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EBOLA 2014-2015 FACTS & FIGURES

Key financial data on MSF's response to the Ebola epidemic in West Africa

MEDECINS SANS FRONTIERES

INTRODUCTION

The severity of the West Africa Ebola epidemic saw MSF launch one of the largest emergency operations in its 44-year history.

Between March 2014 and December 2015, MSF responded in the three most affected countries - Guinea, Sierra Leone and Liberia – and also to the spread of cases to Nigeria, Senegal and Mali. At the peak of the epidemic, MSF employed nearly 4,000 national staff and more than 325 international staff who ran Ebola management centres as well as conducted surveillance, contact tracing, health promotion and provided psychological support. MSF admitted 10,310 patients to its Ebola management centres of which 5,201 were confirmed Ebola cases, representing one-third of all WHO-confirmed cases. In total, the organisation spent nearly 104 million euros tackling the epidemic between March 2014 and December 2015. During the first five months of the epidemic, MSF handled more than 85% of all hospitalised cases in the affected countries.

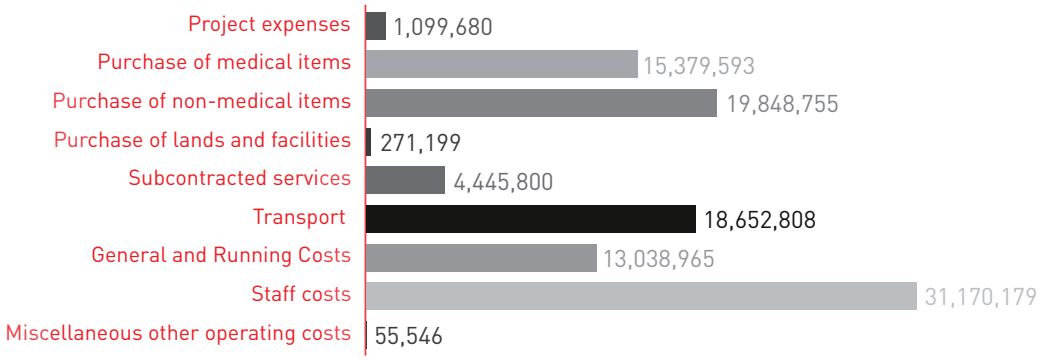
Today MSF continues to support Guinea, Liberia and Sierra Leone by running Ebola survivor clinics that provide a comprehensive care package, including medical and psychosocial care and activities to counter stigma.

Through this short report, MSF would like to provide transparency about its expenditure linked to the worst Ebola outbreak in history.

