



## OVERVIEW OF NEEDS AND REQUIREMENTS FOR THE EBOLA RESPONSE PHASE 3 FRAMEWORK

Office of the United Nations Special Envoy on Ebola  
1 November 2015 - 31 March 2016

---

Twenty-year-old Mariatu Karoma (pictured second from the right) tragically lost her mother, father, brother and uncle to the Ebola virus when it spread through Pate Bana Marank village, near the city of Makeni, Sierra Leone, during the height of the outbreak. Of the village's approximately 1,000 residents, a total of 119 lost their lives to the virus. While Mariatu managed to avoid infection, she now supports her four orphaned siblings (also pictured), one of whom is an Ebola survivor. She does so by feeding them, sending them to school and caring for them when they fall ill, despite not having a job or income support. In spite of the many daily challenges she faces, Mariatu continues to hope that she will one day be able to complete her studies, which were interrupted by the outbreak, and go on to attend medical school. Mariatu, her siblings and countless others like them in the three Ebola-affected countries of Guinea, Liberia and Sierra Leone epitomize the spirit of hope and determination present among survivors and their families despite the awful consequences of the outbreak, persistence of the threat in some areas and the many support needs they have.

Photo credit: WHO/Rob Holden

---

# TABLE OF CONTENTS

## INTRODUCION **4**

- I. SUMMARY PLAN **5**
- II. ESTIMATING RESOURCE NEEDS **13**
- III. TOTAL FINANCIAL REQUIREMENTS **13**
- IV. FUNDING NEEDS BY IMPLEMENTING ORGANISATION **14**
- V. FUNDING NEEDS BY CATEGORY OF WORK **17**
- VI. FUNDING NEEDS BY AFFECTED-COUNTRY **21**
- VII. CONCLUSION **23**

## ANNEX A **24**

## INTRODUCTION

1. Thanks to the considerable efforts of the many national and international actors working on the response to the Ebola outbreak in West Africa, and the strong partnerships between them, the incidence of the disease has decreased markedly since the height of the outbreak. The contribution of resources thus far by governments, other contributing partners and the Ebola-affected countries themselves has been significant in this regard. Sustainment of these partnerships remains much needed to end the outbreak and prevent re-emergence of the disease.
2. Today, transmission is ongoing and the risk of reintroduction due to virus persistence has led to a shift in the strategy for achieving and maintaining zero cases. Members of the Interagency Collaboration on Ebola<sup>1</sup>, a coordination body convened by the World Health Organization, have developed a Strategic Framework for Phase 3 of the Ebola Outbreak Response. That document offers a plan for achieving and sustaining 'resilient zero' in Guinea, Liberia and Sierra Leone through actions to be undertaken by Ebola-affected communities and national authorities, with support from the international community. The Strategic Framework was developed, in September 2015, through consultations that build on the national strategies discussed and agreed to with national governments and national and international stakeholders. Barring unforeseen developments, the funding needs of organisations implementing the Phase 3 Framework Strategy, as set out in this document, are valid until 31 March 2016.
3. The purpose of the Phase 3 Strategic Framework is to incorporate new knowledge and tools into the ongoing Ebola response and recovery work. It includes a surveillance strategy designed to promptly detect new, suspected cases of Ebola and deaths so as to trigger an appropriate response, including rapid diagnosis, case isolation and management, contact tracing and safe burial, along with the identification of transmission chains. This third phase in the response effort builds upon Phase 1 (the rapid scale-up of treatment beds, safe and dignified burial teams and behaviour change capacities), which was active from August to December 2014. In addition, it builds on phase 2 (enhanced capacities for case finding, contract tracing and community engagement), established from January to August 2015.
4. This accompanying document offers an overview of the funding needs and requirements, for the period 1 November 2015 to 31 March 2016, of UN agencies, their implementing partners and other organisations for whom information

---

<sup>1</sup> Membership of the Inter-Agency Collaboration on Ebola consists of representatives of the IFRC, OCHA, UNDP, UNICEF, WFP and WHO, as well as the Resident Coordinators of the three affected countries. Further, with the closure of the United Nations Mission for Ebola Emergency Response (UNMEER), the World Health Organization (WHO) has taken over stewardship of the response effort and of coordinating the organisations involved in the response at the international, national, local government and community levels.

about bi-lateral support was provided that are working in support of the Phase 3 Strategic Framework. The organisations' needs are based on the assumption of continued in-kind support in critical areas such as, inter alia, laboratory and diagnostics capacity. Although the resource needs presented are valid until the end of March 2016, national governments and participating organisations intend, as part of ongoing prevention and recovery efforts, to continue implementing many of the activities beyond that date.

5. Figure B5 in this document provides a list of the UN agencies and other organisations implementing the Phase 3 Strategic Framework who participated in the implementation planning process and provided information about their funding shortfalls through to 31 March 2016. Figure A2 lists, in addition to those actors, UN agency implementing partners and other organisations operating with bi-lateral support about which programmatic information was provided. There are in all likelihood some organisations supporting the Phase 3 Strategic Framework that are not reflected in this report, in particular those receiving bi-lateral support and/or not participating in UN coordination mechanisms. In that connection, this document does not provide an exhaustive list of all organisations supporting the Framework and their funding needs. For a comprehensive understanding of the objectives, activities, timeline and funding requirements of the Framework Strategy, reference should be made to the Phase 3 Strategy paper (see [http://apps.who.int/iris/bitstream/10665/184693/1/ebola\\_resilientzero\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/184693/1/ebola_resilientzero_eng.pdf?ua=1)).

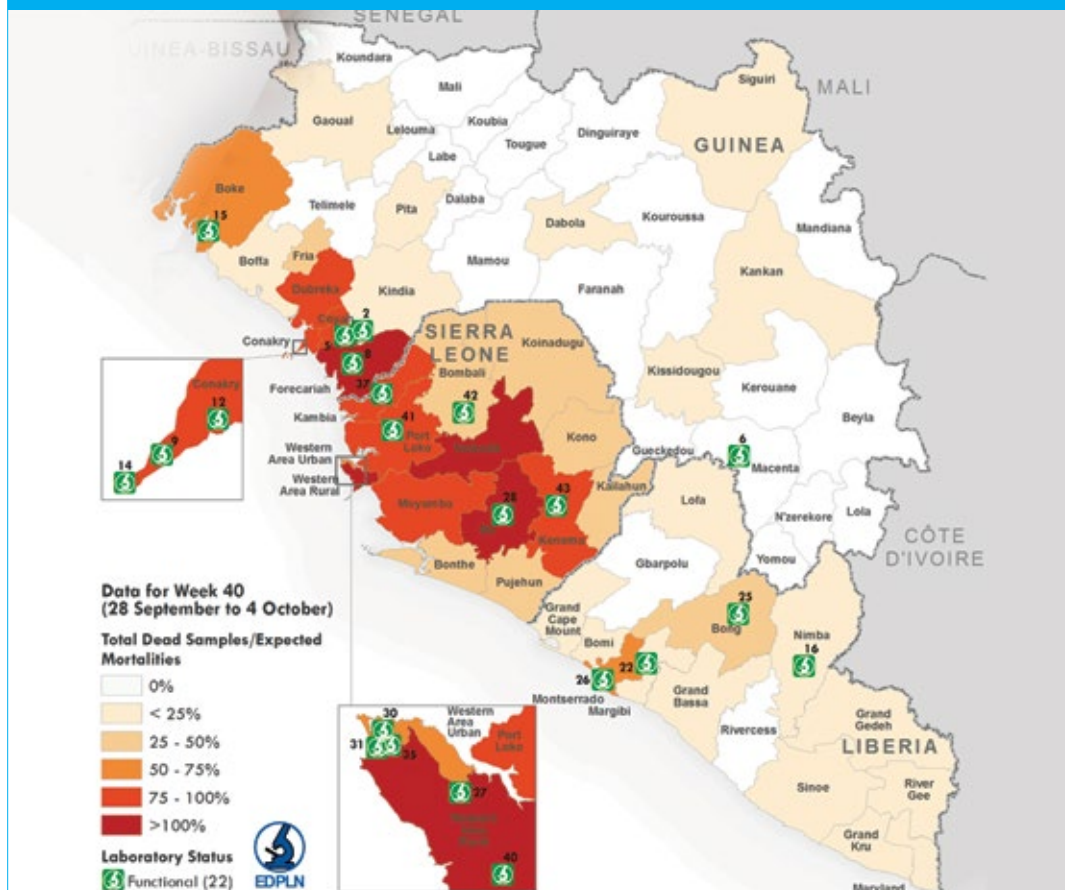
## I. SUMMARY PLAN

6. The objectives of the Ebola Response Phase 3 Strategic Framework are (1) to accurately define and rapidly interrupt all remaining chains of Ebola transmission and (2) identify, manage and respond to the consequences of residual Ebola risks. To support operational planning and the articulation of funding needs, the various activities participating organisations will implement to achieve these objectives are arranged according to the following five categories of work: case finding and contact tracing, case management, community support, leadership and coordination and survivor support.
7. Organisations will undertake the activities needed to achieve objective 1 in districts or prefectures where there are active transmission chains or where there were chains interrupted within the previous 42 days. At the time of writing, this included Conakry and Forecariah prefectures in Guinea. Activities conducted in pursuance of objective 2 will be implemented in all Ebola-affected districts and prefectures, as required, with each district assessed and prioritised for action based on the time since the last Ebola case, number of Ebola survivors and other related risk factors. Objective 2 activities are oriented towards ensuring a 'resilient zero', in that they will be implemented for 3 months and 42 days after the last date of active transmission.
8. Additional information about the categories of work and how they relate to the Phase 3 Strategic Framework objectives is set out in the remainder of this section, with the contributions of participating organisations noted in the relevant areas.

