

Briefing Note – 14 October 2014

Ebola in West Africa

Protection and Security



	Not required	Low	Moderate	Significant	Urgent
Need for international assistance on Protection				X	
	Insignificant	Minor	Moderate	Significant	Major
Expected impact of the crisis					X

Crisis Overview

- UN and national officials are warning of the serious threat Ebola is posing to the safety of the countries. In a statement to the UN Security Council on 9 September, the Liberia's Defence Minister warned its national existence was "seriously threatened" by the Ebola virus.
- The Governments' poor management of the epidemic has generated deep frustration among the three countries' societies, and the security situation, particularly in Liberia, is gradually deteriorating. The Ebola crisis has exposed citizens' lack of trust in their governments and exacerbated social tensions, increasing the possibility of profound unrest in these fragile countries. The lack of a prompt, robust, and efficient response from the international community contributes to the mistrust.
- Children and women have been deeply affected by the EVD outbreak. Children related to people with EVD have been abandoned. Children are extremely vulnerable and in critical situations in the three most-affected countries due to the loss of a parent.

Key Findings

Anticipated scope and scale

- Deteriorating law and order in the three countries causing growing insecurity, especially in Liberia and Sierra Leone.
- Incidents against humanitarian workers have increased.
- Children are extremely vulnerable, suffering from stigma and ostracisation.
- Movement restrictions impacting livelihoods, trade, and food security.

Priorities for humanitarian intervention

- Massive assistance is urgently needed to address the humanitarian consequences of the epidemic, especially the disruption of all healthcare services.
- At least 3,700 children in Guinea, Liberia and Sierra Leone have lost one or both parents to Ebola since the start of the outbreak in West Africa and many are being rejected by their surviving relatives for fear of infection.

Humanitarian constraints and response gaps

- Movement restrictions are hampering humanitarian access.
- Threats, attacks and security issues are increasing as fear and mistrust among the populations are growing.
- Health workers are at greater risk because of the lack of personal protective equipment (PPE) to treat actual and suspected Ebola patients.

Crisis impact

Global

Movement Restrictions

Quarantines imposed during this epidemic have frequently not been based on scientific evidence and too broad, disproportionately impacting people unable to evade the restrictions, including the elderly, the poor, and people with chronic illness or disability (HRW 15/09/2014).

Security Context

Security forces are playing a central role in the epidemic and are charged with enforcing quarantines. Extortions and bribes have been reported place in places under quarantine (HRW 15/09/2014).

Political and Social Tensions

The Ebola crisis has exposed citizens' lack of trust in their Governments and exacerbated social tensions, increasing the possibility of a deep unrest in these fragile states. The Governments' poor management of the epidemic has been generating deep frustration among the three countries' populations. According to International Crisis Group (ICG), the epidemic threatens to become a political crisis and upheaval in any or all of the affected countries. ICG warned of a social breakdown that could create a second disaster, worsening even further the situation (International Crisis Group 23/09/2014).

Protection

- **Child protection:** Approximately 2.5 million children under five years of age live in Ebola-affected areas (USAID 17/09/2014). At least 3,700 children in Guinea, Liberia, and Sierra Leone have lost one or both parents to Ebola since the start of the outbreak, according to preliminary UNICEF estimates, and many are being rejected by their surviving relatives for fear of infection (UNICEF 30/09/2014). The issue is underreported and UNICEF warns about the situation of "hidden" orphans, children of Ebola victims whose deaths were never officially declared, and therefore are not targeted by humanitarian actors (AFP 08/10/2014).
- **Women:** The Ebola outbreak has been disproportionately impacting women (USAID 17/09/2014). Women constitute a large proportion of health workers and caregivers and are at the frontline of the epidemic, making up between 54% and 61% of reported cases, depending on the area (WHO 08/10/2014).
- **Healthcare workers:** The lack of personal protective equipment (PPE) to treat actual and suspected Ebola patients, including rubber gloves, safety goggles, and

protective suits, are putting health workers at greater risk. Janitors, cleaning staff, drivers, and burial staff who may come in contact with infected people or contaminated material also require protection and prevention. Reports of health workers being forced to recycle gloves or use plastic bags on their hands to protect themselves are frequent (HRW 15/09/2014). These shortages have contributed to the reported deaths of 233 health workers as of 8 October (WHO 10/10/2014). Infections in health workers account for nearly 8% of total reported cases (WHO 24/09/2014).

Liberia

Freedom of Movement

- **Movement restrictions:** Restrictions have been put in place on public and mass gatherings; a curfew was imposed on 19 August, and reduced in early September (AFP 10/08/2014; BBC, 20/08/2014; AFP 08/09/2014). Schools have been closed since August (CDC 13/08/2014). All markets in border areas are closed until further notice (AFP, 30/07/2014). All borders have been closed, except major entry points: Roberts International Airport, James Spriggs Payne Airport, Foya Crossing, Bo Waterside Crossing, and Ganta Crossing. Lofa, Gbapolu, Grand Cape Mount, Bomi, Bong and Margibi counties are under quarantine, limiting travel in and out of these areas, and hampering humanitarian access to the affected population (CDC 13/08/2014; IFRC 06/10/2014). The Parluken community in Grand Kru county is under quarantine following the outbreak of Ebola cases in the area (WFP 26/09/2014).
- **Displacement:** At the end of August, in Nimba county, the Government reported a mass movement of people out of Ganta due to fear of infection (Government 28/08/2014).

