

Humanitarian funding analysis: West African Ebola crisis

Figures are correct at time of writing but are subject to frequent change. Updates of funding can be found on the [OCHA Financial Tracking Service](#) as they become reported to its system.

1. Summary

- According to the Office for the Coordination of Humanitarian Affairs (OCHA)'s Financial Tracking Service (FTS), donors have committed/contributed **US\$1,238.2 million** of humanitarian assistance to the Ebola crisis since the outbreak of the disease in March this year. **60% of this has been given in the last two months and 88% since the beginning of September.**
- Funding requested from donors by the UN-coordinated [overview of needs and requirements for the Ebola virus disease outbreak](#) increased from US\$988 million to **US\$1.5 billion** on 19 November 2014. The change in requirements mean it is now 47% funded at US\$699.4 million, with a further **US\$538.8 million in contributions made outside of the appeal and US\$899.6 million remaining in uncommitted pledges.** Of the remaining pledges, US\$221.2 million is for the appeal.
- The **United States (US) is the top donor to the crisis**, contributing 31% of total current funding (US\$377.9 million).

2. Recent funding provided to the Ebola crisis

Donors have committed or contributed **US\$1,238.2 million of humanitarian funding to the West African Ebola emergency** so far in 2014. US\$899.6 million remains in uncommitted pledges.

Table 1: Top five humanitarian donors to the West African Ebola crisis

Donor	Committed/ contributed (US\$m)	Pledged (US\$m)
US	377.9	45.3
UK	117.7	235.0
World Bank	105.5	112.5
Germany	76.8	53.2
ECHO	75.7	0.0

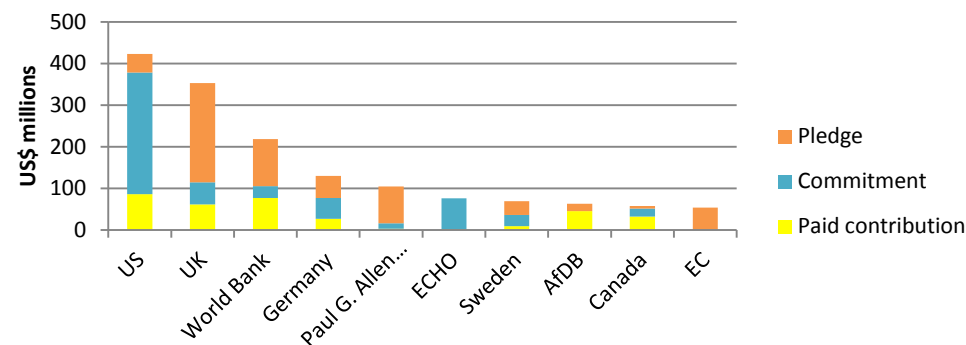
Source: Development Initiatives based on UN OCHA FTS data. Data downloaded and compiled 18 November 2014.
Note: ECHO: European Commission's Humanitarian Aid and Civil Protection department.

The **US** is the largest donor to the crisis, followed by the **United Kingdom (UK) and the World Bank**. Between them, these three donors have given 49% of total funding so far. The top five donors have given 61% of total funding.

Private donors (individuals, trusts, foundations and private companies) have given a reported

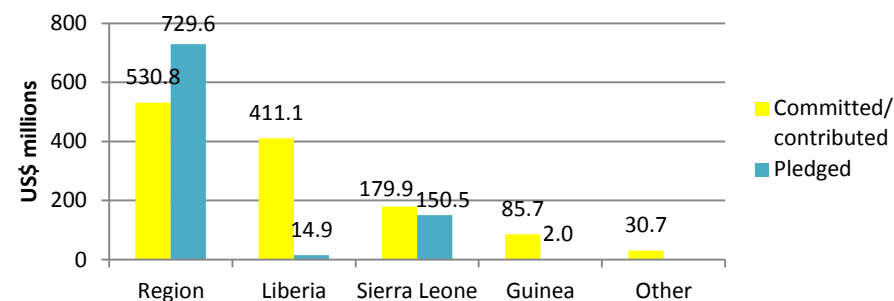
US\$88.1 million to the crisis. The top private donor is the Paul G. Allen Foundation, which has given US\$16.2 million, followed by the Bill & Melinda Gates Foundation with US\$13.6 million. While no private donors appear in the top ten overall donors, four appear among the top ten outstanding pledges, including both the Paul G. Allen Foundation and the Bill & Melinda Gates Foundation. If both of these donors' outstanding pledges were committed they would be the fourth and eighth largest donors overall, respectively.

Figure 1: Top donors including outstanding pledges by contributions status



Source: Development Initiatives based on UN OCHA FTS data. Data downloaded and compiled 18 November 2014.
Note: AfDB: African Development Bank. EC: European Commission.