## CASE FINDING AND CONTACT TRACING

9. Activities undertaken as part of case finding and contact tracing will involve (a) case investigation and contact tracing, (b) community surveillance (live and death alerts), (c) laboratories and diagnostics and (d) vaccination.
10. Organisations will work to define and rapidly interrupt active transmission chains (objective 1) through *case investigation and contact tracing* that involves the systematic integration of epidemiological and socio-anthropological case investigation to determine and record the source of infection, as well as to identify and follow-up on all contacts. Organisations undertaking work in this area will also assess all relevant chiefdoms, villages and households based on risks associated with each chain of transmission.
11. *Community surveillance (live and death alerts)* to achieve objective 1 will involve tracing and recovering missing contacts (including beyond 21 days to determine their ultimate welfare) and expanding the identification of likely destinations and priority villages for active case searching. To identify, manage and respond to the residual Ebola risks (objective 2), implementing organisations will provide ongoing support to district/prefecture health teams to facilitate their close work with chiefs and other community leaders in order to ensure that swabs are taken from community deaths and that all suspect Ebola cases are reported and investigated. In Sierra Leone, community surveillance will be conducted by organisations working closely with Village Development Committees.
12. *Regarding laboratories and diagnostics*, participating organisations, particularly the World Health Organisation (WHO) and partners throughout the region, and Expertise France (NGO) in Guinea, will work towards objective 1 through the transportation and testing of blood samples of suspect cases, including genetic sequencing to help determine likely source of infection. In addition, the organisations will undertake testing of Ebola patients during treatment, prior to discharge. To help achieve objective 2, a 'resilient zero', the organisations working in this area will test swabs from community deaths and survivor semen.
13. Of note, national governments have requested participating organisations and other partners to sustain this work throughout 2016, including through surveillance and testing of suspected live Ebola cases and the continuation of dead body testing until the end of 2016 (with a reassessment scheduled for June 2016). Support will be needed from international partners to sustain the surveillance network throughout the three Ebola affected countries until the end of 2016, including through significant laboratory capacity support. The maintenance of such capacity relies on a combination of funding for participating organisations and the in-kind support of national and international partners. The following map shows the current coverage area of laboratory testing and scale of the need for further investment, through in-kind support, in laboratories and surveillance.
14. Efforts to interrupt active transmission chains will also involve WHO supporting ring *vaccination* for contacts and 'contacts of contacts' in accordance with protocols established under the Ebola vaccine trial.

**FIGURE A1: MAP OF LABORATORY DEPLOYMENT AND SURVEILLANCE PERFORMANCE (28 SEPT. TO 4 OCT. 2015)**



LAB NO.	LAB NAME AND LOCATION	LAB NO.	LAB NAME AND LOCATION
2	CREMS Lab, Kindia	26	MOH Lab, Montserrado
5	EU Mobile Lab, Coyah	27	US-CDC Lab, Bo
6	IP France, Macenta	28	China-CDC Lab, Jui
8	K-Plan Mobile Lab, Forecariah	30	CPHRL/DTRA, Lakka
9	IP Dakar, Conakry	31	EMDF/NICD, Lakka
12	REDC Lab, Conakry	35	MOH/Emergency, PCMH/Freetown
14	K-Plan Mobile Lab, Conakry	37	Nigeria Mobile Lab, Kambia
15	Boke Mobile Lab	40	PH England Mobile Lab, Kerry Town
16	Tappita Lab, Nimba	41	PH England Mobile Lab, Port Loko
22	LIBR National Reference Lab/USAMRIID	42	PH England Mobile Lab, Makeni
25	OIC-NMRC Mobile Lab Bong		

**Notes:**

- a. The analysis includes initial and repeat samples, but excludes samples with unknown and incorrect testing weeks and samples with unknown or incorrect location information.
- b. EDPLN: Emerging and Dangerous Pathogens Laboratory Network.
- c. The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

## CASE MANAGEMENT

15. Areas of work that fall under case management involve (a) Ebola treatment and transit centres, (b) infection prevention and control, (c) ambulance services and (d) safe and dignified burials.
16. To support *Ebola treatment and transit centres*, the International Organisation for Migration (IOM) and WHO, among others, in Liberia and throughout the region, respectively, will take steps to ensure optimal clinical management of and procedures for all Ebola cases to further improve patient survival. In their work on *infection prevention and control*, the organisations will alert, assess and support all health centres and referral facilities that may be at risk in the area surrounding the new transmission chain to ensure appropriate infection prevention and control measures (e.g. 'ring IPC' approach). Insofar as achieving a 'resilient zero' is concerned, the participating organisations will establish and maintain safe triage, isolation and improved infection prevention and control in all health facilities.
17. Organisations, particularly the SMART (Social Mobilization and Respectful Burials Through faith-based alliance) consortium in the case of Sierra Leone, will support the fleet management of *ambulance services* to ensure the rapid, safe and secure transportation of suspect and probable cases to Ebola treatment centres. In addition, organisations, mainly the national Red Cross societies of the affected countries, will support *safe and dignified burials* to ensure the safe management of dead bodies and burial of patients in a dignified manner and in accordance with local customs, where those patients died from suspected or confirmed Ebola virus disease. At the regional/international level, WHO will maintain a medical evacuation service for international personnel working on the Ebola response.

## COMMUNITY SUPPORT

18. As was the case in previous phases of the response, community support remains a key element of efforts to sustainably end the Ebola outbreak. In the Phase 3 Strategic Framework, this category of work involves (a) social mobilization/community engagement, (b) food and family kits, (c) water and sanitation, (d) mental health, psycho-social support and health services and (e) social protection and benefits.
19. More specifically, organisations helping to rapidly define and interrupt active transmission chains through *social mobilization/community engagement* will support and build the capacity of local leaders to take responsibility and accountability for working with households to ensure all contacts are identified, missing contacts are found and followed, quarantined households are properly managed, active surveillance is properly targeted and safe and dignified burials are undertaken. In addition, they will engage specific community groups that could be potential drivers of the disease, such as traditional healers, taxi drivers and border/wharf communities, and they will identify and address the core issues that create barriers between communities and the response. In support of objective 2, organisations will continue to work with local leaders and communities to ensure an understanding of the risks associated with Ebola is maintained.



- 20. The Phase 3 Strategic Framework recognises and incorporates the need to have organisations provide *food and family kits* to communities, families and individuals affected by an Ebola event. In addition, it includes the provision by, inter alia, the United Nations Children's Fund (UNICEF) in Guinea and Plan International (NGO) in Liberia and Sierra Leone of *water and sanitation* support to communities, families and individuals affected by an Ebola event.
- 21. The Framework includes the provision of *mental health, psycho-social support and health services* to communities, families and individuals affected by an Ebola event. In addition, it provides for *social protection and benefits* by, inter alia, the International Rescue Committee in Sierra Leone and UNICEF in Guinea for improving, tailoring and monitoring a package of benefits and incentives for communities, families and individuals affected by an Ebola event.