Security Context

- **Deterioration of law and order:** Information Minister Lewis Brown warned that the lack of urgency in the international response risked allowing a breakdown of societies in the region (AFP 23/09/2014). The Danish Refugee Council (DRC) reported on the deteriorating security situation in the poorest parts of Monrovia, where armed attacks and opportunistic crime have increased. Several violent attacks have taken place in Nimba county, where the crime rate has increased significantly. The Liberian National Police has allegedly seized belongings from people breaking the curfew. Cases of extortion at Liberian armed forces' checkpoints at the border between Grand Gedeh and Nimba counties have also been reported. Arbitrary arrests continue to increase (UNMEER 09/10/2014).
- **Lack/limited law and order resources:** According to a diplomat, a military camp outside Monrovia has reported around 30 sick soldiers (AFP 30/09/2014). Local media reported that the barracks in Monrovia are under quarantine (UNMEER 02/10/2014).

Several police stations in Monrovia have closed after officers died of Ebola (AFP 30/09/2014).

- **Incidents:** According to local media, armed forces have been shooting at people trying to cross the border illegally from neighbouring Sierra Leone. In several counties, the police have reportedly fired live rounds and tear gas to disperse crowds that tried to break an Ebola quarantine (Urgent Action Fund Africa 18/09/2014). Spontaneous demonstrations protesting the presence of ETCs in neighbourhoods and bodies in the street have been frequent (PI 05/10/2014).

Political and Social Tensions

- **Social tensions:** The Ebola outbreak has led to an increase in the level of inter- and intra-communal tension, as well as growing hostility towards the Government. CARE's rapid assessment points to extremely high levels of anxiety, stress and frustration among communities due to the inadequate and slow response (CARE 30/09/2014). The atmosphere outside ETCs, reported by NGOs on the ground, is very tense: large, angry, crowds wait for news of their relatives (AFP 30/09/2014). Rising tensions between ethnicities were observed in Ganta, Nimba county, by DRC in late August (DRC 24/09/2014).
- **Political tensions:** As the Government becomes increasingly unable to protect its citizens and deliver the services they desperately need, distrust increases (UNDP 15/09/2014). The Liberian House of Representatives unanimously passed a law criminalising the deliberate concealment of information on people with contagious diseases such as Ebola and HIV, exacerbating tensions with the population (UN 04/10/2014). Mid-term senatorial elections were due to take place on 14 October, but have been postponed. The UN Special Representative acknowledged the "strong need" for the population to have clarity on next steps in the electoral process before that date (UNMEER 02/10/2014). On 23 September, Parliament requested the full disclosure over how USD 5 million of funding, received in late August, allocated to outbreak response, has been already spent, raising suspicions of corruption within the Government (local media 23/09/2014).
- **Press freedom:** On 30 September, the Ministry of Health and Social Welfare has released a media order requiring journalists wanting to photograph, conduct interviews, or do video recordings at an Ebola healthcare facility first to get written permission from the health ministry. On 30 September, the Ministry of Information announced that it will from now on take charge of the accreditation of journalists (Voice of America 06/10/2014). On 4 September, the Press Union of Liberia already raised concerns about violations of freedom of information: national newspapers have been repeatedly obstructed since the start of the Ebola outbreak (Reporters Sans Frontières 08/09/2014)

Protection

- **Rejection:** Traditional coping mechanisms and social bonds are breaking down, as community members fear each other. People who exhibit symptoms of Ebola or are related to sick people are being rejected from communities (CARE 30/09/2014). Families of victims and survivors are experiencing physical and verbal abuse (DRC 24/09/2014).
- **Child protection:** In Mamba-Kaba and Kakata districts, in Margibi county, 40 vulnerable children whose parents have died from Ebola were abandoned. Affected children were living in a school building in Dolo Town, having been rejected by the community and isolated (Government 10/09/2014).
- **Women:** As of 8 October, women account for 61.5% of Ebola-related deaths, with the rate of infection of women being a lot higher than men (WHO 08/10/2014). This is mainly attributed to the role of women as caregivers, nurses and cross-border traders (HRW 15/09/2014)
- **Healthcare workers:** Early September, nurses at Liberia's largest hospital went on strike, demanding better pay and equipment to protect them against Ebola (International Media 02/09/2014). On 8 October, the Liberian Health Workers Association called on its approximately 15,000 members not to go to work from 13 October, claiming risk allowances, benefits, and safe working conditions (Voice of America 08/10/2014). In Nimba county, PPEs were nearly out of stocks mid-September, leaving health workers with inadequate protection (Government 10/09/2014). Burial teams across Liberia are also struggling with a lack of supplies, including PPEs, rain boots, and chlorine (UN 01/10/2014).
- **Refugees:** 38,600 Ivorian refugees, who arrived in Liberia during the post-election crisis in 2010-2011, are waiting for the Ivorian Government to reopen the border to allow them to return. Côte d'Ivoire has closed its borders to prevent the spread of the disease, suspending the voluntary repatriation of Ivorian refugees until further notice. On 11 July, about 400 Ivorian refugees were turned back by the Ivorian authorities, as they prepared to return home in a convoy (IRIN 19/09/2014).