Total expenses by on Ebola crisis Mar 2014 - Dec 2015

103,962,525 €

Total € by account family



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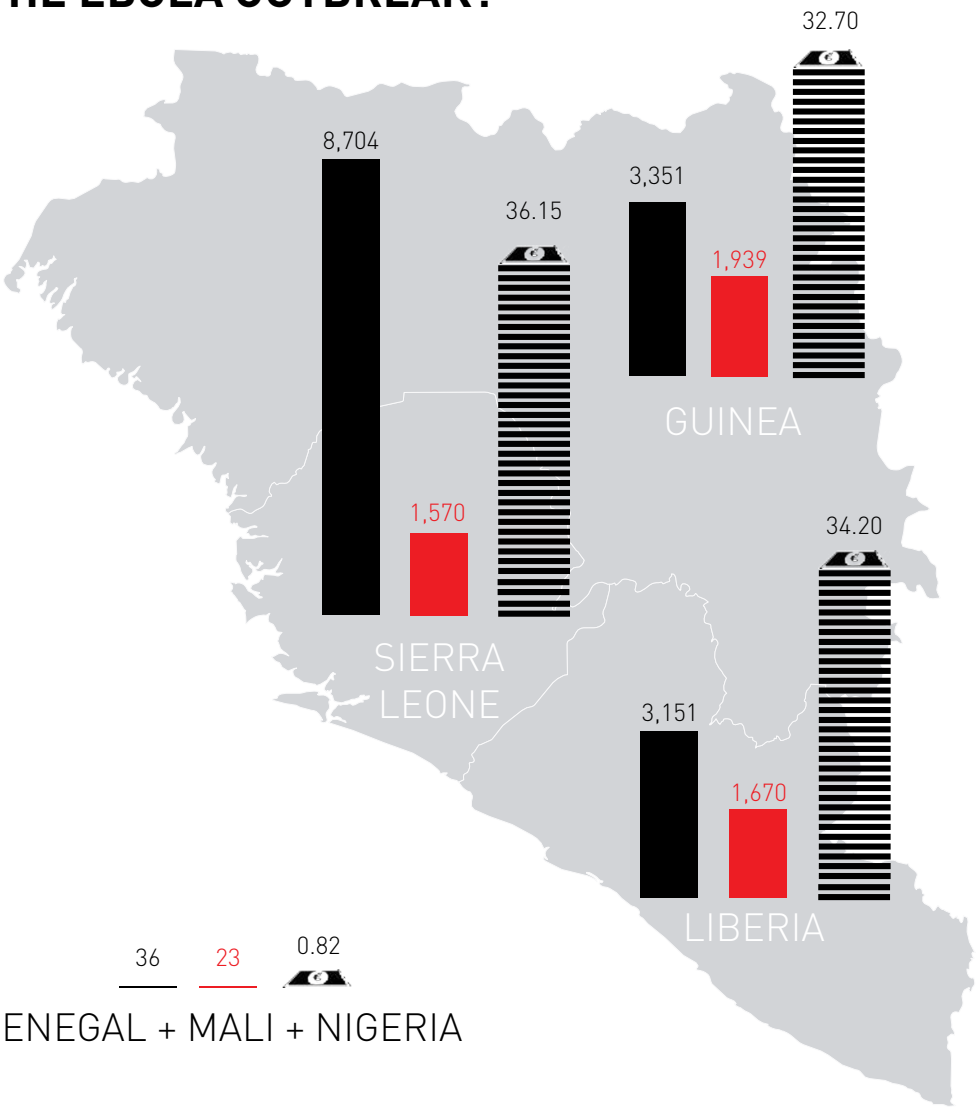
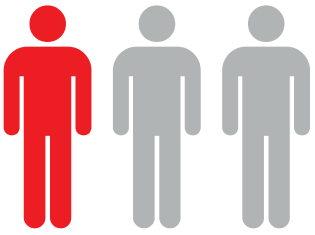
HOW DID MSF RESPOND TO THE EBOLA OUTBREAK?



■ **CONFIRMED CASES***
■ **CONFIRMED CASES TREATED BY MSF**
MSF EXPENSES (IN MILLIONS OF €)

*Excludes probable and suspected cases.
Data source: WHO Ebola Sitrep 16th March 2016.



1/3 of all confirmed patients during the outbreak were treated by MSF

IN TOTAL, MSF SPENT 104 MILLION EUROS ON THE EBOLA EPIDEMIC: WAS THIS MONEY WELL SPENT?