## LEADERSHIP AND COORDINATION

- 22. The abovementioned categories will be underpinned in the Phase 3 Strategic Framework by a range of leadership and coordination activities that include: (a) incident command, (b) information management and reporting, (c) logistical support and (d) alert and help hotlines.
- 23. Under *incident command*, the UN Office for the Coordination of Humanitarian Affairs (OCHA), IOM, UNICEF and WHO will have various responsibilities for coordinating a rapid, multi-disciplinary response to each new chain of transmission. In addition, they will be responsible for ensuring operational excellence and full implementation of standard operating procedures. Overall leadership and coordination of the phase 3 response effort will be carried out by WHO. Reporting to WHO, the Regional Inter-Agency Ebola Crisis Lead and two Ebola Crises Managers will oversee coordination across the region until the end of 2015, at which point coordination within each country will revert to conventional UN Country Team structures. As coordination of response and recovery efforts across the UN system transitions to the Country Team structures, personnel will be recruited and deployed to the Resident Coordinators' offices to bolster their leadership and coordination capacity.
- 24. Various organisations will work with national actors on *information management and reporting* through assessment, systematic monitoring and effective reporting on all response services provided for each event. Similarly, organisations such as the World Food Program (WFP), among others, will provide *logistical support* as required, including through the management of forward operating bases; storage and transport of relief items; fleet management; humanitarian passenger and air cargo service; and implementation of the partnership with WHO to enable the health response.
- 25. To assist with rapidly interrupting active transmission chains (objective 1) and responding to the consequences of residual Ebola risks (objective 2), organisations will support national and regional *alert and help hotlines* to receive and notify relevant rapid response teams of Ebola alerts.

## SURVIVOR SUPPORT

- 26.** The provision of comprehensive support to Ebola survivors is a critically important element of efforts to achieve objective 2 (identify, manage and respond to the consequences of residual Ebola risks) of the Phase 3 Strategic Framework. It comprises two areas of work, (a) survivor screening and counselling and (b) survivor clinical services.
- 27.** In the first, *survivor screening and counselling*, organisations will establish national and key sub-national capacity to provide ongoing counselling and screening of all Ebola survivors (e.g., to screen the semen of all male survivors for at least 3 months after recovery and then monthly thereafter until they have twice tested negative). Regarding the second area, *survivor clinical services*, organisations will establish appropriate clinical services to provide care for the physical and psychological needs of Ebola survivors (especially for the high prevalence and serious consequences of musculo-skeletal and ocular complications).

## “WHO, WHAT, WHERE”

- 28.** The summary table below indicates *who* of the organisations that took part in the implementation planning process will undertake activities in support of the Phase 3 Framework Strategy, *what* the activities will be and *where* they will be supported: the so-called 3 “W’s” of the implementation plan. Notwithstanding any unforeseen developments, the Strategy is to be implemented over the period 1 November 2015 to 31 March 2015, with organisations progressively shifting their focus from objective 1 (accurately define and rapidly interrupt all remaining chains of transmission) to objective 2 (identify, manage and respond to any consequences of the remaining Ebola risks) as progress is made against objective 1 and commensurate with improvements in the epidemiological situation. Indications of such progress will be monitored and evaluated by WHO and partners, working in conjunction with national actors. Implementation of the strategy will be regularly refined according to the results. Organisations are listed in the table in alphabetical order.

FIGURE A2: FIGURE A2: THREE “W’S” SUMMARY TABLE			
CATEGORY	AREA OF WORK	COUNTRY/REGION	IMPLEMENTING ORGANISATION
Case finding & contact tracing	Case investigation & contact tracing	Guinea	IFRC/Guinea Red Cross, WHO
		Liberia	CDC, IFRC/Liberia Red Cross, UNFPA, WHO
		Sierra Leone	CDC, UNDP, UNFPA, UNICEF, WHO
		Global/Regional	WHO
	Community surveillance (live & death alerts)	Guinea	IFRC/Guinea Red Cross, UNFPA, UNICEF
		Liberia	CDC, Global Communities, IFRC/Liberia Red Cross, IOM, WHO
		Sierra Leone	CDC, UNDP, UNFPA, WHO
		Global/Regional	WHO

CATEGORY	AREA OF WORK	COUNTRY/REGION	IMPLEMENTING ORGANISATION
	Laboratories & diagnostics	Guinea	Expertise France, WHO, WHO EDPLN deployed labs & bilateral labs*
		Liberia	Academic Consortium Combating Ebola in Liberia, Defense Threat Reduction Agency, e-Health, Riders for Health, WHO, WHO EDPLN deployed labs & bilateral labs*
		Sierra Leone	UNDP, WHO, WHO EDPLN deployed labs & bilateral labs*
		Global/Regional	WHO
	Vaccination	Liberia	CDC, WHO
		Global/Regional	WHO
Case management	Ambulance services	Sierra Leone	Handicap international, SMART (Social Mobilisation & Respectful Burials Through faith-based alliance), UNDP
		Global/Regional	WHO
	Ebola treatment/transit centres	Guinea	Alliance for International Medical Action, WHO
		Liberia	IOM, UNICEF, WHO
		Sierra Leone	UNDP, UNICEF, WHO
	Infection prevention & control	Global/Regional	WHO
		Guinea	Expertise France, UNICEF, WHO, Women & Health Alliance International
		Liberia	UNICEF, WHO (+ education partners)
		Sierra Leone	CDC, IOM, UNICEF, UNFPA, UNOPS, WHO
	Safe & dignified burials	Global/Regional	WHO
		Guinea	IFRC/Guinea Red Cross
		Liberia	IFRC/Liberia Red Cross, WHO
		Sierra Leone	CAFOD, Catholic Relief Services, Concern Int., IFRC/Sierra Leone Red Cross, World Vision
		Global/Regional	WHO
	Community support	Food & family kits	Guinea
Liberia			Adventist Development & Relief Agency, Caritas, IOM, Life & Change Experienced through Sport, LIURD, Liberian National Red Cross Society, Plan int. UNICEF, Volunteers to Support International Efforts in Developing Africa, WFP
Sierra Leone			Plan Int., UNICEF, Welthungerhilfe, WFP
Global/Regional			WHO
Psycho-social support & health services		Guinea	Alliance for International Medical Action, Plan Int., Première urgence internationale, UNICEF, WHO
		Liberia	IOM, UNICEF
		Sierra Leone	International Rescue Committee, Plan Int., UNICEF, WHO
Social mobilization/ community engagement		Global/Regional	WHO
		Guinea	IOM, Plan Int., Première urgence internationale, UNICEF, WHO
		Liberia	Carter Centre, Defence for Children Int.-Libera, IOM, IREX, One Media House, Plan Int., UNICEF, Village Care International.
		Sierra Leone	IOM, Social Mobilisation Action Consortium, UNICEF, WHO
		Global/Regional	WHO

CATEGORY	AREA OF WORK	COUNTRY/REGION	IMPLEMENTING ORGANISATION
	Social protection & benefits	Sierra Leone	ACC Int., International Rescue Committee, National Commission for Social Action, Plan Int., UNICEF
		Guinea	UNICEF
		Global/Regional	WHO
	Water & sanitation	Guinea	IOM, Plan Int., Première urgence internationale, UNICEF
		Liberia	Plan Int., UNICEF, WFP
		Sierra Leone	IOM, UNICEF
	Global/Regional	WHO	
Leadership & coordination	Alert & help hotlines	Guinea	IOM/E-Health, UNICEF
		Liberia	WHO
		Sierra Leone	E-Health
		Global/Regional	WHO
	Incident command	Guinea	OCHA, IOM, WHO
		Liberia	CDC, OCHA, IOM, UNICEF, WHO
		Sierra Leone	OCHA, NERC, WHO
		Global/Regional	WHO
	Information management & reporting	Guinea	IOM, IOM/Institut national de la statistique, Measure Evaluation
		Liberia	OCHA, IOM, UNDP, UNFPA, WHO
		Global/Regional	WHO
	Logistical support	Guinea	Expertise France, IOM, Médecins Sans Frontières, UNDP, UNFPA, UNICEF, WFP
Liberia		WFP, WHO	
Sierra Leone		UNDP, WFP	
Global/Regional		WFP, WHO	
Survivor support	Survivor clinical services	Guinea	Agence française de développement, Institut de recherche pour le développement, UNICEF
		Sierra Leone	WHO, UNFPA
		Global/Regional	WHO
	Survivor screening & counselling	Guinea	UNFPA, UNICEF, WHO
		Liberia	IOM, UNICEF, WHO
		Sierra Leone	WHO, UNICEF
	Global/Regional	WHO	

\* Such partners include the Centers for Disease Control-China, Centers for Disease Control-US, EM-Lab Nigeria, EU Commission (e.g. EM-Labs, Institute Pasteur, et. al.), US Department of Defense, US Defense Threat Reduction Agency, National Microbiology Laboratory Public Health Agency of Canada, National Institute for Communicable Diseases South Africa and National Institutes of Health (US).