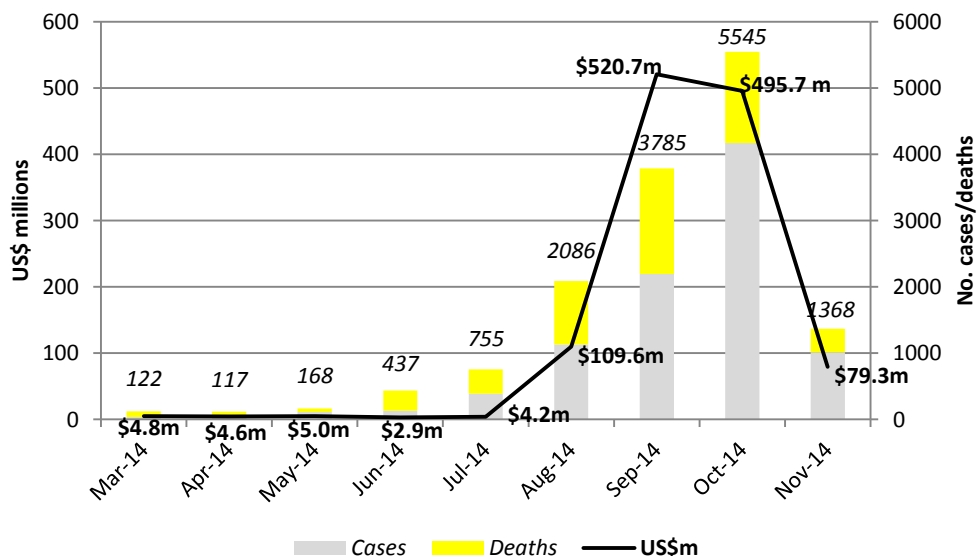
Figure 2: Total pledges and contributions by recipient country



Source: Development Initiatives based on UN OCHA FTS data. Data downloaded and compiled 18 November v2014.

The majority of funding is un-earmarked by recipient country, instead going to the region as a whole. The region is also the largest recipient awaiting outstanding pledges. Outstanding pledges for individual countries are low for all apart from Sierra Leone, which is awaiting US\$150.5 million – almost as much as it has received in committed/contributed funding.

Figure 3: Funding, cases and deaths by month



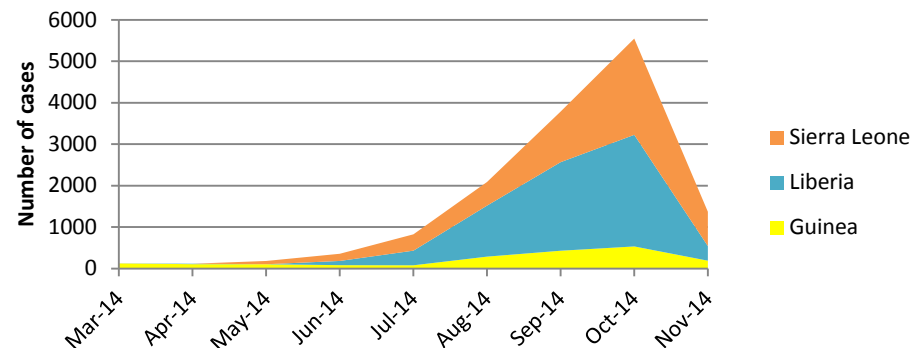
Source: Development initiatives based on UNOCHA FTS and WHO data. Data downloaded 18 November 2014.
 Note: cases for November are correct to 11th.

Since the outbreak Ebola in the region, 61% of patients in Guinea have died; 41% of patients in Liberia have died; and 21% of patients in Sierra Leone have died.

Although initially slow to respond to growing numbers of new cases, funding has increased significantly since September. If new cases continue at their current rate, total cases for November will be less than in October. This will be the first time since the outbreak of the disease that new cases have not increased month-by-month.

While new cases continue to rise in Sierra Leone and Guinea, there has been a sharp decrease in the number of new cases reported in Liberia this month. However, Médecins Sans Frontières (MSF) is [warning](#) not to draw any early conclusions as the epidemiology of the disease is difficult to predict due to the unprecedented nature of the outbreak.

Figure 4: Monthly cases of Ebola by country



Source: Development initiatives based on WHO data. Data downloaded 18 November 2014.

Humanitarian need resulting from the crisis stretches beyond just the medical response to include other needs such as food security and economic security. Food security currently represents 6% of funding to the crisis (health represents 84%, coordination and support 8% and the remaining 2% is not yet specified). However, needs analysis suggests that food security should become an increasingly important element of the response. See briefing note from ACAPS on [Ebola in West Africa: Potential impact on food security](#) for further details on the immediate and longer term impact of the crisis on food security in affected countries.

