provided support through the training of key officials at border crossing points with Sierra Leone and Guinea on Standard Operating Procedures for health screening, notification and referral of cases, infection prevention and control measures as well as equipping the crossing points and health centres with facilities for screening and isolation. So far, trainings have been conducted in four counties (Grand Cape Mount, Lofa, Bong and Nimba) bordering Guinea, Sierra Leone and Ivory Coast.

Guinea and Sierra Leone sign agreement on Ebola fight

In March, the governments of Guinea and Sierra Leone took a significant step towards greater cooperation, with the signing of a memorandum of understanding providing for a national-level supervision of cross-border Ebola interventions, information sharing, adopting best practices and a focus on community ownership. A series of new measures aimed at achieving zero transmission, including the enforcement of Ebola quarantines in the border communities, was also announced.

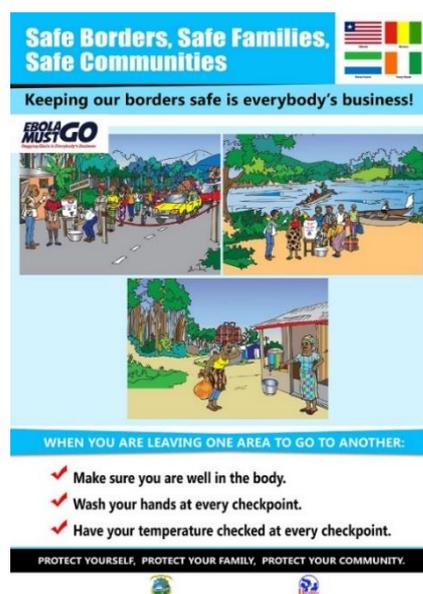
In Guinea, humanitarian actors and the authorities have been carrying out sensitization campaigns in hotspots areas, some of which neighbour Sierra Leones districts where EVD is still active.

In Kambia, Sierra Leone, MSF has just completed a project focusing on case investigation of Ebola patients, particularly those cases that are likely to have a cross-border component.

**International Ebola
Recovery Conference,
9-10 July 2015**

UN Secretary-General Ban Ki-moon hosted the International Ebola Recovery Conference at the UN Headquarters in New York on 9 and 10 July, in cooperation with the Governments of Guinea, Liberia and Sierra Leone and with the support of the African Development Bank, the African Union, the European Union and the World Bank. The one-day, high level conference on 10 July, as well as technical consultations on 9 July, called the international community's attention to the need to financially support the three countries in their efforts to recover from the devastating effects of Ebola. The donations announced at the United Nations on 10 July exceeded the \$3.2 billion pledged by the three countries, which brings to \$5.2 billion the total raised so far for recovery from the Ebola crisis. OCHA facilitated the participation of NGOs as well as several national civil society actors in the Conference. The NGOs highlighted the critical need to keep community engagement in the Ebola response central to getting to Zero as well as in the recovery phase.

The team distributed hygiene kits to contacts of Ebola patients, visiting every day to monitor and gain a greater understanding of cross-border movements.



20 000 posters were distributed at official border crossing points between Liberia, Sierra Leone and Guinea by local authorities and humanitarian partners in June to reinforce sensitization efforts.

IOM offers on-site trainings to border officials and community volunteers to ensure correct health screening and safe practices to curb cross-border Ebola transmission. Using the *Spread the message, not the virus* illustrated public information materials, IOM has trained 26 community health volunteers on the materials used to deliver the message to communities.

Expert advice is to strengthen cross-border activities, both at the political and grass-root levels to limit cross border transmission.

On 2 July 2015, the 6th meeting of the Emergency Committee convened by the WHO Director-General under the International Health Regulations (IHR) regarding the Ebola virus disease (EVD) outbreak in west Africa took place. The Committee reiterated the critical importance, *inter alia*, of surveillance (especially near international borders) and collaboration across borders, with a sensitivity to the extensive cross-border social and cultural linkages.

OCHA takes greater role as UNMEER winds down

As UNMEER phases out, OCHA has been called upon to take a greater role in the three West African countries worst affected by Ebola. Principally, OCHA is tasked to coordinate the resumption of essential services, respond to immediate needs, assist in the handover of responsibilities from UNMEER to UN Country Teams under the leadership of the Resident Coordinators and secure a seamless transition from the immediate response to the early recovery phase.

OCHA's role has thus evolved from the provision of strategic guidance and operational support to actors engaged under the UNMEER banner to that of a frontline actor in efforts to achieving zero infections. OCHA will maintain its presence in Guinea and Sierra Leone until the end of 2015 while progressively reducing its presence in Liberia by September.