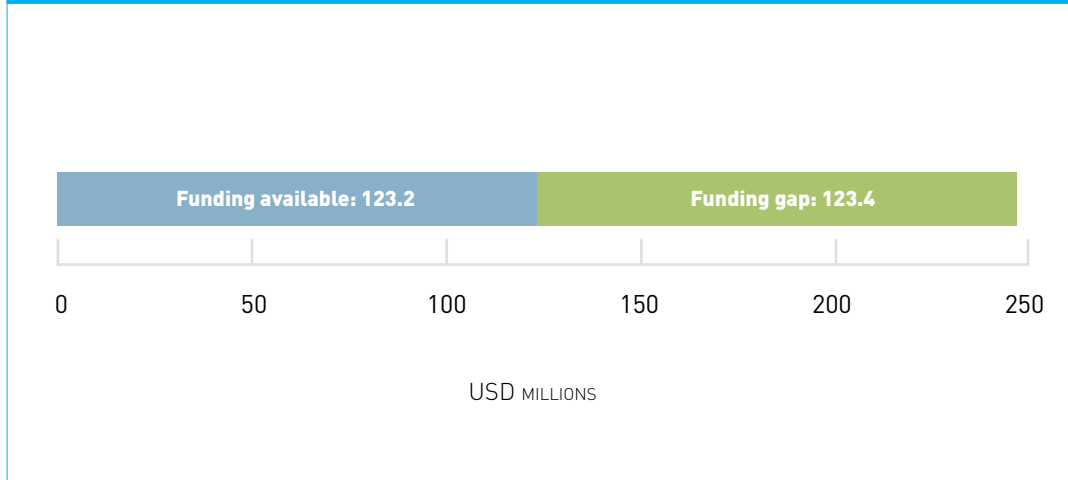
## II. ESTIMATING RESOURCE NEEDS

- 29.** The funding needs information presented in the sections that follow is based on data provided by the international organisations working in support of phase 3 of the Ebola response who took part in implementation planning and who have a funding shortfall. That data was generated during planning sessions in Guinea, Liberia, Sierra Leone and respective organisation headquarters under the coordination of the Regional Inter-Agency Ebola Crisis Lead, Ebola Crisis Managers, OCHA and WHO, at which international organisations identified the roles they would play in support of the Framework. All figures are USD millions unless indicated otherwise. Insofar as the funding needs for activities that involve multiple implementing organisations is concerned, this report assigns those needs to the lead organisation and presents them as that organisation's requirements only.
- 30.** While the Phase 3 Framework recognises and reflects the strong need for linkages across the response, early recovery and longer-term health system strengthening work outlined in the relevant National Health System Recovery Plans, its activities are distinct from those to be conducted as part of the Ebola recovery effort. In that regard, only activities directly related to the Framework objectives and for which funding is not being sought through other means are included in the information set out in this report. That said, participating organisations may continue to implement some of the activities, particular those related to objective 2, through to the end of 2016 as part of the recovery effort, as requested by national governments and national and international partners.
- 31.** Further, as noted above, the work of participating organisations relies on the ongoing partnerships and support of the vast network of national and international stakeholders involved in the response, including through financial and in-kind contributions for their own work and that of partners, but also for national governments and other national and international partners on whom the organisations rely to help deliver their activities. Sustained commitment is needed in this regard to avoid potential disruptions to services and maintain the capacity to respond to flares.

## III. TOTAL FINANCIAL REQUIREMENTS

- 32.** The total amount of funding required for implementation of the Phase 3 Framework by the participating organisations over the period 1 November 2015 to 31 March 2016 is US \$244.5 million. As of 1 November, the total funding already available to the organisations was US \$123.2 million, leaving a **total funding gap of US \$123.4 million** (50.5% of the total funding needed) for the five month period.
- 33.** The highest priority areas in terms of funding needs are support for national rapid response capacities, particularly in Guinea and Sierra Leone where active transmission continues or has only recently ended (see funding needs under Leadership and Coordination: Incident Command), respectively, and comprehensive care for Ebola survivors (see in particular paras. 40 and 41). The highest priority in terms of in-kind support remains laboratory capacity and supplies, these being critical to efforts to sustain a high level of surveillance.

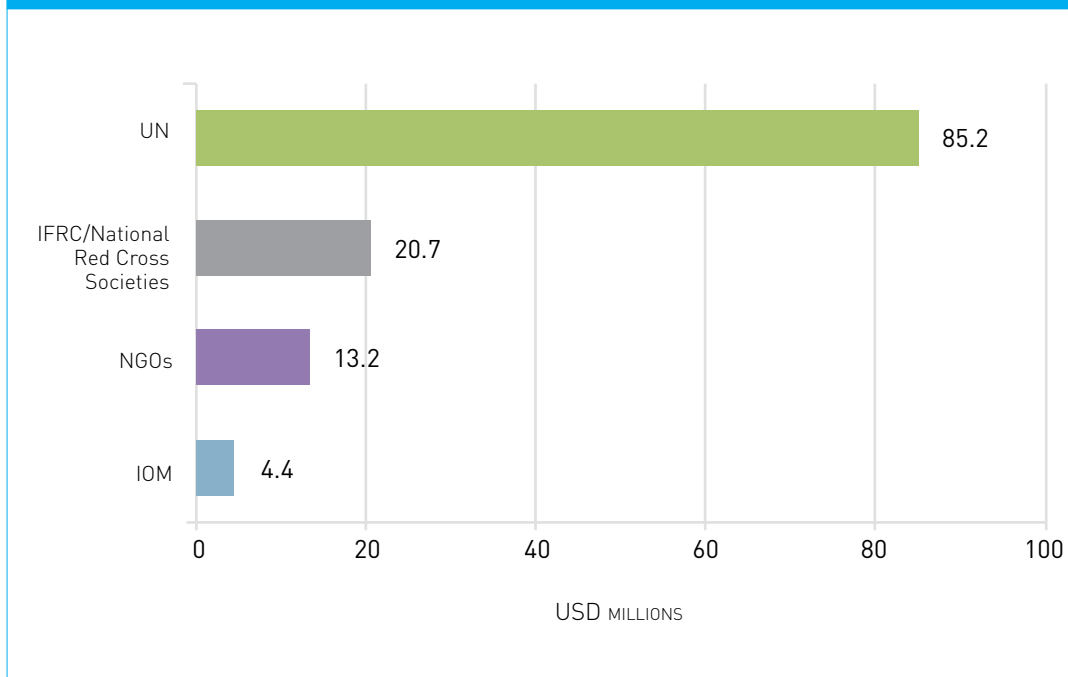
**FIGURE B1. TOTAL FUNDING NEEDED FOR EBOLA RESPONSE PHASE 3 FRAMEWORK (Nov 2015 - MAR 2016)**