Sierra Leone

Freedom of Movement

- **Movement restrictions:** A state of public emergency was declared on 7 August, with Kenema and Kailahun districts put under quarantine the same day; the northern districts of Port Loko and Bombali, the southern district of Moyambo and parts of Freetown declared a public emergency on 25 September and are quarantined (IFRC 12/08/2014; AFP 25/09/2014). The geographical extension of an indefinite quarantine means more than a third of Sierra Leone's 6.1 million population is now unable to move freely (BBC 25/09/2014). Locals need a special pass to leave these areas and houses with confirmed Ebola cases are cordoned off (IRIN 10/10/2014). Roads between Kailahun, Freetown, and Kenema are closed to public transport, and public spaces have established vigorous scrutiny to avoid contamination and further spread of the disease (IFRC 12/08/2014). Medical clearance is needed for transportation into or out of quarantined areas (international media, 30/08/2014). Restrictions have been put imposed on public and other mass gatherings (CDC 13/08/2014). In June, Sierra Leone closed its borders with Guinea and Liberia, and closed schools, cinemas, and nightclubs in border areas.
- **Displacement:** According to an NGO, the Ebola virus is a “driver of migration”. Half of the people who have left Kenema and Kailahun within the past four months did so because of the epidemic (Deutsche Welthungerhilfe 06/10/2014).

Security Context

- **Tensions:** More than 7,000 police and soldiers have been mobilised to enforce the quarantine and security measures, strengthening fear among the population and generating a high risk of civil unrest in Sierra Leone (AFP, 06/09/2014; Urgent Action Fund Africa 18/09/2014; Falck 08/10/2014). Stronger military deployment at the crossing points between Sierra Leone and Liberia has been reported in order to prevent people crossing from Liberia into Sierra Leone (UNICEF 28/09/2014). Early September, the military and police launched a manhunt for an Ebola patient who ran away from the treatment centre in Kenema province. The man jumped over the fence of the facility, raising concerns about the effectiveness of security at isolation centres (international media 04/09/2014).
- **Incidents:** Overall, people are gradually shifting from reluctance to aggression towards health workers, volunteers, and organisations involved in Ebola response, especially in Macenta (UNICEF 05/09/2014). Between 24 and 25 September, several protests took place in Adonkia, Devil Hole, and Congo town, on the outskirts of Freetown, over the delay in removing corpses that had been lying on the road for days. In Devil Hole, police used teargas to disperse protestors and arrested some. On 26 September, the hospital of Port Loko town, in the Northern province, was

attacked with stones and bottles, as people protested at the way Ebola patients were treated and the death toll. 160 security personnel (military and police) have been deployed in the district (UNICEF 28/09/2014). On 3 October, a man in the quarantined city of Makeni, Northern province, died after setting himself alight, fearing his family had infected him with Ebola (AFP 03/10/2014). The Emergency Operations Centre in Sierra Leone had to issue a press release to say that the Government has not declared the end of Ebola virus disease in the country, after people in Makeni, Northern province, chanted “Ebola is no more” as a group of suspected Ebola victims were released from a holding centre with negative test results (UN 01/10/2014).

Political Tensions

On 22 August, the Sierra Leone Parliament passed a law that imposes a jail term of up to two years for anyone concealing an Ebola-infected patient (AFP, 22/08/2014).

Protection

- **Rejection:** The fear of being infected or quarantined against their will has triggered displacement. Some Ebola survivors have had to relocate because of strong stigmatisation after their return from hospital (Deutsche Welthungerhilfe 06/10/2014).
- **Child protection:** Untold numbers of children are dying from EVD, malaria, hunger or lack of care, anonymously at home or in the streets, the scale of the problem is massively unreported (Save the Children 01/10/2014; Plan 09/10/2014).
- **Healthcare workers:** Late August, more than 3.75 million gloves were needed, as well as more than 250,000 aprons and 250,000 gowns (Government 25/08/2014).

Guinea

Movement Restrictions

Strict controls have been imposed at border points, travel is restricted, and moving bodies from one town to another is banned until the end of the epidemic (AFP 14/08/2014). Guinea closed its borders with Liberia, Sierra Leone, and Guinea-Bissau on 9 August (international media 09/08/2014). Guinea imposed a curfew in Nzerekore, its second largest city, after residents ransacked a market. Investigators say residents were confused by the health workers' efforts to disinfect the market (international media 30/08/2014)

Security Context

- **Tensions:** In reluctant villages in Gueckedou, there are villagers who consider bottles of chlorine to be poison used to introduce the virus (UNICEF 29/09/2014). The resistance in rural communities continues to radicalise in the Forest region, especially in the villages of Tonata, Yekini, Yomou, Boffossou, Koyama in Macenta, and Womei in Nzerekore (UNICEF 19/09/2014).
- **Incidents:** On 18 September, eight people from a delegation sent to raise awareness about Ebola were found dead in Wome, Nzerekore. At least 21 people were wounded. Officials reported that many villagers were suspicious of official attempts to combat the disease (AFP 18/09/2014). On 23 September, six Red Cross volunteers were attacked in Forecariah, southwest Guinea, while trying to collect the body of a person suspected to have died from Ebola. The same day, the Prefectural Department of Health was ransacked, causing many injuries (Washington Post 24/09/2014).

Political Tensions

The opposition Union of Democratic Forces of Guinea (UFDG) figure Amadou Oury Diallo was murdered on 15 September in Conakry; UFDG talks about a political assassination. After pro-opposition rumours about President Condé's health, Condé accused opposition of fuelling tension in an attempt to push for a military coup (International Crisis Group 01/10/2014).

Protection

- **Child protection:** Orphans have not been taken care of in Forest areas, due to a lack of contact tracing (Government 02/09/2014)
- **Vulnerable groups:** As of 8 October, women made up 54% of Ebola cases (WHO 08/10/2014).