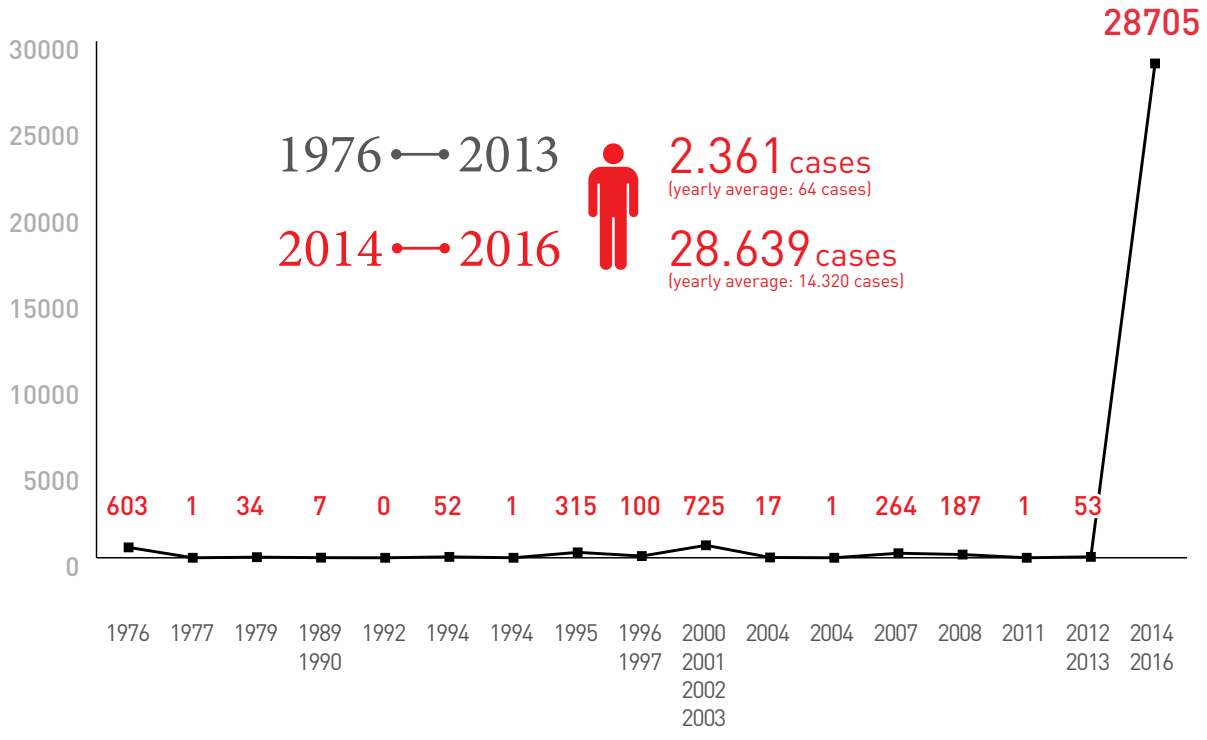
The West Africa Ebola epidemic, 67 times the size of the largest previously recorded outbreak, required an unprecedented response. MSF was the first organisation on the ground to care for patients. With the rapid increase in cases and the lack of other humanitarian actors with experience in Ebola, MSF came under extreme pressure. Because of the high risk associated with responding to Ebola, and because previous outbreaks had been quite small in comparison, very few humanitarian actors had the experience or capacity to respond. In August 2014, during the peak of the outbreak, MSF increased its on-ground capacity more than fourfold. In the first five months of the intervention, MSF was the organisation which provided the largest bulk of beds for ebola patients, and throughout the whole outbreak MSF handled a third of all confirmed cases.

In previous Ebola outbreaks, MSF had only ever needed to operate one, or exceptionally two, Ebola management centers (EMC) at a time. During this epidemic, the organization set up and managed 15 EMCs and transit centers in the three most-affected countries, operating up to eight simultaneously.

The total cost of the intervention was indeed very high, yet had no action been taken, the outbreak would have arguably spiralled further out of control and been more costly to contain. It must be noted too that treating patients is only part of the overall cost; other measures were crucial in fighting the outbreak, such as surveillance, tracing people in contact with Ebola patients, prevention activities, purchasing supplies, conducting trainings, deploying human resources, and transporting staff and supplies.

The first Ebola outbreak occurred in 1976. Since then, sporadic outbreaks have taken place in various places around central and Western Africa. Between 1976 and 2013, 2361 cases were reported. If this pace was maintained, the number of years it would have taken to reach the number of confirmed cases in the West Africa outbreak (2014-2016) would have been 447 years, arriving at the year 2461. This hypothetical calculation illustrates the unprecedented scale of the last outbreak compared to previous ones.

HISTORICAL OVERVIEW OF EBOLA OUTBREAKS



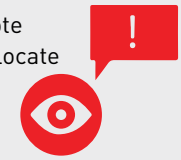
WHY IS THE NUMBER OF BENEFICIARIES SEEMINGLY SMALL COMPARED TO THE TOTAL COST?

To bring Ebola under control requires more than caring for patients. For example, outreach activities such as contact tracing, health promotion and disinfection of contaminated houses also represented a fundamental part of MSF's activities, with teams working to detect and prevent the virus within the communities. Community awareness-raising activities reached hundreds of thousands of people, including more than 500,000 people in one campaign in Monrovia alone. Another example was MSF's distribution of anti-malarial tablets to more than 650,000 people in Monrovia and 1.8 million people in Freetown. This was implemented with the dual aim of preventing malaria and reducing the pressure on Ebola management centres from people incorrectly assuming they had Ebola, as initial symptoms are similar between the diseases. Thus the total number of beneficiaries is much larger than the 10,310 patients admitted to our Ebola management centres.