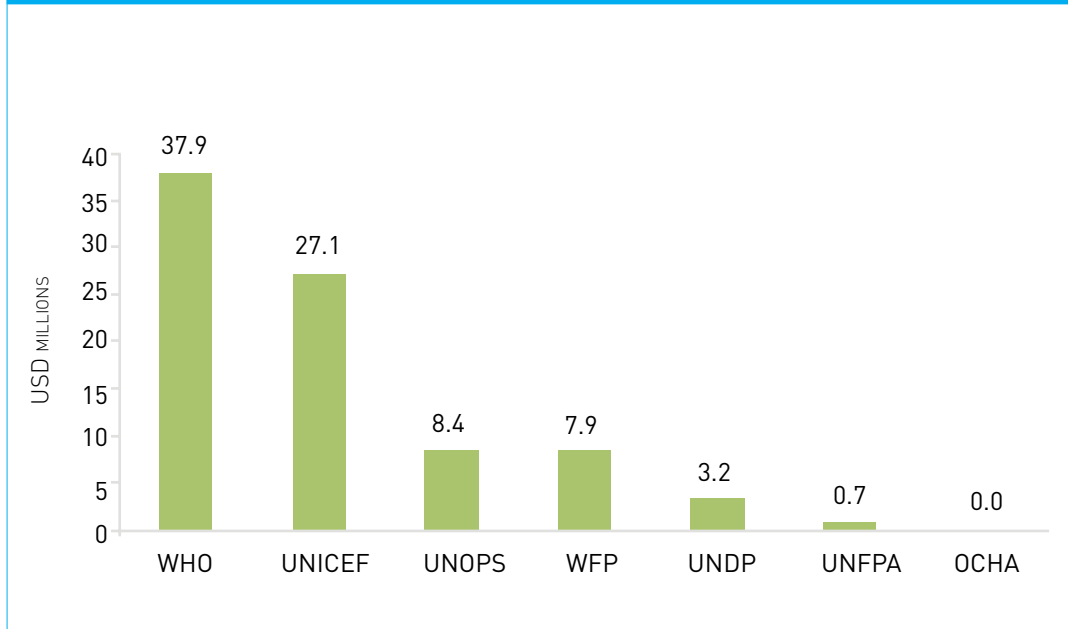
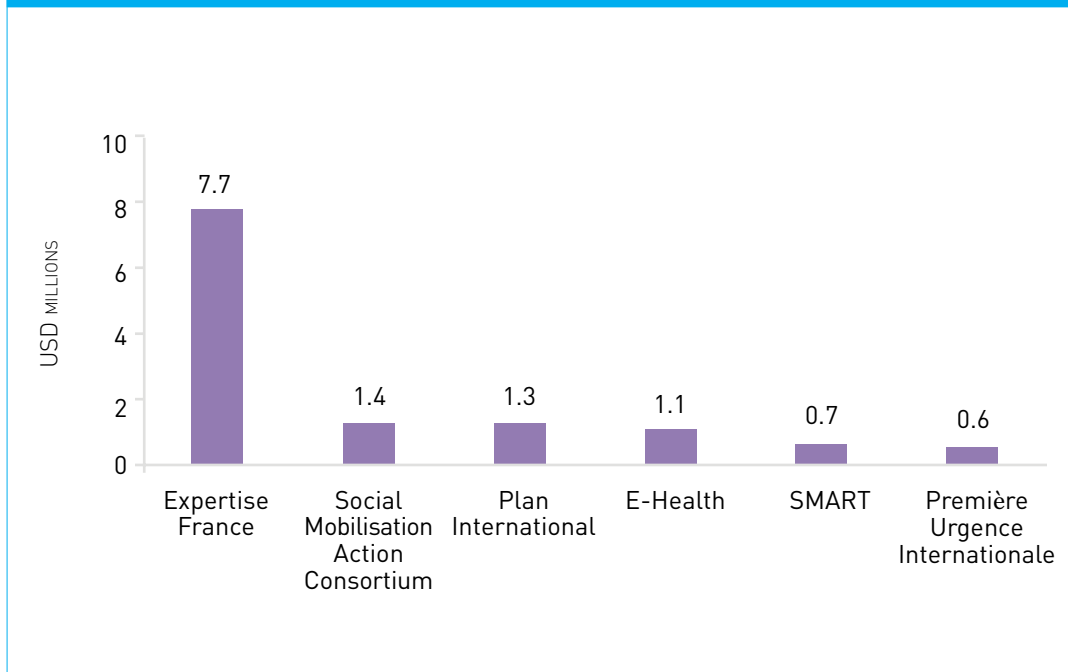


#### IV. FUNDING NEEDS BY IMPLEMENTING ORGANISATION

- 34.** The following charts show the funding gap for each category of organisation (Figure B2) and, thereafter, a break-down of the funding gap for each participating United Nations entity (Figure B3) and non-governmental organisation with a gap greater than US \$0.5 million (Figure B4), respectively.

**FIGURE B2. FUNDING GAP BY ORGANISATION TYPE**



**FIGURE B3. FUNDING GAP BY UN ENTITY**

**FIGURE B4. FUNDING GAP BY NGO (WITH GAP > US \$0.5 MILLION)**


- 35.** Presented in tabular form, Figure B5 sets out the total funding needs and gaps of those implementing organisations that have a funding shortfall.

**FIGURE B5: TOTAL FUNDING NEEDED BY AND AVAILABLE TO IMPLEMENTING ORGANISATIONS**

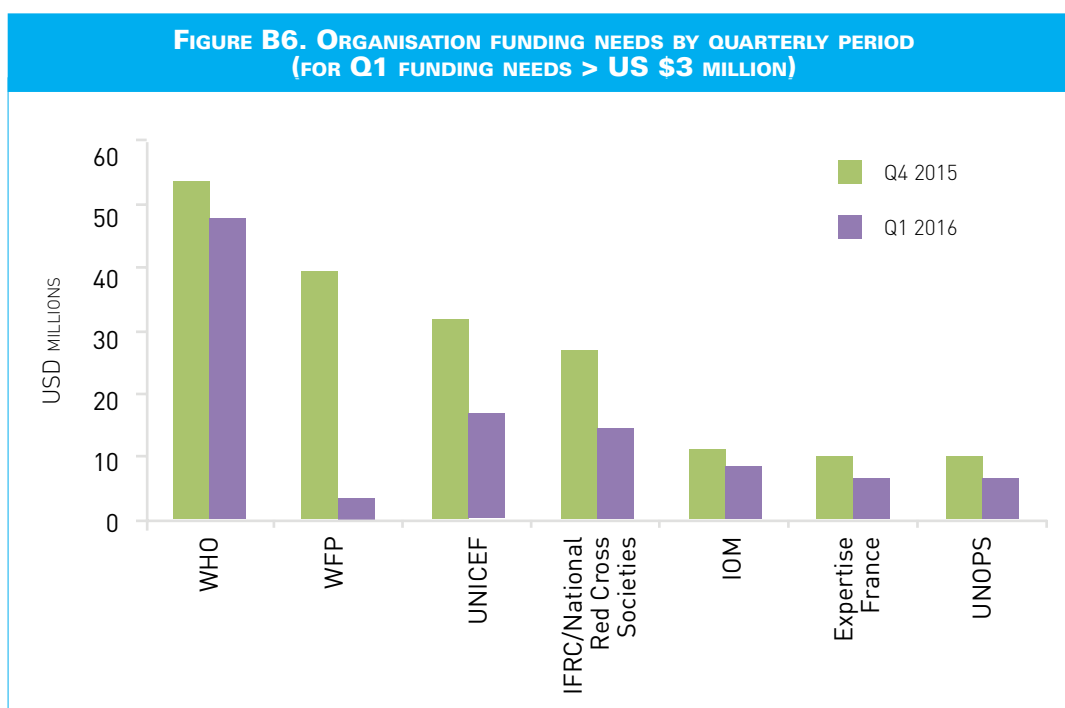
ORGANISATION	FUNDING NEEDED	FUNDING AVAILABLE	FUNDING GAP	FUNDING NEED MET (%)
<b>UN ENTITIES</b>				
WHO	84.06	46.82	37.89	55.7
UNICEF	37.99	10.90	27.09	28.7
UNOPS	13.10	4.73	8.37	36.1
WFP	29.78	22.61	7.87	75.9
UNDP	3.82	0.60	3.22	15.8
UNFPA	2.27	1.66	0.74	73.1
OCHA	0.77	0.77	0.00	100.0
<b>Sub-total</b>	<b>171.79</b>	<b>88.10</b>	<b>85.18</b>	<b>51.3</b>
<b>IFRC/NATIONAL RED CROSS SOCIETIES</b>				
IFRC/Sierra Leone Red Cross	17.14	5.41	11.73	31.6
IFRC/Guinea Red Cross	14.93	6.00	8.93	40.2
<b>Sub-total</b>	<b>32.07</b>	<b>11.41</b>	<b>20.67</b>	<b>35.6</b>
<b>INTERNATIONAL ORGANISATION FOR MIGRATION (IOM)</b>				
IOM	15.73	12.17	4.03	77.4
IOM/Institut National de la Statistique	0.31	0.11	0.20	35.0
IOM/E-Health	0.33	0.15	0.19	43.8
<b>Sub-total</b>	<b>16.37</b>	<b>12.43</b>	<b>4.42</b>	<b>75.9</b>
<b>NGOS</b>				
Expertise France	13.33	5.63	7.70	42.2
Social Mobilisation Action Consortium	3.03	1.68	1.35	55.4
Plan International	2.26	1.02	1.32	45.0
E-Health	1.10	0.00	1.10	0.0
SMART	0.79	0.04	0.75	4.6
Première Urgence Internationale	0.85	0.30	0.57	35.8
Institut de Recherche pour le Développement	0.33	0.15	0.19	43.8
Alliance for International Medical Action	0.92	0.85	0.10	92.9
Médecins Sans Frontières	0.50	0.45	0.05	90.0
Women and Health Alliance International	0.77	0.80	0.03	104.7
International Rescue Committee	0.02	0.00	0.02	0.0
Measure Evaluation	0.40	0.40	0.00	100.0
<b>Sub-total</b>	<b>24.29</b>	<b>11.31</b>	<b>13.19</b>	<b>46.6</b>
<b>TOTAL</b>	<b>244.53</b>	<b>123.25</b>	<b>123.45</b>	<b>50.4</b>

## QUARTERLY FUNDING NEEDS

- 36.** The nature of phase 3 of the Ebola response is such that operational costs are expected to decrease over the five month period of implementation as transmission of the virus declines and re-infection is prevented. In that connection, the following chart shows the variation in funding needs of