Aggravating Factors

Global

Fear is proving to be the most difficult barrier to overcome. The deaths have caused panic and further dysfunction within already weak health systems. Fear has driven some families to shun hospitals, and the perception that humanitarian organisations as posing a danger rather than offering help (UN 27/08/2014). International organisations and health workers are held responsible for the outbreak. Rumours have been triggering aggressive behaviour towards relief workers and authorities. Rumours of cannibalism, organ trafficking and international workers' witchcraft are widespread (IFRC, 14/08/2014).

Historical background: Ebola is new in West Africa and often the populations do not understand why the disease has suddenly arrived. The recent civil wars in Liberia and Sierra Leone have deeply influenced the way people rely on official information, and informal networks are perceived as more reliable than government sources (IRIN 04/09/2014).

Liberia

The Accountability Lab has warned that the Ebola crisis is a about governance as much as it is a public health issue. In Liberia, a long history of mismanagement, exclusion and poor communication has fuelled discontent and anger among Liberians (UN 03/09/2014).

Sierra Leone

The Emergency Operations Centre, set up to coordinate the Ebola response, is reportedly not functioning. Delays in getting visas and security clearance for cargo and planes, as well as high customs fees, are hampering humanitarian access and supply distribution. Corruption problems have damaged the reputation and the effectiveness of the Health Ministry. In 2013, 29 senior health officials were accused of misappropriating half-a-million dollars in vaccination funds. In 2010, a former health minister was convicted of corruption (New York Times 25/09/2014).

Guinea

The Ebola crisis has revived the tensions of the past deadly civil unrest between supporters of President Alpha Condé and the opposition (Aljazeera 24/09/2014).

Information Gaps and Needs

- As most of the focus is on containing the epidemic, there is a severe lack of information about the security situation in the three affected countries.
- Disaggregated data about the percentage of women, children and other vulnerable groups are also needed.
- Security incidents and demonstrations are not always reported.
- The scale of displacement triggered by Ebola itself or by movement restrictions are not closely monitored.
- The consequences of movement restrictions are not clearly assessed.

Lessons Learned

Accountability

- Lessons from previous emergencies include the need to emphasise local ownership, ensure participatory efforts, make transparency a priority, build capacity to manage funds, and handle complaints effectively (The Guardian 26/09/2014).
- Corruption, mismanagement, and capacity issues that prevent effective management of these types of crises need to be address in the long term. The Liberia Anti-Corruption Commission (LACC) needs to be strengthen. Delegating decision-making to local governments can reinforce public trust in the Government (Foreign Policy 14/08/2014).

Quarantine

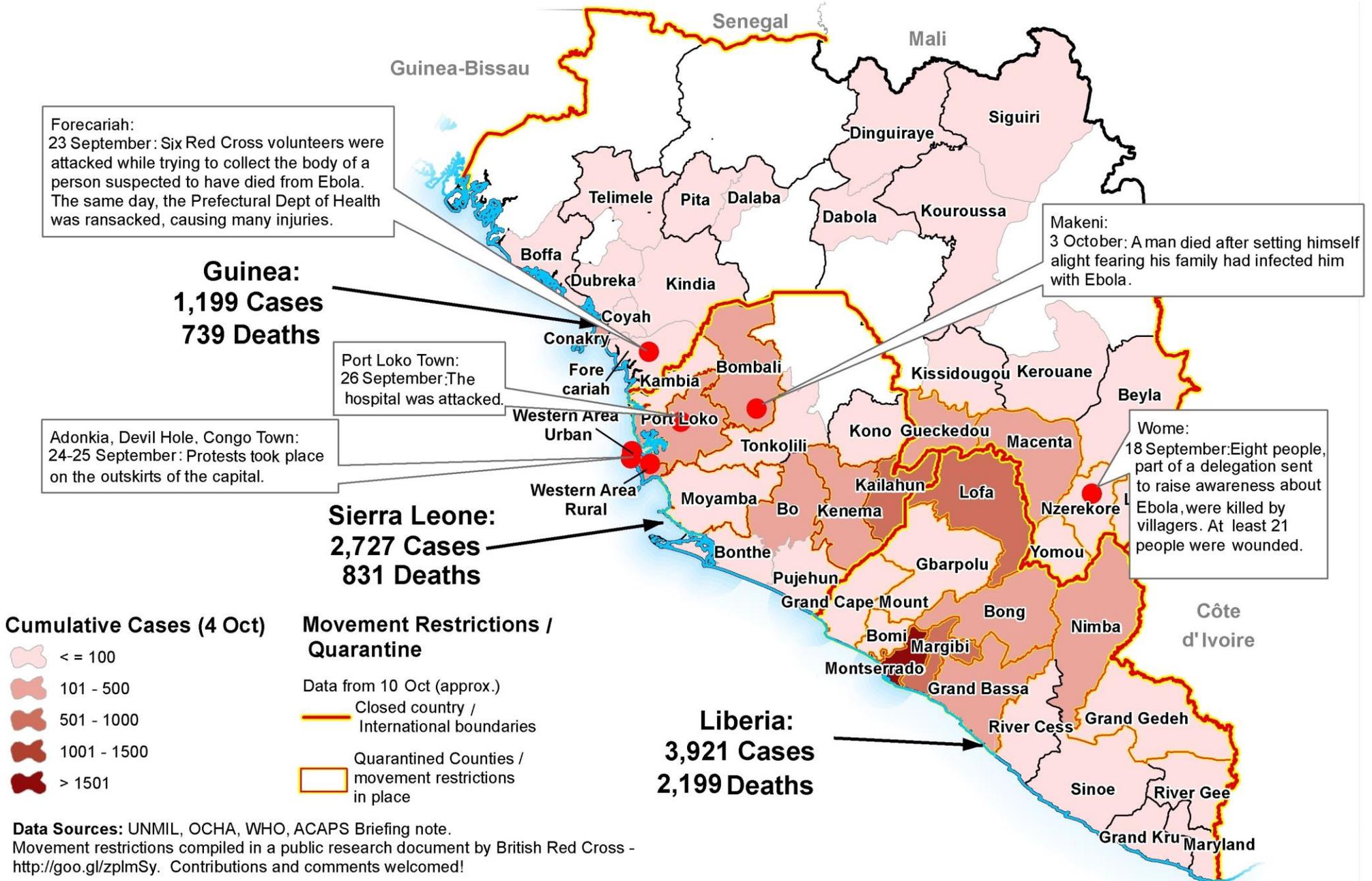
According to the bioethicist, George Annas, using quarantine control the SARS outbreak was largely ineffective because it caused people to fear authorities and stay away from treatment facilities, making the epidemic harder to control. As medical practitioners and aid workers working with Ebola in West Africa have reported great difficulty in earning the trust of local communities, movement restrictions measures should be carefully considered, implemented, and monitored (Southern Africa Litigation Centre 19/08/2014).