THE SIX KEY ACTIVITIES TO BRING AN EBOLA OUTBREAK UNDER CONTROL

Isolation and care for patients: Isolate patients in Ebola management centres staffed by trained personnel and provide supportive medical care and psychosocial support for patients and their families.

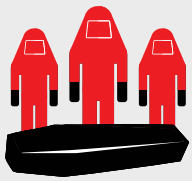
Disease surveillance: Conduct and promote thorough disease surveillance in order to locate new cases, track likely pathways of transmission, and identify sites that require thorough disinfection



Awareness-raising: Conduct extensive awareness-raising activities to help communities understand the nature of the disease, how to protect themselves, and how to help stem its spread. This works best when efforts are made to understand the culture and traditions of local communities.

Non-Ebola healthcare: Ensure that medical care remains available for people with illnesses and conditions other than Ebola (malaria, chronic diseases, obstetric care, etc). This includes implementing stringent policies to protect health facilities and health workers, particularly in areas where they might come into contact with patients.

Contact-tracing: Conduct and promote thorough tracing of those who have been in contact with Ebola-infected people. If contacts are not mapped and followed up, it undermines all the other activities and the disease will continue to spread.



Safe burials: Provide and encourage safe burial activities in the communities

WHAT WAS THE COST OF MSF'S INTERVENTION IN SENEGAL, MALI, AND NIGERIA?

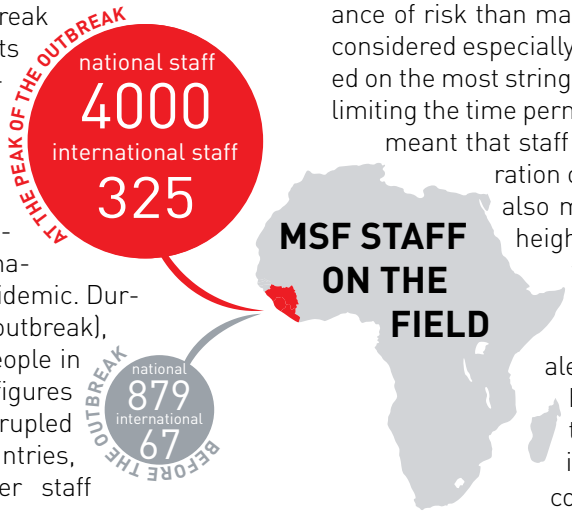
MSF spent nearly a million euros for the interventions in Senegal, Mali and Nigeria. In Nigeria and Senegal, MSF provided mainly technical support, whereas in Mali MSF took a more hands-on approach, due to Mali's weaker health system and insufficient resources. When cases were confirmed in Mali, Nigeria and Senegal, swift action from national governments supported by MSF ensured that the disease was rapidly contained.

Speed is of the essence at the start of an outbreak and is not without high cost: the starting costs for Ebola outbreak control is usually around 500,000 euro. The positive experience of managing to contain the epidemic in these three countries highlights the importance of investing in strong surveillance and rapid response at the beginning of an outbreak to avoid a wider spread and high loss of life.

WHY WAS NEARLY A THIRD OF FUNDS SPENT ON STAFF COSTS?

As the international response was initially slow in recognising the severity of the outbreak and reacting, MSF had to use its own resources to fight the epidemic alongside only a handful of other organisations in the first five months.

MSF employed nearly 4000 national staff and over 325 international staff at the peak of the epidemic. During 2013 (the year before the outbreak), MSF employed a total of 946 people in the affected countries. These figures show that MSF more than quadrupled its staff body in the affected countries, which naturally implied higher staff costs.



Even within MSF, an organisation with a higher tolerance of risk than many other aid agencies, Ebola was considered especially hazardous. MSF therefore insisted on the most stringent safety protocols – for example limiting the time permitted in the high-risk zone, which meant that staff were rotated every hour. The duration of frontline field assignments was also much shorter than usual – at the height of the outbreak, assignments for international staff would last a maximum of six weeks. This was to ensure that staff remained alert and did not become too exhausted. This high turnover and the focus on ensuring safety of its staff resulted in high financial costs for the organisation.