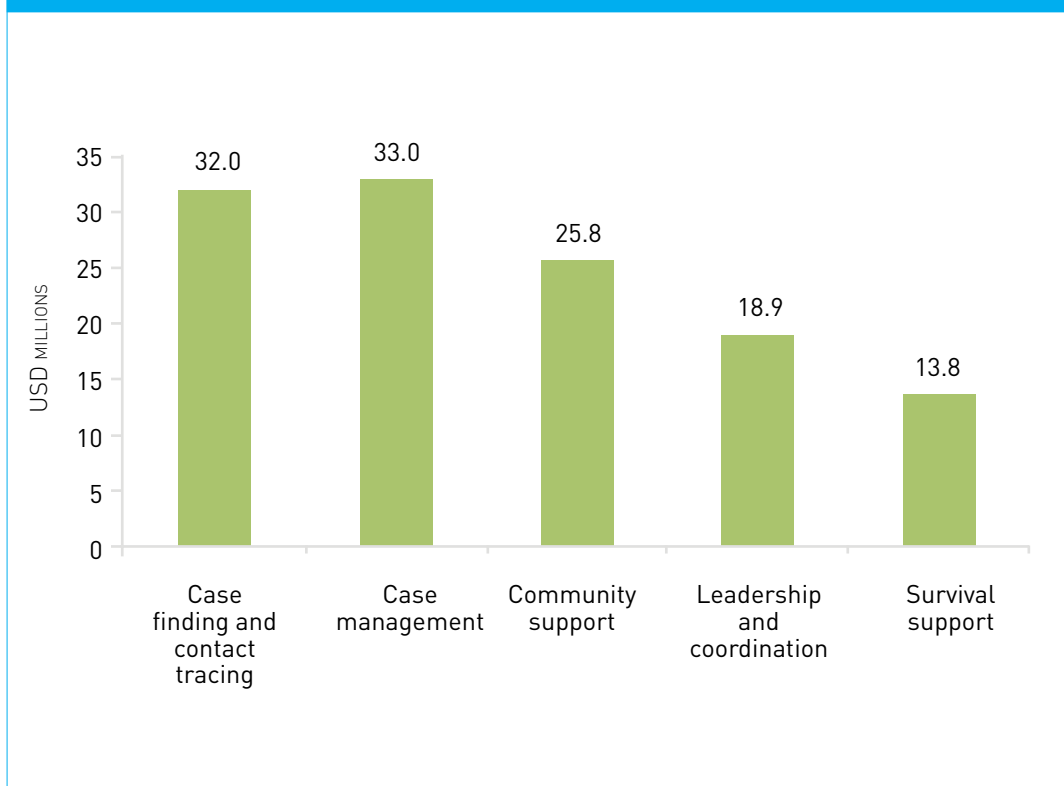


international organisations across two quarterly periods, 1 October to 31 December 2015 (Q4, 2015) and 1 January to 31 March 2016 (Q1, 2016), accepting that the funding needs for the month of October are no longer valid. In the interests of clarity, the chart shows only the information of those organisations with fourth quarterly period funding needs greater than US \$3 million. An exception to the trend of a decrease in quarterly funding needs is WHO owing to the expectation of national governments and national and international partners that it will maintain teams at the district/prefecture levels, through to the end of 2016, to sustain surveillance (including community engagement), improve Infection Prevention Control, provide incident support and support Rapid Response Teams.



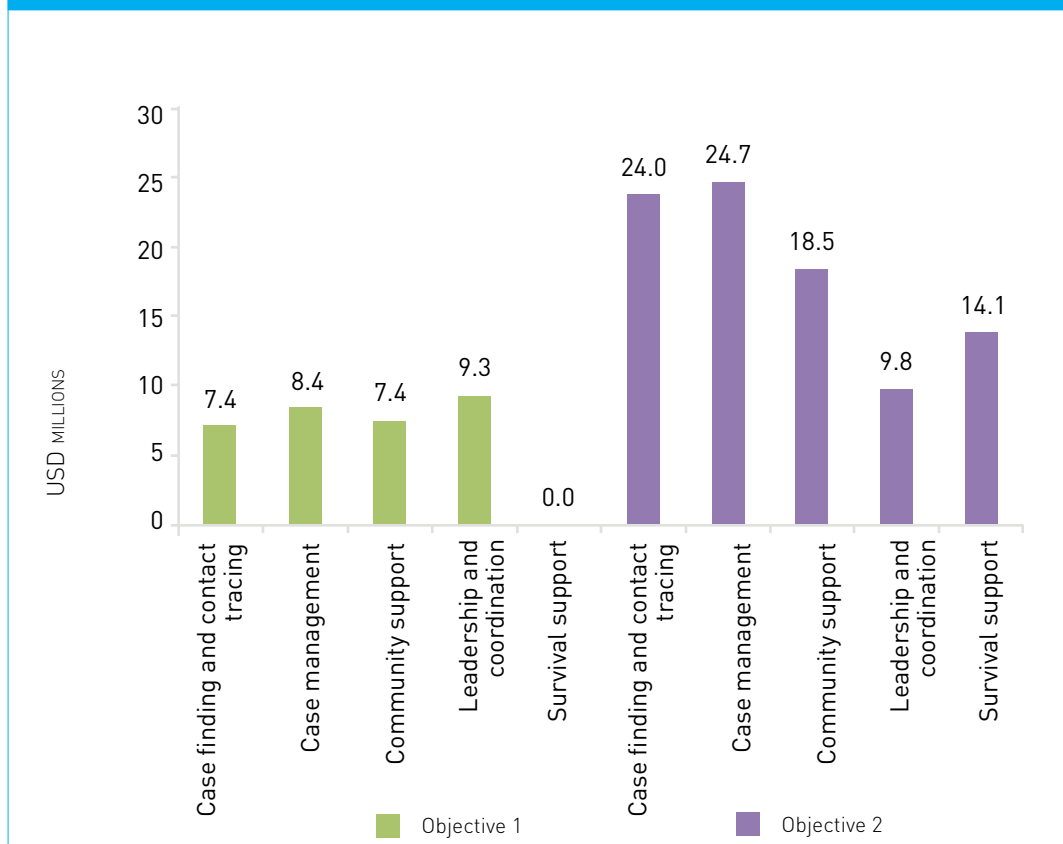
## V. FUNDING NEEDS BY CATEGORY OF WORK

- 37.** The following chart and table show implementing organisations' collective funding needs across each of the five categories of work (see paras. 6 to 28 for a description of the categories). The presentations show that, with just 7.9% of total funding needs met, survivor support is the category of work most under-funded in relative terms, followed by community support (40.6%). In absolute monetary terms, case management; case-finding and contact tracing; and community support have the largest funding gaps at US \$33 million, \$32 million and \$25.8 million each, respectively, over the five month period.
- 38.** Annex A to this report provides a breakdown of which organisations are undertaking which activities in the five categories of work and the program areas within those categories, along with their respective funding gaps.

**FIGURE C1. TOTAL FUNDING GAP BY CATEGORY OF WORK****FIGURE C2: : FUNDING NEEDS AND GAPS BY CATEGORY OF WORK (FOR EBOLA RESPONSE PHASE 3 FRAMEWORK OBJECTIVES 1 AND 2 COMBINED)**