Key Characteristics

Key Indicators	Guinea	Liberia	Sierra Leone
Total population	11.45 million (WB 2012)	4.19 million (WB 2012)	5.98 million (WB 2012)
Outbreak start date	February 2014	29 March 2014	26 May 2014
Case fatality rate (CFR) as of 26 August	430/647 (66.4%)	694/1378 (50.4%)	422/1026 (41.1%)
Age distribution of population	42.9% under the age of 14 (HEWS 25/09/2012)	43.49% under the age of 14 (HEWS 25/09/2012)	43% under the age of 14 (HEWS 25/09/2012).
Nutrition levels	35.8% of under-5s underweight, 16.3% stunting, 5.6% wasting (WHO 2012)	20.4% of under-5s underweight, 39.4% stunting, 7.8% wasting (WHO 2007)	21.1% of under-5s underweight, 44.9% stunting, 7.6% wasting (WHO 2010)
2014 HDI rank	179 (0.392) (UNDP 2014)	175 (0.412) (UNDP 2014)	183 (0.374) (UNDP 2014)
People below the poverty line (%)	58% (UNFPA 2010)	64% (UNFPA 2008)	70% (UNFPA 2012)



West Africa: Ebola Outbreak - Protection issues (as of 4 Oct)



Briefing Note – 13 October 2014

Ebola Outbreak in West Africa

Update



Need for international assistance	Not required	Low	Moderate	Significant	Urgent
Expected impact	Insignificant	Minor	Moderate	Significant	Major
					X

Crisis Overview

- As of 7 October, the estimated cumulative number of confirmed Ebola virus disease (EVD) cases reported by WHO in the three most affected countries (Guinea, Liberia, and Sierra Leone) is **8,376, including 4,024 deaths**. The 'hidden caseload', however, is unprecedentedly large, and these figures are believed to include only a fraction of all cases in this rapidly spreading epidemic.
- The current outbreak has already recorded more cases than all past Ebola epidemics combined. 26 million people are estimated to live in the three most-affected countries. The epidemic started in Guinea in December 2013 but was only identified in March, and spread to Liberia, Sierra Leone, Nigeria, Senegal, USA, and Spain. According to the Centre for Disease Control (CDC) model, if the virus continues to spread at the current rate, Liberia and Sierra Leone will have reported about 550,000 Ebola cases by late January. CDC estimates that officially reported cases are about 40% of the real burden in Liberia and Sierra Leone, indicating a possible total of 1.4 million cases in Sierra Leone and Liberia by late January.

Total recorded Ebola caseload and deaths per country as of 7 October

	Number of cases	Number of deaths
Liberia	4,076	2,316
Sierra Leone	2,950	930
Guinea	1,350	778
Total	8,376	4,024

Source: WHO 10/10/2014

- The humanitarian community is overwhelmed by the management of the epidemic and further challenged by the consequences of this unprecedented and complex regional crisis.

Key Findings

Anticipated scope and scale

- Disease transmission continues, as does exponential growth in cases. The end of the epidemic is not in sight. Over 22 million people are living in areas with active EVD transmission. Actors in the field are not able to contain the epidemic and have extreme difficulty managing cases.
- Health systems are on the point of collapse and are likely to weaken further as the epidemic continues.

Priorities for humanitarian intervention

- Massive assistance is urgently needed to address the humanitarian consequences of the epidemic, especially the disruption of all healthcare services.
- Health workers are extremely vulnerable to the epidemic. 416 health workers have reportedly developed EVD, of whom 233 have died, as of 8 October. Women constitute a large proportion of health workers and caregivers.

Humanitarian constraints and response gaps

- Weak national health systems with, proportionately, the lowest numbers of health workers in the world per population. Deaths of local health workers further diminishes response capacity. Lack of training or experience.
- Fear and mistrust of authorities, and the national and international health system, are increasing Ebola transmission.
- The rainy season, as well as movement restrictions, pose difficulties for transport and access.
- Restrictive confinement policies hamper access to healthcare, food, and markets. Border closures limit passage of humanitarian cargo and personnel.