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Guinea, 18 May 2015: Villagers in Gueyedou meet with the sensitization team during a 21-day campaign in Guinea's southern Forecariah district. Credit: OCHA/Ivo Brandau

OCHA's contribution to the EVD response so far

In March 2015, following discussions with UNMEER, UNDP and UN Resident Coordinators, OCHA established a country office in each of the three EVD affected countries - Guinea, Liberia and Sierra Leone - for a duration of nine months. OCHA's key function has been supporting the UN Resident Coordinators, the UNMEER Ebola Crisis Managers (ECM), the National Coordination and the wider humanitarian community, at the central and county level and to strengthen coordination in getting to zero infections. OCHA's engagement also included strengthening the Cluster/Sector system, in support of the transition to early recovery. Over 130 OCHA staff members and its stand-by partners have supported the EVD response to date. Beyond its support to operational coordination, OCHA has played an essential role in mobilizing financial and in-kind contributions: its Central Emergency Response Fund (CERF) has provided over US\$ 15 million in life-saving assistance to this crisis and it spearheaded the development of the Overview of Needs and Requirements for the Ebola response which was launched in September 2014 and revised in January 2015. OCHA has also provided information management and public communication support, facilitated the coordination of preparedness activities in the region.

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Next steps

Following the consultations on UNMEER's post transition, the key partners engaged in the response agreed that UNMEER will shut down fully by September after handing over its three pillars - coordination support, information management, and Analysis and Transition. The country-specific leadership functions (currently performed by the ECMs in Guinea and Sierra Leone) will be retained under the overall authority of WHO until those countries are declared Ebola-free (zero plus 42 days). Their duration will be reassessed in December 2015, depending on the epidemiological situation.

OCHA will continue to support both the Ebola Crisis Managers in getting to zero Ebola cases and the Resident Coordinator's recovery agenda. Moreover, OCHA will support WHO, as the technical leadership and the management of the Ebola response, in field coordination.

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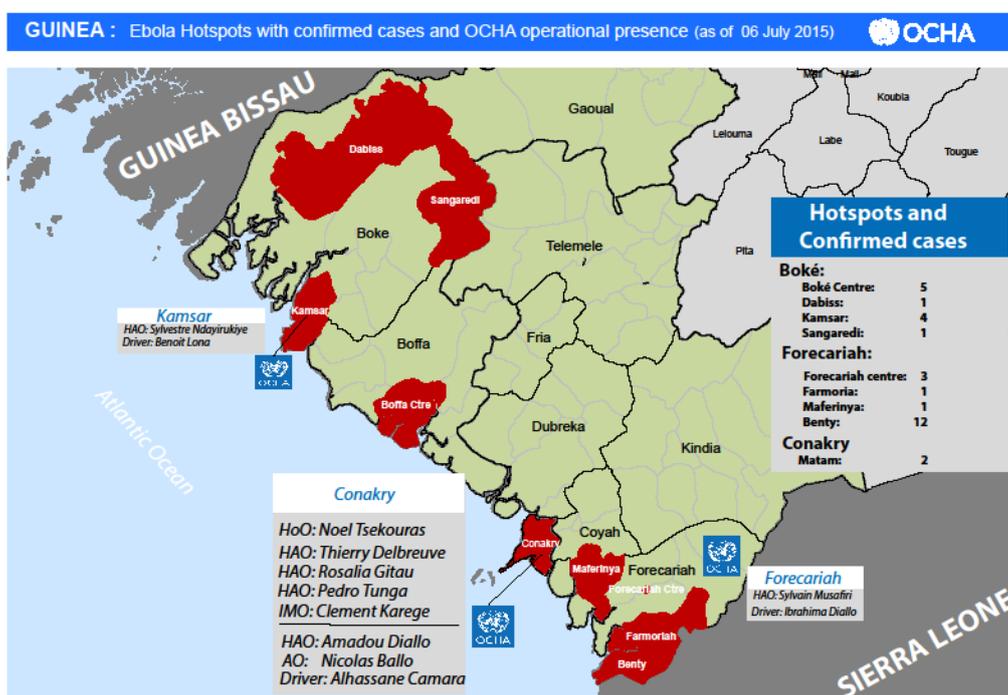
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Guinea-Bissau: reinforcing Ebola preparedness

Guinea-Bissau is working to reinforce its preparedness measures against Ebola which is still active in neighbouring Guinea. Acting UNMEER Representative Peter Graaf visited Guinea-Bissau on 24-25 June and has requested to organise an inter-agency mission due to increased EVD risk in country. The month-long mission by CDC, WHO, OCHA and WFP aims to enhance the coordination of all actors at the national, local and cross-border levels to bolster preparedness and early response. Its specific objectives are: implement surveillance and alert activities; strengthen and streamline national and district Emergency Operations Centres; conduct “end-to-end” exercises to test response capacities; and identify contingent surge response capacities.

OCHA Guinea has deployed field coordinators to three hotspots (Forecariah, Coyah and Boké) to strengthen coordination in the prefectures. One OCHA humanitarian affairs officer supports coordination of the five communes of Conakry. Since deploying, OCHA field coordinators have assisted UNMEER and the Prefectural Coordination in strengthening the inter-agency coordination and adopting an inter-sectoral approach in the EVD response. OCHA supported the planning, roll-out and monitoring of the contact tracing and sensitization campaigns organized so far in Coyah, Forecariah and Boke and several high-level field missions. OCHA worked with UNMEER on 4Ws data collection and mapping and drawing up a list of surveys relevant for the work of the pillars; provided direct coordination and information management support to prefectural coordinators and established key linkages to the active clusters/sectors at the national and prefectural levels.