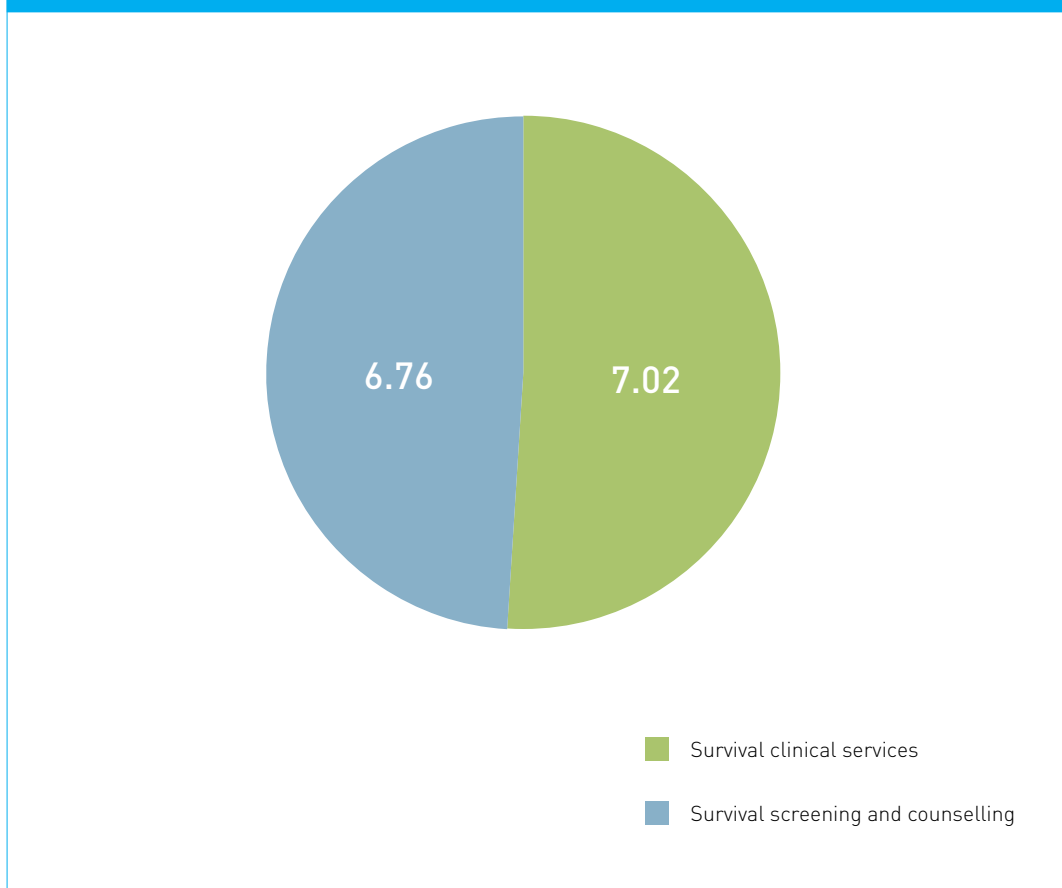
CATEGORY OF WORK	FUNDING NEEDED	FUNDING AVAILABLE	FUNDING GAP	FUNDING NEED MET (%)
Case finding and contact tracing	58.76	27.31	31.98	46.5
Case management	69.57	37.08	33.00	53.3
Community support	43.02	17.45	25.75	40.6
Leadership and coordination	58.25	40.23	18.94	69.1
Survivor support	14.93	1.18	13.78	7.9
<b>GRAND TOTAL</b>	<b>244.53</b>	<b>123.25</b>	<b>123.45</b>	<b>50.4</b>

- 39.** The following chart shows the total funding needs and gaps of organisations, disaggregated according to the Ebola Response Phase 3 Framework objectives and categories of work.

**FIGURE C3. FUNDING GAP PER OBJECTIVE AND CATEGORY OF WORK**


### SPECIAL FOCUS ON SURVIVOR SUPPORT NEEDS

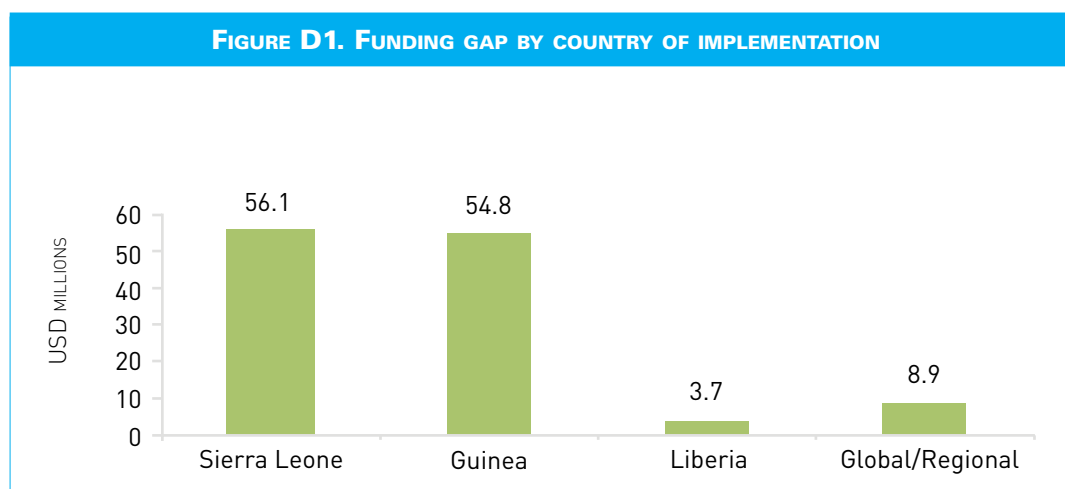
- 40.** As indicated above, the Phase 3 Framework provides for specific activities aimed at supporting survivors in the three affected countries. While our understanding of the science relating to viral persistence in survivors of the Ebola virus is still evolving, and the collection of data is ongoing, it is increasingly apparent that survivors can face serious challenges well after the life-threatening aspects of the virus have passed, and that they may pose some risk to those around them. The aforementioned challenges can include serious health issues such as severe joint pain, weakness in the limbs and eyesight complications. Survivors have also experienced mental health and psycho-social problems, including depression and flashbacks, and are sometimes evicted from their homes; deprived of possessions perceived to be contaminated; fired from their jobs; and stigmatised by their communities, friends and families.
- 41.** Survivor support activities in the Framework are divided into survivor clinical services and survivor screening and counselling. The following chart and table show the funding needs and gaps of international organisations working in this critically important area of the Ebola response.

**FIGURE C4. SURVIVOR SUPPORT FUNDING GAPS BY AREA OF WORK (USD MILLIONS)****FIGURE C5: FUNDING GAPS FOR SURVIVOR SUPPORT**

SURVIVOR SUPPORT AREA OF WORK / ORGANISATION	FUNDING NEEDED	FUNDING AVAILABLE	FUNDING GAP	FUNDING NEED MET (%)
<b>SURVIVOR CLINICAL SERVICES</b>				
WHO	6.29	0.00	6.29	0.0
UNICEF	0.60	0.06	0.54	9.9
Institut de Recherche pour le Développement	0.33	0.15	0.19	43.8
<b>Sub-total</b>	<b>7.22</b>	<b>0.21</b>	<b>7.02</b>	<b>2.8</b>
<b>SURVIVOR SCREENING AND COUNSELLING</b>				
WHO	3.84	0.70	3.17	18.2
UNICEF	3.08	0.08	3.00	2.7
UNFPA	0.73	0.15	0.59	19.9
IOM	0.05	0.05	0.01	95.8
<b>Sub-total</b>	<b>7.71</b>	<b>0.98</b>	<b>6.76</b>	<b>12.7</b>
<b>GRAND TOTAL</b>	<b>14.93</b>	<b>1.18</b>	<b>13.78</b>	<b>7.9</b>

## VI. FUNDING NEEDS BY AFFECTED-COUNTRY

- 42.** With regard to the locations of Phase 3 Framework activities, the following chart shows the funding gaps as they relate to the countries in which the activities are to be implemented. The gaps are largest in the two countries in which, at the time of writing, the risk of transmission or re-infection remains greatest – Guinea and Sierra Leone. For activities in those countries, organisations are in need of an additional US \$56.1 and \$54.8 million, respectively. With regard to funding needs in Liberia, prior commitments by the Government of the United States to provide resources to several organisations implementing the Phase 3 Strategic Framework in that country have contributed to lower funding gaps for organisations working there.
- 43.** Funding needs categorised under ‘Global/Regional’ are organisation headquarters costs related to such areas of work as information management, coordination, logistical support and international medical evacuations.



- 44.** The following tables, figures D2 and D3, show the funding needs of participating organisations, arranged according to country in which the Phase 3 Framework activity will be implemented.