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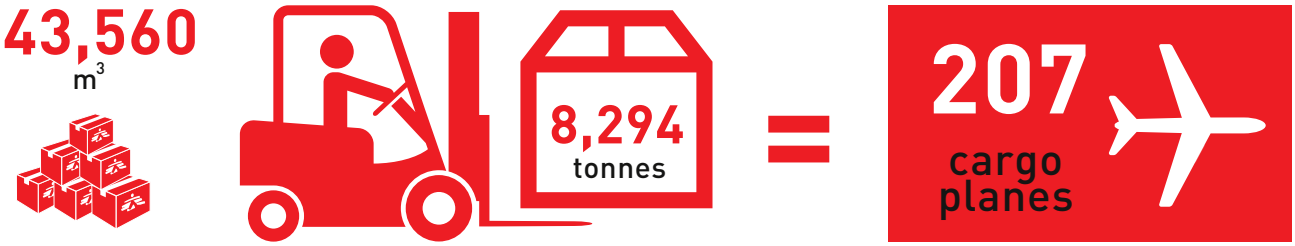
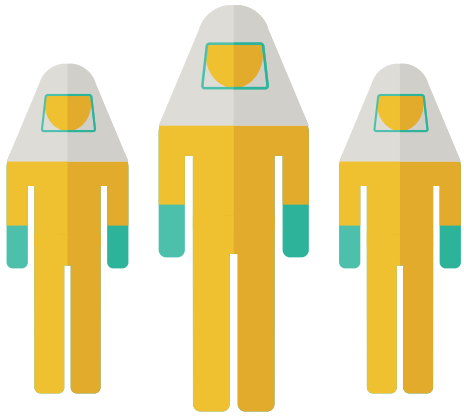
WHY WAS MORE THAN 18 MILLION EURO SPENT ON TRANSPORT?



A lot of the material had to be urgently imported by plane which resulted in high freight costs. In total, MSF flew in 8294 tonnes of material to the region with a volume of 43,560 cubic metres. This volume amounts to the equivalent of 207 full charter planes. A high turnover of qualified international staff also meant that transport costs increased.

WHY WAS 20 MILLION SPENT ON NON-MEDICAL ITEMS?



MSF PURCHASED

521,736

protective overalls

Huge investment was required in terms of medical consumable materials such as personal protective equipment (suits, goggles, gloves, rubber boots, masks, etc). Due to the need of medical staff to frequently change outfits to avoid contamination, more than 300 protective suits were required each day for a facility that cared for 100 patients. Much of the equipment had to be burnt after only having been worn once. In total MSF purchased 521,736 protective overalls.

MSF also had to purchase material such as basic raw material for construction or rehabilitation of the Ebola management centres, water and sanitation material and other logistical material. MSF constructed 15 Ebola management centres, including the largest one ever built – a 250 bed structure in Monrovia.

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WHY WAS 15 MILLION SPENT ON MEDICAL ITEMS?

As there is no proven treatment for Ebola, the total costs for medical items were proportionally lower compared to other diseases where expensive drugs and equipment need to be purchased. Also, isolation and care for patients is only one of several key activities to bring an Ebola outbreak under control. The main costs for medical items included purchase of medicine, vaccines, medical and laboratory equipment and therapeutic food.

WHY DID MSF SPEND MONEY ON TRAINING OTHER ORGANISATIONS?

As one of the few organisations with expertise in Ebola, MSF decided to take the unusual step of training a large number of staff from other organisations, both in Europe and in the affected countries. MSF spent a total of 437,000 euros on trainings in Europe, of which a significant part of participants came from external organisations such as Médecins du Monde, Action Contre la Faim and Save the Children to name a few. MSF also assisted WHO and Centers for Disease Control (CDC) in developing their own training modules.

Thousands more were trained in the affected countries, such as in Kailahun, Sierra Leone, where 700 community health workers were trained, while more than 400 were trained in Monrovia.


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WHERE DID THE MONEY COME FROM?

Private funding
83,294,927 €

Out of the total 103, 962, 525 euros spent on the intervention, 20,667, 598 euros came from public institutional funds, whereas the rest – 83,294, 927 euro, was raised through private donations.

Public institutional funding
20,667,598 €


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MSF Ebola projects

March 2014 - December 2015
Liberia, Sierra Leone & Guinea

LEGEND

Activities set up and run by MSF

- Ebola management centre
- Transit centre
- Training facility
- Clinical trial site
- Rapid response team
- Survivors clinic