

UN Mission for Ebola Emergency Response (UNMEER) External Situation Report

5 February 2015

KEY POINTS

- Case incidence increased in all three countries for the first time this year
- Community resistance remains a concern in pockets of affected countries
- Logistics Cluster continues to coordinate delivery of critical relief items

Key Political and Economic Developments

1. On 4 February, the United Nations Chef de Cabinet, Ms. Susana Malcorra, accompanied by UNMEER SRSG Ismail Ould Cheikh Ahmed paid a one-day visit to Freetown, Sierra Leone where she met with President Ernest Bai Koroma of Sierra Leone. Ms. Malcorra also met with response actors, including UNMEER and UN agencies where she appreciated the collective efforts to support the countries defeat Ebola. Today, the Chef de Cabinet will be holding strategic talks with senior managers of UNMEER to take stock of progress and look forward.

Response Efforts and Health

2. In total, 22,460 confirmed, probable, and suspected cases of EVD have been reported in the three most affected countries. There have been reported 8,966 deaths.
3. WHO reports that weekly case incidence increased in all three countries for the first time this year. There were 124 new confirmed cases reported in the week to 1 February: 39 in Guinea, 5 in Liberia, and 80 in Sierra Leone, compared to 30, 4 and 65, for the week to 25 January. The case fatality rate among hospitalized cases (calculated from all confirmed and probable hospitalized cases with a reported definitive outcome) is between 50% and 61% in the three most affected countries.
4. Continued community resistance, increasing geographical spread in Guinea and widespread transmission in Sierra Leone, and a rise in incidence show that the EVD response still faces significant challenges. A total of 10 of 34 prefectures in Guinea reported at least one security incident or other form of refusal to cooperate in the week to 1 February. No counties in Liberia and 3 districts in Sierra Leone reported at least one similar incident during the week to 27 January. As the wet season approaches, there is an urgent need to end the outbreak in as wide an area as possible, especially in remote areas that will become more difficult to access.
5. On 4 February in Guinea, UNMEER received a request for the provision of 17 vehicles from the National Ebola Response Centre (NERC) Coordinator. The Coordinator noted that the vehicles would augment national response efforts in 17 priority prefectures where EVD remains an active concern and those in border areas.
6. WHO continues to provide support to the Margibi County Health Team (CHT) to trace contacts of a recent Montserrado confirmed case that died in Margibi, Liberia. At the time of reporting 32 contacts have been listed for follow-up. Infection prevention and control interventions are also underway to enforce triage in health facilities in the county in collaboration with the AU Support to Ebola Outbreak in West Africa (ASEOWA) and the CDC.
7. The County Health Team (CHT) in Grand Gedeh County dispatched a fact-finding team led by the District Health Officer DHO of B'hai district to Toe town which is the entry point into the county through Nimba County in Liberia from Guinea following information that some people could be fleeing the Ebola flare-up in Lola (Guinea). The team reported that they alerted the local authorities as well as the health staff to increase vigilance (see sitrep of 4 February).

8. In Sierra Leone, UNDP and UNMEER continue to provide support to the efforts of the National Ebola Response Centre (NERC), to implement the revised Hazard Policy payment aimed at re-classifying Ebola Response Workers (ERWs) based on real risks and further ensuring fiduciary sustainability and compliance. Biometric verification of ERWs commenced last week in Western Area. As of 1 February about 10,000 ERWs were verified, with several fraudulent ERWs in the Western Area discovered and reported to the Anti-Corruption Commission.

Logistics

9. The Logistics Cluster continues to coordinate the free-to-user inter-agency flights from the Europe Staging Area at Cologne Bonn Airport, in order to facilitate the delivery of critical relief items to the affected countries. On 4 February, a flight to Conakry and Freetown delivered cargo from/for? 12 organisations, including nine ambulances for UNOPS, laboratory and hospital equipment for WHO and coveralls for UNICEF. A double-drop flight is scheduled for 10 February for Freetown and Monrovia. A further flight is Conakry and Freetown on 18 February. The Logistics Cluster will continue to coordinate interagency flights to the region, but on a cost-recovery basis; partners are being encouraged to harmonise their upstream supply chains due to the surplus of cargo entering the three countries.
10. For regular logistics operational information please visit <http://www.logcluster.org/ops/ebola14>.

Resource Mobilisation

11. The OCHA Ebola Virus Outbreak Overview of Needs and Requirements, now totaling USD 2.27 billion, has been funded for USD 1.23 billion, which is around 54% of the total ask.
12. The Ebola Response Multi-Partner Trust Fund currently has USD 136.8 million in commitments. In total USD 140 million has been pledged.
13. All humanitarian partners, including donors and recipient agencies, are encouraged to inform OCHA's Financial Tracking Service (<http://fts.unocha.org>) of their contributions via the e-mail address: fts@un.org.

Outreach and Education

14. NSTR

Essential Services

15. IOM implementing partner in Sierra Leone, Oxfam, continues interim home care kit distribution through their community-based active case finding activities in four wards in the Western Area, John Thorpe, Kontolloh, Thunderhill, and Rokel communities.
16. The Periodic Intensified Routine Immunization (PIRI) campaign teams reported community resistance in some parts of the districts at the IMS meeting in Grand Gedeh County. The misconception about Ebola vaccines trials, ongoing in Monrovia, persists in various districts (Cavalla, Gbao and Putu districts) where some of the town chiefs rejected the vaccination exercise in their communities.
17. On 4 February, UNOPS signed an MoU with the Ministry of Health & Social Welfare (MoH&SW) in Liberia to revamp the infrastructure of 45 health facilities throughout the country. The UNOPS implementation plan calls for the deployment of engineering and construction teams to Voinjama (Lofa County), Gbarnga (Bong County), Fish Town (River Gee County), Harper (Maryland County) and Tubmanburg (Bomi County). UNMEER will provide logistical support for the UNOPS field teams.

Upcoming Events

18. NSTR

Attachments and resources

19. Reliefweb: [Maps on the EVD response](#)