**FIGURE D2: FUNDING NEEDS AND GAP BY COUNTRY OF IMPLEMENTATION**

COUNTRY OF IMPLEMENTATION	FUNDING NEEDED	FUNDING AVAILABLE	FUNDING GAP	FUNDING NEED MET (%)
Sierra Leone	96.31	40.51	56.06	42.1
Guinea	89.03	34.46	54.81	38.7
Liberia	35.55	33.52	3.70	94.3
Global/Regional	23.63	14.77	8.88	62.5
<b>GRAND TOTAL</b>	<b>244.53</b>	<b>123.25</b>	<b>123.45</b>	<b>50.4</b>

**FIGURE D3: FUNDING NEEDS BY COUNTRY OF IMPLEMENTATION AND IMPLEMENTING ORGANISATION (RANKED ACCORDING TO FUNDING GAP SIZE)**

ORGANISATION BY COUNTRY	FUNDING NEEDED	FUNDING GAP
<b>GUINEA</b>		
UNICEF	16.84	12.36
WHO	20.34	11.81
IFRC/Guinea Red Cross	14.93	8.93
Expertise France	13.33	7.70
WFP	10.27	6.67
IOM	4.68	3.19
UNDP	1.14	1.12
Plan International	1.41	0.95
UNFPA	0.90	0.74
Première Urgence Internationale	0.85	0.57
IOM/Institut National de la Statistique	0.31	0.20
Institut de Recherche pour le Développement	0.33	0.19
IOM/E-Health	0.33	0.19
Alliance for International Medical Action	0.92	0.10
Médecins Sans Frontières	0.50	0.05
Women and Health Alliance International	0.77	0.03
Measure Evaluation	0.40	0.00
OCHA	0.77	0.00
<b>Sub-total</b>	<b>89.03</b>	<b>54.81</b>
<b>LIBERIA</b>		
UNICEF	3.12	1.58
WHO	16.88	1.22
UNDP	1.16	0.57
WFP	8.69	0.32
IOM	4.22	0.01
Plan International	0.38	0.00
UNFPA	1.10	0.00
<b>Sub-total</b>	<b>35.55</b>	<b>3.70</b>
<b>SIERRA LEONE</b>		
WHO	24.69	16.08
UNICEF	18.04	13.15
IFRC/Sierra Leone Red Cross	17.14	11.73
UNOPS	13.10	8.37
UNDP	1.52	1.52
Social Mobilisation Action Consortium	3.03	1.35
E-Health	1.10	1.10
IOM	6.82	0.83
WFP	9.34	0.77
SMART	0.79	0.75
Plan International	0.47	0.37
International Rescue Committee	0.02	0.02
UNFPA	0.27	0.00
<b>Sub-total</b>	<b>96.31</b>	<b>56.06</b>

ORGANISATION BY COUNTRY	FUNDING NEEDED	FUNDING GAP
GLOBAL/REGIONAL		
WHO	22.15	8.77
WFP	1.48	0.11
<b>Sub-total</b>	<b>23.63</b>	<b>8.88</b>
<b>GRAND TOTAL</b>	<b>244.53</b>	<b>123.45</b>

## VII. CONCLUSION

- 45.** The generous financial and in-kind contributions provided by national and international partners to the many organisations working in support of the Ebola response has been a key factor in the progress made thus far toward combatting the outbreak. Today, as we contemplate the potential end of the outbreak in the coming months, the continuation of that support and sustainment of those partnerships remains much needed.
- 46.** The Phase 3 Strategic Framework for the Ebola Response sets out a plan to reach a 'resilient' zero cases in Guinea, Liberia and Sierra Leone. The organisations participating in its implementation have some of the financial resources needed to carry out that work over the next couple of months. Beyond that period, however, and in some critical areas such as survivor support and support to rapid response capacities, current funding levels fall short of those needed to effectively bolster efforts to achieve a 'resilient' zero. This document provides, in that regard, an overview of the activities organisations plan to carry out in support of the Framework, as well as the related funding gaps.
- 47.** As set out earlier, the total funding gap for the implementing organisations supporting the Phase 3 Strategic Framework is US \$123.4 million over the period 1 November 2015 to 31 March 2016. The area of work in which the shortfall is proportionally largest, at just 7.9 per cent (or US \$13.8 million) of the required funding, is that of survivor support. In absolute terms, WHO and UNICEF, at US \$37.9 million and US \$27.1 million, respectively, are the organisations with the largest funding shortfalls. Regarding the funding needs as they relate to country of implementation, the gaps are largest for Sierra Leone and Guinea at US \$56.1 and US \$54.8, respectively.
- 48.** By helping to address these and the other resource shortfalls outlined in this document, contributing partners can play a key role in enabling the national governments and communities of the affected countries, with the support of implementing organisations, to sustainably end the Ebola outbreak in West Africa. For it is only through such combined efforts and close partnerships that we can finally reach and remain at the end of the long and bumpy road to zero Ebola cases.

## ANNEX A: PARTICIPATING ORGANISATIONS' AREAS OF WORK AND RELATED FUNDING GAPS

ORGANISATION	CATEGORY OF WORK	AREA OF WORK	FUNDING GAP (USD MILLIONS)
Agence Française de Développement	Survivor support	Survivor clinical services	0.00
Alliance for International Medical Action	Case management	Ebola treatment/transit centres	0.10
	Community support	Psycho-social support and health services	0.00
E-Health	Leadership and coordination	Alert and help hotlines	1.10
Expertise France	Case finding and contact tracing	Laboratories and diagnostics	4.51
	Case management	Infection prevention and control	1.70
	Leadership and coordination	Logistical support	1.50
IFRC/Guinea Red Cross	Case finding and contact tracing	Case investigation and contact tracing	0.27
		Community surveillance (live and death alerts)	7.17
	Case management	Safe and dignified burials	1.49
IFRC/Sierra Leone Red Cross	Case management	Safe and dignified burials	11.73
Institut de Recherche pour le Développement	Survivor support	Survivor clinical services	0.19
International Rescue Committee	Community support	Psycho-social support and health services	0.01
		Social protection and benefits	0.01
IOM	Case finding and contact tracing	Community surveillance (live and death alerts)	0.00
		Case management	Ebola treatment/transit centres
	Community support	Infection prevention and control	0.00
		Psycho-social support and health services	0.00
		Social mobilization/ community engagement	1.02
	Leadership and coordination	Water and sanitation	1.53
		Incident command	0.47
		Information management and reporting	0.56
	Survivor support	Logistical support	0.44
		Survivor screening and counselling	0.01
IOM/E-Health	Leadership and coordination	Alert and help hotlines	0.19



ORGANISATION	CATEGORY OF WORK	AREA OF WORK	FUNDING GAP (USD MILLIONS)
IOM/Institut National de la Statistique	Leadership and coordination	Information management and reporting	0.20
Measure Evaluation	Leadership and coordination	Information management and reporting	0.00
Médecins Sans Frontières	Leadership and coordination	Logistical support	0.05
OCHA	Leadership and coordination	Incident command	0.00
Plan International	Community support	Food and family kits	0.00
		Psycho-social support and health services	0.26
		Social mobilization/ community engagement	0.00
		Social protection and benefits	0.11
		Water and sanitation	0.95
Première Urgence Internationale	Community support	Psycho-social support and health services	0.20
		Social mobilization/ community engagement	0.07
		Water and sanitation	0.30
SMART	Case management	Ambulance services	0.75
Social Mobilisation Action Consortium	Community support	Social mobilization/ community engagement	1.35
UNDP	Case finding and contact tracing	Case investigation and contact tracing	0.45
	Leadership and coordination	Incident command	1.70
		Information management and reporting	0.01
		Logistical support	1.06
UNFPA	Case finding and contact tracing	Case investigation and contact tracing	0.00
		Community surveillance (live and death alerts)	0.02
	Leadership and coordination	Information management and reporting	0.00
		Logistical support	0.13
	Survivor support	Survivor screening and counselling	0.59
UNICEF	Case finding and contact tracing	Community surveillance (live and death alerts)	1.50
	Case management	Ebola treatment/transit centres	0.07

ORGANISATION	CATEGORY OF WORK	AREA OF WORK	FUNDING GAP (USD MILLIONS)
		Infection prevention and control	4.19
	Community support	Food and family kits	0.52
		Psycho-social support and health services	2.92
		Social mobilization/ community engagement	8.96
		Social protection and benefits	0.83
		Water and sanitation	3.84
	Leadership and coordination	Alert and help hotlines	0.51
		Incident command	0.08
		Logistical support	0.11
	Survivor support	Survivor clinical services	0.54
		Survivor screening and counselling	3.00
UNOPS	Case management	Infection prevention and control	8.37
WFP	Community support	Food and family kits	0.42
	Leadership and coordination	Logistical support	7.45
WHO	Case finding and contact tracing	Case investigation and contact tracing	5.33
		Community surveillance (live and death alerts)	0.45
		Laboratories and diagnostics	11.86
		Vaccination	0.43
	Case management	Ambulance services	0.81
		Ebola treatment/transit centres	2.75
		Infection prevention and control	0.98
		Safe and dignified burials	0.00
	Community support	Food and family kits	0.00
		Psycho-social support and health services	0.28
		Social mobilization/ community engagement	2.16
		Social protection and benefits	0.00
		Water and sanitation	0.00
	Leadership and coordination	Alert and help hotlines	0.00
Incident command		2.18	

ORGANISATION	CATEGORY OF WORK	AREA OF WORK	FUNDING GAP (USD MILLIONS)
		Information management and reporting	0.15
		Logistical support	1.05
	Survivor support	Survivor clinical services	6.29
		Survivor screening and counselling	3.17
Women and Health Alliance International	Case management	Infection prevention and control	0.03
		<b>TOTAL</b>	<b>123.45</b>