Key Developments

Global

Key Issues

- With increased transmission over time, it becomes harder to get the disease under control (UNSC 18/09/2014). The spread of the disease is outpacing response. Ebola could become an endemic infection because of a highly inadequate and delayed global response (NEJM 23/09/2014).
- Massive deployments of effective response on the ground are needed. USD 1 billion is needed (The Guardian 16/09/2014).

Spread of the disease: As of 7 October, the cumulative number of cases reported by WHO in the three most affected countries is 8,376, including 4,024 deaths (WHO 10/10/2014). More deaths are not reported than reported, so most agencies believe that these figures are a vast underestimate. Such a massive 'hidden caseload' has not been seen in any previous Ebola outbreak (WHO 24/09/2014). People with Ebola travelling to treatment centres by public transport are heightening the risk of transmission, increasing the difficulties of tracing.

Population affected: 26 million people live in areas affected by the Ebola outbreak (UNICEF 27/08/2014). Health workers are extremely vulnerable to the epidemic as they are the most exposed. 416 health workers have been reported infected by EVD, of whom 233 have died, as of 8 October (WHO 10/10/2014).

Movement restrictions: Most commercial airlines have suspended services to Guinea, Liberia, and Sierra Leone, further limiting the ability of humanitarian partners to move personnel and relief commodities (LogCluster 11/09/2014). Border crossing closures have been reported in Senegal, Côte d'Ivoire, Guinea Bissau, and Mali, as well as restrictions between Liberia, Guinea, and Sierra Leone (LogCluster 26/09/2014). Road Access Constraints, border closures and checkpoints are causing humanitarian trucks to be delayed and detained. Serious constraints in accessing the airport and seaport in Liberia are reported due to entry procedures (LogCluster 26/09/2014).

Constraints: There are large numbers of cases both in densely-populated areas and remote villages, making the outbreak particularly difficult to control.

Heavy seasonal rains continue to impact logistics: weather has already affected road and air transportation, the offloading of cargo, and delayed constructions of Ebola treatment centres (ETCs).

Response: On 18 September, the UN Security Council adopted a resolution establishing a special mission to lead the global response (UNMEER) (UNSC 18/09/2014). Médecins Sans Frontières (MSF) is the main clinical responder on the ground, with 3,000 staff working in eight ETCs. IFRC has deployed over 133 international staff to support authorities mainly in contact tracing, body management, burial and disinfection, and psychosocial support. More than 100 US Centre for Disease Control (CDC) staff have been deployed in Guinea, Sierra Leone, Liberia, Nigeria, and Senegal (CDC 12/09/2014). 165 Cuban health workers arrived in Sierra Leone on 2 October (UN 07/10/2014). The Logistics Cluster has established a logistics hub in Monrovia to manage and dispatch health relief commodities, and is transporting and storing medical items in Guinea, Liberia, and Sierra Leone (USAID 04/09/2014). A US force of 3,200 troops will be deployed in Liberia and Senegal to provide logistical and engineering support, but could be expanded to nearly 4,000 if needed. About 350 troops have reportedly arrived on the ground (All Africa 10/10/2014). On 8 October, UK announced that 750 troops will be deployed to West Africa (The Independent 08/10/2014). More responses have been pledged but it remains to be seen when the aid will become operational. The regional coordination mechanism capacities have still not reach the needs.

Expected evolution: According to a WHO projection, the aggregate caseload of EVD could exceed 20,000 by early November (WHO 28/08/2014). According to CDC's model, if the virus continues to spread at the current rate, Liberia and Sierra Leone will have reported about 550,000 Ebola cases by late January. The CDC estimates that officially reported cases are about 40% of the real burden in Liberia and Sierra Leone, indicating a possible total of 1.4 million cases in Sierra Leone and Liberia by late January. Without scale-up of intervention, cases will continue to double approximately every 20 days. However, the epidemic could be controlled, if 70% of people with Ebola can be put under treatment (CDC 23/09/2014). See page 12.

Liberia

Key Issues

- The death toll from the disease has risen fastest in Liberia. Responders in Liberia indicate a deterioration of the situation in the country, and in Monrovia in particular. Problems with data gathering in Liberia continue (WHO 08/10/2014).
- Access to healthcare is very limited as the health system has collapsed.
- Prices of basic goods, services, and transportation are increasing (WFP 29/09/2014).

Spread of the disease: As of 7 October, 4,076 cases had been reported, including 2,316 fatalities since March (WHO 10/10/2014). The scale of the crisis remains unknown due to insufficient reporting and to numerous contact chains remaining untraced. Laboratory confirmation is limited due to transport and handling problems. EVD cases are being underreported from several key locations (WHO 08/10/2014). The counties of Bong, Grand Bassa, Margibi and Nimba continue to report high numbers of new cases (WHO 01/10/2014).

Most vulnerable populations: As of 8 October, 61.5% of those infected or who have died from Ebola are women (WHO 08/10/2014).

Geographical areas affected: The majority of reported cases have occurred in Montserrado, Lofa, and Margibi but all counties are affected (Government 20/09/2014). The crowded slum of West Point (Monrovia), where over 70,000 people live on a peninsula, lacks running water, sanitation, and garbage collection. Many bodies have been thrown into the two nearby rivers (CARE 30/09/2014).

Response: 97 humanitarian organisations are active in Liberia as of 8 October (OCHA 08/10/2014). The outbreak has completely outstripped the Government's and international actors' capacity to respond and control the epidemic (WHO, 08/09/2014).

