



Department of Justice, Peace and Human Development Office of International Justice and Peace

Backgrounder on the Ebola Outbreak **February 2015**

"As the Ebola virus epidemic worsens, I want to express my deep concern for this relentless illness that is spreading particularly on the African continent and especially among populations that are already disadvantaged," --Pope Francis, October 29, 2014

BACKGROUND

On January 6, 2014 a 2-year-old girl dies in the forests of Guinea in West Africa. Her parents and the community mourn a loss that happens too often in this part of the world. What they didn't know was that her death was the start of the worst outbreak of Ebola in world history. It took health officials until March to realize that the young girl had died of Ebola by which time the virus had spread to neighboring Sierra Leone and Liberia. By August and September the outbreak in Liberia reached its peak and burst onto the world stage with desperate scenes from the Liberian capital, Monrovia. Health officials were caught by surprise by the rapid spread of the virus and the frightening fact that it had entered the capital cities, the most densely populated areas in all three countries. Past outbreaks of Ebola had occurred in very remote villages in the Democratic Republic of the Congo and Uganda, which greatly limited its spread and the number of victims. In Monrovia the outbreak caused widespread fear and panic. The government attempted to quarantine an entire neighborhood of the capital, which only served to spark sporadic riots and unrest.

As of January 18, 2015 the World Health Organization (WHO) reports that worldwide 21,724 people have been infected with Ebola of whom 8,641 have died. The overwhelming number of these deaths has been in the three primary countries of Liberia, Guinea and Sierra Leone. Just as tragic is the fact that 499 health workers in these countries have died as they attempted to save the lives of others.

It is fortunate for the people of West Africa that in all three primary countries the number of new cases of Ebola has fallen radically since October. In Liberia the number of new cases dropped from a high of 300 per week to 8 cases in the week ending January 18. In Guinea the number of new cases has dropped to 20 in the week ending January 18 from a high of almost 200 at the end of December. The virus in Sierra Leone peaked in November through mid-December at around 550 a week and is now down to 117 confirmed new cases as of January 18.

These reductions are remarkable. In October 2014 the WHO warned that the number of Ebola cases was doubling every four weeks while the CDC predicted that the number of cases could reach 1.4 million in January 2015. Today WHO is predicting that Ebola cases in the three countries will halve current levels in 10 to 19 days. Although researchers have difficulty tying these reductions to specific programs, the international community and the governments in the three countries have responded with several effective interventions:

1. The number of isolation and treatment wards has increased dramatically to the extent that there are now on average 2 beds for each case reported confirmed or suspected. In many places the number of planned beds is being reduced.
2. Many more personnel have been trained to identify Ebola cases, those who infected them and those in the community that may have come into contact with them. This means that there are many fewer people spreading the virus. The WHO reports that between 89% and 99% percent of Ebola contacts are monitored daily.
3. Education programs have probably had the greatest impact on reducing the spread of Ebola. Governments, donors and NGOs, including CRS, have developed and disseminated many education pro-

grams using radios, text messages and other media. The messages cover the symptoms of the virus, how to deal sensitively and effectively with a person showing symptoms, the importance of avoiding contact with infected people, and how to safely and sensitively bury those who have succumbed to the virus. These programs have involved respected and trusted religious leaders to spread the word. The WHO reports that 71% of districts in Guinea and 100% of districts in Sierra Leone have identified religious leaders who promote safe and dignified burials.

UNITED STATES GOVERNMENT RESPONSE

The United States, like the UN and other donor nations, were at first slow to react to the sudden outbreak of Ebola in West Africa. In August and September the response rose incrementally while the virus seemed to be spreading exponentially. USAID initially provided \$2.1 million dollars for protective equipment and a team of 30 experts. In early August the United States added another \$12.45 million dollars. In mid-September the United States allocated \$750 million and sent 3,000 military personnel to assist in the construction of treatment centers and the training of new health workers. On September 23, Bishop Richard Pates, then Chair of the Committee on International Justice and Peace, and Dr. Carolyn Woo, President of Catholic Relief Services, wrote to Secretary Kerry to thank him for the additional allocation of funds and urged him to urge other international donors to add their contributions. Bishop Pates and Dr. Woo also recommended that the U.S. Government work with and support local the efforts of the Catholic Church and other faith-based health institutions' in responding to the Ebola outbreak. In December, based on the Administration's request, the Congress allocated another \$1.4 billion in the FY 2015 appropriations bill to combat Ebola.

CATHOLIC RELIEF SERVICES (CRS) RESPONSE

CRS allocated \$9 million dollars in the three most effected countries to support routine health care, education and awareness programs using mass media and radio messages. CRS trained religious leaders to provide information through their faith communities and to help modify people's behaviors. CRS conducted food distributions to those who lost income; trained people in safe and dignified burial procedures, and conducted programs to strengthen Catholic Church health care structures so they can be better prepared for the next outbreak of an infectious disease.

USCCB RESPONSE

From the onset of the Ebola outbreak, the Conference and CRS have been in contact with USAID and the State Department to urge them to provide U.S. leadership of the world community in an effective and sensitive response to this major threat. As described above, although the U.S. response was slow and incremental in its initial phases, the United States ultimately led the world in terms of the financial and human resources it allocated to the crisis and the way it encouraged other donor nations to join the response. The United States teamed up with the United Kingdom and France with each taking the lead in one of the highly effected countries. The United States led the response in Liberia while the United Kingdom prioritized Sierra Leone and France worked in Guinea.

The major challenge now is that the sudden outbreak of Ebola exposed the fundamental weaknesses and deficiencies that exist in the health care systems in West Africa, which are probably mirrored in most other countries in Africa and other poor countries elsewhere. USCCB and CRS will continue to work with the U.S. Government to ensure that they partner with governments and civil society to strengthen health institutions that will rapidly identify new disease outbreaks and be able to take measures necessary to contain future epidemics. This will save money and ultimately safe lives.

RESOURCES: Visit <http://www.usccb.org/issues-and-action/human-life-and-dignity/global-issues/africa/central-african-republic/> Contact: *Steve Hilbert*, USCCB Office of International Justice and Peace, 202-541-3149, shilbert@usccb.org.

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