

WHO Response to the Ebola Virus Disease outbreak
UPDATE BY THE WHO REGIONAL DIRECTOR FOR AFRICA
As of 20 September 2014

A. INTRODUCTION

1. The first case of the current Ebola Virus Disease (EVD) was reported in Guinea in March 2014. Since then the outbreak has spread to Sierra Leone, Liberia, Nigeria and Senegal. A separate Ebola outbreak in the Democratic Republic of Congo was also reported in August 2014.
2. The WHO Regional Office for Africa has been working together with Member States and other technical partners in responding to the Ebola outbreak in the Region. This report provides an update on the situation of the outbreak and recent key developments since the late update was issued on 31 August 2014.

B. CURRENT SITUATION OF THE EBOLA OUTBREAK

3. As of 18 September 2014, Guinea, Liberia and Sierra Leone continued to report confirmed cases of Ebola Virus Disease (EVD). These cases were reported in the following localities: Guinea (Conakry, and Macenta); Sierra Leone (Kenema, Bo, Bombali, Western Area Urban and Tonkolili); and Liberia (Montserrado, Grand Bassa, Bong, Lofa and Margibi). In total, 143 new cases (confirmed, suspected and probable) and 45 deaths attributable to EVD were reported to have occurred on 18 September 2014. The Table below summarizes the official data from the EVD affected countries as of 18 September 2014.

Countries	New cases and deaths of EVD on 18 Sep 2014		Cumulative number of EVD Cases and deaths		Cumulative number of cases and deaths of EVD in Health Care Workers	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
Guinea	6	0	965	623	66	35
Liberia	93	39	3022	1578	174	85
Sierra Leone	41	4	1753	584	96	61
Nigeria	0	0	21	8	11	5
Senegal	0	0	1	0	0	0
DR Congo	3	2	71	40	8	8
Total	143	45	5833	2833	355	194

4. On the whole, the outbreaks in Senegal and Nigeria are pretty much contained. There has been no new confirmed case of EBV reported from Senegal since the first and only case was reported on 29 August 2014, and the last case of EBV reported by Nigeria was on 8 September 2014.

C. RECENT DEVELOPMENTS

Since the last report the following important developments have occurred:

Global response and coordination:

5. At its 7268th meeting held on 18 September, the United Nations Security Council recognized the EBV outbreak as threatening global health and security and unanimously adopted Resolution 2177 on the establishment of an UN-wide initiative that draws together all assets of all relevant UN agencies to tackle the crisis. This was only the second disease in history that has reached the attention of the Security Council.
6. Dr David Nabarro, the Senior UN System Coordinator for the Ebola Virus Disease, visited Guinea, Sierra Leone and Liberia from 7 to 13 September 2014. The objective of this mission was to explain to the governments the new UN coordination platform for the EVD response and to seek partner support. The global UN response platform is expected to generate UN country platforms that will enhance coordination of UN agencies in providing support to governments and affected communities.

Regional preparedness and response:

7. A regional high level multi-sectoral Ministerial meeting on emergency preparedness and response to Ebola Virus Disease outbreak was concluded on 17 September 2014 in Nairobi, Kenya. The meeting was organized by the East African Community (EAC) Secretariat in collaboration with the Government of Kenya, the Inter-Governmental Authority on Development (IGAD) and WHO. The EAC Ministerial Meeting adopted a Regional Ebola Emergency Preparedness and Response Plan and called on East African countries to, among others, ensure compliance with the International Health Regulations-Emergency Committee recommendations and AU decisions on travel and trade restrictions, and ensure the remittance of their financial contributions to the African Public Health Emergency Fund.
8. A conference of Ministries of Health of the CEMAC sub region was organized in Brazzaville from 16 to 18 September 2014 by the Office of the Epidemic Control in Central Africa (OCEAC) in collaboration with WHO. An emergency work plan on preparedness and response to Ebola was adopted by the Ministries of Health.
9. In line with the WHO Road map and the Regional Emergency Strategy plan on EVD, WHO AFRO has developed an EVD operational plan for country readiness to strengthen preparedness and readiness in 41 countries in the region.
10. New Ebola treatment centers continue to be built in the affected countries. In Liberia, a new Treatment Unit (Island Clinic) has been completed and will provide 120 beds. In Sierra Leone, the International Federation of Red Cross has established a new treatment center with a capacity of 60 beds.

Resource mobilization and partnerships:

11. On 16 September 2014, the US Government, while recognizing the EVD outbreak as a national security priority, announced the allocation of significant resources to create a new training site to train thousands of health workers so they can effectively and safely care for more patients, build additional treatment units, including new isolation units and join international partners and local communities in a Community Care Campaign to distribute supplies and information kits to families so they can better protect themselves.
12. Other bilateral support has been mobilized and/or committed from France, Cuba (150 medical personnel for Sierra-Leone), the United Kingdom (for Sierra-Leone), the European Union and the Republic of China (medical supplies, including a field laboratory for Liberia).
13. WHO has mobilized financial resources amounting to USD 60 million from the African Development Bank to support the response in the affected countries. The World Bank has also pledged USD 200 million towards the EVD response in West Africa. The African Union has committed to deploying 100 clinicians to support the EVD response in the affected countries.

D. KEY CHALLENGES

The response to the EBV outbreak still continues to face challenges:

14. There is still limited capacity – inadequate numbers of health workers and beds - in Guinea, Liberia and Sierra Leone to ensure effective and safe management of Ebola cases.
15. The governments of some of the affected countries are having problems in paying salaries and incentives to health workers.
16. Community resistance and insecurity have continued in some localities in Guinea. This situation is contributing to suboptimal implementation of Ebola interventions.
17. In-country logistical challenges still exist in getting essential supplies and PPEs to affected localities and communities and the closure of borders by some governments and the suspension of flights to and from some affected countries are still compromising the delivery of supplies and the deployment of international staff.