Sierra Leone

Key Issues

- Number of reported cases is largely inaccurate, underestimating the gravity of the situation on the ground (New York Times 25/09/2014).
- Nationally, the situation in Sierra Leone continues to deteriorate, with high level of transmission in Freetown (WHO 08/10/2014). According to the Government, there is a "desperate need to step up the response" (New York Times 25/09/2014).
- Supplies of food are running low and food production is decreasing; serious food shortages are expected in early 2015 (Deutsche Welthungerhilfe 06/10/2014).
- Delays in obtaining visas and security clearance for cargo and planes, as well as high customs fees, are hampering humanitarian access and supply distribution (New York Times 06/10/2014).

Spread of the disease: As of 8 October, 2,950 cases had been reported, including 930 fatalities since May 2014 (WHO 10/10/2014).

Geographical areas affected: Tonkolili district has reported a rise in the number of new cases during the first week of October. By contrast, a very low number of new cases has been reported from Kailahun and Kenema, the previous most affected areas since May, for the past two weeks. WHO will further investigate to confirm whether this fall is a result of under-reporting (WHO 08/10/2014). A large number of people with Ebola are coming from Makeni to Kailahun on foot due to a shortage of ambulances and as a result arrive in critical condition (MSF 25/09/2014).

Response: 20 humanitarian organisations are active in Sierra Leone as of 8 October (OCHA 08/10/2014).

Guinea

Key Issues

The health system in general has not been as badly affected as in Liberia and Monrovia but the outbreak is not under control, even if the situation has stabilised (WHO 24/09/2014).

Spread of the disease: As of 7 October, 1,350 cases had been reported, including 778 fatalities since the start of the outbreak in December 2013 (WHO 10/10/2014). The situation in Guinea appears to be more stable than Liberia and Sierra Leone, though WHO warns that a stable pattern of transmission is still of grave concern, and could change quickly. Transmission is persistent in Gueckedou. Lola and Beyla districts, which border Côte d'Ivoire, have reported its first confirmed cases at the end of September (WHO 01/10/2014). The district of Nzerekore has reported a marked larger number of new cases the first week of October (WHO 08/10/2014).

Most vulnerable populations: As of 8 October, women made up 54% of Ebola cases (WHO 08/10/2014).

Geographical areas affected: Active infection areas include Conakry, Forecariah, Gueckedou, Macenta, Pita, Dubreka, Nzerekore, Yomou, Kindia, Kerouane, and Dalaba (Government 20/09/2014). Lola and Beyla district, which borders Côte d'Ivoire, have now reported its first confirmed case (WHO 01/10/2014).

Response: 24 humanitarian organisations are active in Guinea (OCHA 08/10/2014).

Lessons Learned

Severe Acute Respiratory Syndrome (SARS) in China, 2002–2003

- The SARS epidemic exposed weaknesses in China's public health infrastructure, including inadequate state funding, lack of effective surveillance systems, and severe shortages in facilities and medical staff prepared for an epidemic infectious disease outbreak (NCBI 2003).
- The Chinese Government established a case reporting structure, strengthened its emergency response system, and provided funding for the prevention and control of SARS (NCBI 2003).
- At first, the response was slow and the Government did not seem to recognise the severity of the crisis, aggravating the situation. The SARS experience increased

government officials and the public's recognition and understanding of the importance of infectious disease control and prevention in general (NCBI 2003).

Middle East Respiratory Syndrome (MERS) in Saudi Arabia, 2012

- The authorities set up a special structure to contain the spread of the disease. The Government developed an electronic system to improve reporting of new cases to the Ministry of Health, in order to ensure reliable information and timely reporting (IRIN 28/08/2014).
- Transparency and coordination, both at the global and national level, were the key to containing the epidemic (IRIN 28/08/2014).

Past EVD outbreak in Democratic Republic of Congo, 2003

- Humanitarian actors have to take into account the stigmatisation of frontline health workers. Rejection of health workers can hamper mobilisation and the containment of the outbreak. Some Red Cross volunteers who responded to the 2003 outbreak in DRC were still regarded as witch doctors three years later (France24 02/09/2014).

EVD outbreak, 2013–2014

- Classic "outbreak control" efforts are no longer sufficient for an epidemic of this size. A large-scale, coordinated, humanitarian, social, public health, and medical response is required, combining classic public health measures with safe and effective interventions, which include behavioural change and, where possible, vaccination (NEJM 23/09/2014).
- Certain conditions can transform what might have been a limited outbreak into a massive, nearly uncontrollable epidemic: changes in the interactions between humans and their environment, high population mobility, local customs that can exacerbate morbidity and mortality, spread of the disease in densely populated urban centres, lack of trust in authorities, dysfunctional and underresourced health systems, national and international indifference, and lack of effective, timely response (NEJM 23/09/2014).
- Key lessons and best practices have been identified by UNICEF in the containment and prevention of the spread of EVD in Nigeria. These include: decentralise the National Ebola Emergency Operations Centre, while simultaneously building the state's capacity to manage the outbreak; bring sectors together under one command structure to enable effective intersectoral coordination; centralise media messaging within a single official source to minimise rumours; and payment of incentives for health workers to encourage them to remain in EVD-affected areas (UNICEF 24/09/2014).

Annex 1. Expected Evolution: How Big Can the Outbreak Become?

The Centers for Disease Control and Prevention said Tuesday that in a worst-case scenario, cases could reach 1.4 million in four months. The centers' model is based on data from August and includes cases in Liberia and Sierra Leone, but not Guinea (where counts have been unreliable).