OCHA is prepared to deploy additional staff to further support field coordination, providing up to date and comprehensive reporting and information management in the hotspots in the three countries, between June and September.



Ebola re-emerges in Liberia

Liberia, declared Ebola-free on 9 May, recorded a new case in a 17-year-old boy who died on 28 June. He suffered from a fever illness that was being treated as malaria. As of 14 July, six cases have been confirmed and these are considered to constitute a separate outbreak from that which was declared over on 9 May. One of the confirmed cases is from Montserrado County while the others are from the same community in Margibi County. The transmission chain is under investigation. According to CDC, the initial genetic information shows that this new wave of infections has not been imported from neighbouring Guinea and Sierra Leone and is similar to the virus present in Margibi during the peak of the second outbreak in September 2014.

About 140 contacts are being monitored, but the number is expected to rise as investigations continue. Over a hundred and seventy households and fourteen health workers in two health facilities are also under observation.

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



Margibi, Liberia, 7 July 2015: Daily Coordination Meeting at the Margibi Ebola Operations, opened since new cases were confirmed in the county. Margibi County. Credit: OCHA/Truphosa Anjichi Kodumbe.

Response measures put in place

Despite the significant improvements, the outbreak is not under control yet, and thus, all the key actors need to work together to get to zero.

The ELWA Ebola Treatment Unit (ETU) in Monrovia has been reopened and as of 14 July it had twelve patients (four confirmed with EVD). Contact tracing has been strengthened and case investigation and Infection Prevention Control (IPC) being conducted by county health authorities, the Ministry of Health, WHO and CDC teams with active support from partners such as UNICEF, Save the Children, Global Communities, IMC and the Red Cross movement..

The Incident Management System (IMS) has resumed daily coordination meetings both at national and county level and it reports daily on the epidemiological situation and response. In the meantime investigation teams are already working in Margibi. UN agencies and NGOs are providing food and non-food items to the affected community's households under observation. Screening has been reinforced at Roberts International Airport, located only one kilometre from the affected area, and the Ministry of Health and CDC are to release a joint statement to encourage airlines to maintain flights to Monrovia. UNICEF, Red Cross and several NGOs has have sent social mobilization teams to Margibi and Lofa. They have met very cooperative communities and local authorities.

According to the head of the UNMEER, Peter Graaff, the re-emergence of Ebola in Liberia was not unexpected. However, with the onset of the rainy season, when other diseases with similar symptoms will spread and particularly malaria, it will be crucial to adopt scaled up preventive measures.

Progress and challenges

According to the World Bank, Liberia lost 10% of its doctors and 8% of its nurses and midwives to Ebola.

Despite the significant improvements, the outbreak is not under control yet and thus, all actors need to work together to get to zero.

The Ebola outbreak in West Africa has resulted in over 27,000 people being infected with the virus and more than 11,000 deaths, since the first case was identified in March 2014. There has been significant progress of the epidemiological situation and response since the first Overview of Needs and Requirements was published in September 2014, at the peak of the Ebola outbreak. While in early 2015 the number of people infected each week in the three countries was around 100-150, in June 2015 it has gone down to an average of 20-30 cases per week, the lowest number since May last year. The progress is not measured only in terms of the decrease in people infected, but also in terms of behavioral change, improvement in health services and facilities, and burial provision. These impressive results have been achieved thanks to the joint efforts of several contributors: Governments, healthcare workers and particularly the communities that have been at the centre of efforts to contain and mitigate the outbreak.

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The 6th meeting of the International Health Regulations Emergency Committee regarding the Ebola outbreak in west Africa advised that the outbreak continued to constitute a public health emergency of international concern and that exit screening should be continued in the three most-affected countries, namely Guinea, Sierra Leone and Liberia. The Committee had also advised those countries to strengthen cross-border collaboration and communication, particularly between Guinea and Guinea Bissau.

Funding Status Overview (as of 9 July 2015)

The overall requirements for the Updated Overview of Needs and Requirements (ONR) (January 2015) are \$2.27 billion from October 2014 until June 2015, which includes USD1.5 billion from October 2014 to March 2015 (initial ONR requirements).

According to a recent review undertaken by the Office of the Special Envoy on Ebola, a total of USD 294.4 million will be needed for the period from July to October 2015, to undertake critical activities in furtherance of the Ebola response. Moreover, the review also reports that the UN Agencies, IOM and IFRC have secured so far USD 129.7 million.

Thus, in light of the resource requirements and the funds secured, the resource gap faced by the UN system, IOM and IFRC for the period from July to October 2015 will total USD 164.8 million.

According to FTS, the top three donors are the US, the United Kingdom and Germany, and Liberia is the country that has received the highest funding: USD1,1 billion. The Ebola Response Multi-Partner Trust Fund currently has USD 141 million in commitments.