Estimates are in line with those made by other groups like the World Health Organization, though the C.D.C. has projected further into the future and offered ranges that account for underreporting of cases.

Cumulative cases in Liberia and Sierra Leone

Best-case scenario

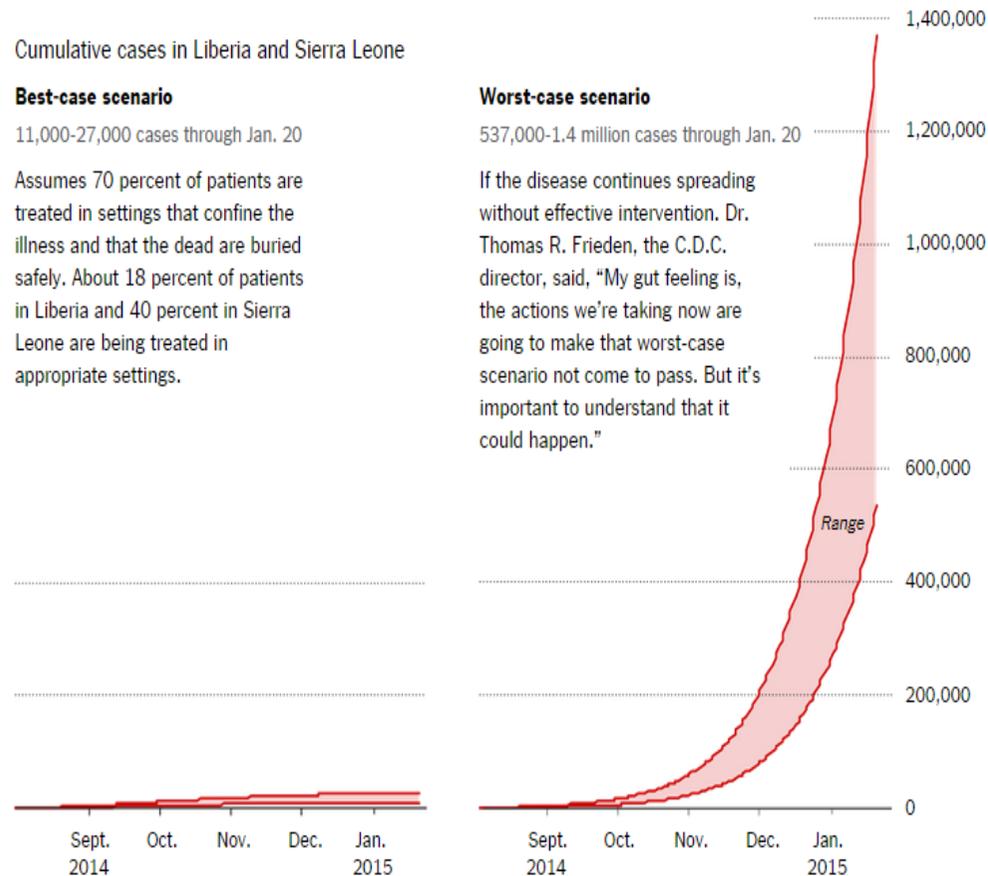
11,000-27,000 cases through Jan. 20

Assumes 70 percent of patients are treated in settings that confine the illness and that the dead are buried safely. About 18 percent of patients in Liberia and 40 percent in Sierra Leone are being treated in appropriate settings.

Worst-case scenario

537,000-1.4 million cases through Jan. 20

If the disease continues spreading without effective intervention. Dr. Thomas R. Frieden, the C.D.C. director, said, "My gut feeling is, the actions we're taking now are going to make that worst-case scenario not come to pass. But it's important to understand that it could happen."



Source: New York Times, CDC 22/09/2014

Annex 2: Ebola Virus Disease

What is Ebola? (WHO, 09/2014)

- Ebola virus disease (EVD), formerly known as Ebola haemorrhagic fever, is a severe, often fatal illness in humans.
- The average EVD case fatality rate is around 50%. Case fatality rates have varied from 25% to 90% in past outbreaks.
- The first EVD outbreaks occurred in remote villages in Central Africa, near tropical rainforests, but the most recent outbreak in West Africa has involved major urban as well as rural areas.
- Early supportive care with rehydration and symptomatic treatment improves survival. There is as yet no licensed treatment proven to neutralise the virus but a range of blood, immunological, and drug therapies are under development.
- There are currently no licensed Ebola vaccines but two candidates are undergoing evaluation.

Transmission of the Virus (WHO, 06/10/2014)

- The Ebola virus is transmitted among humans through close and direct physical contact with infected bodily fluids, the most infectious being blood, faeces, and vomit.
- The Ebola virus has also been detected in breast milk, urine, and semen. In a convalescent male, the virus can persist in semen for at least 70 days; one study suggests persistence for more than 90 days.
- Saliva and tears may also carry some risk. However, the studies implicating these additional bodily fluids were extremely limited in sample size and the science is inconclusive. In studies of saliva, the virus was found most frequently in patients at a severe stage of illness. The whole live virus has never been isolated from sweat.
- The Ebola virus can also be transmitted indirectly, by contact with previously contaminated surfaces and objects. The risk of transmission from these surfaces is low and can be reduced even further by appropriate cleaning and disinfection procedures.
- EVD is not an airborne infection. Airborne spread among humans implies inhalation of an infectious dose of virus from a suspended cloud of small dried droplets.
- Speculation that EVD might mutate into a form that could easily spread among humans through the air is just that: speculation, unsubstantiated by any evidence.