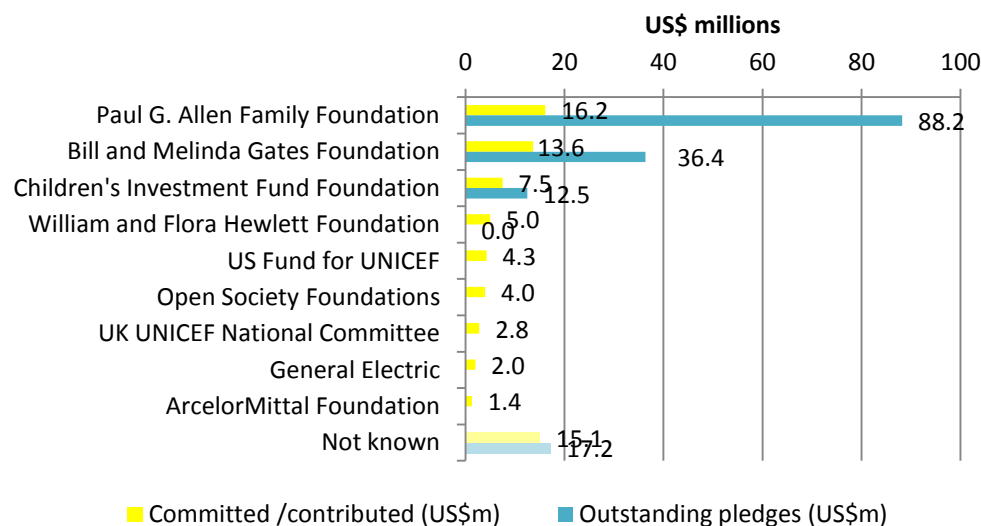
3. Appeals and response plans

The funding requested from donors by the UN-coordinated [overview of needs and requirements for the Ebola virus disease outbreak](#) to respond to the crisis increased from US\$988 million to **US\$1.5 billion** on 19 November 2014. The change in requirements mean it is now 47% funded at US\$699.4 million. Once committed, outstanding pledges to the appeal of US\$221.2 million would bring the proportion funded up to 61%.

4. Private donors and in-kind support

Private donors, including individuals (through donations made directly to delivery agencies and via coordination platforms such as the UK's Disasters Emergency Committee (DEC)), private trusts and foundations (such as the Bill & Melinda Gates Foundation) and a number of private companies and corporations (including international corporations such as GlaxoSmithKline and companies operating domestically in the affected countries, such as the National Oil Company of Liberia) have made significant contributions to the response. Commitments and contributions from private donors currently total US\$88.1 million, with US\$260.1 million also remaining in uncommitted pledges.

Figure 5: Top ten private donors to the Ebola crisis

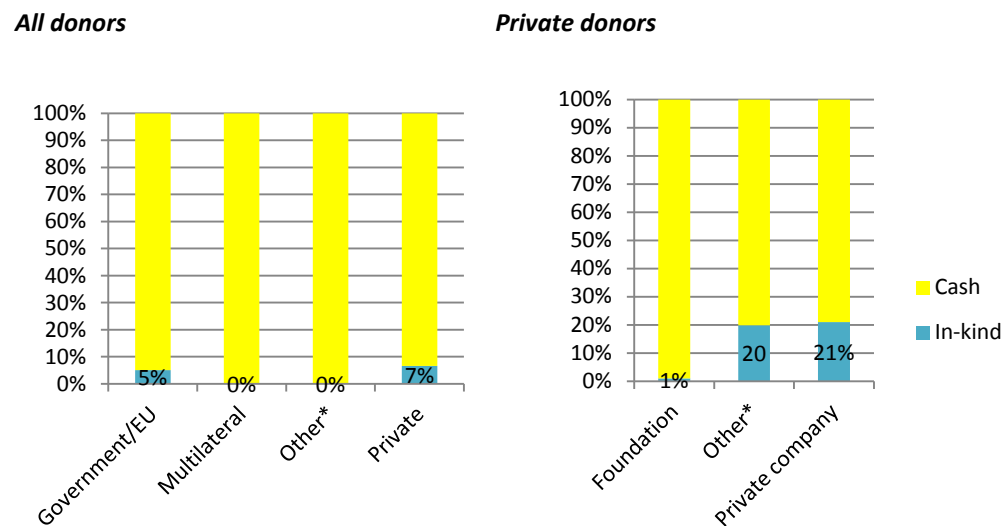


Source: Development Initiatives based on UN OCHA FTS data. Data downloaded and compiled 18 November 2014.

Note that a number of further large outstanding pledges remain from private donors, including US\$15.0 million from Larry Page’s Family Foundation, US\$25.0m from the Silicon Valley Community Foundation, US\$34.1 million from the DEC and US\$15 million from Google.

The UN and [MSF](#) have highlighted the urgent need for in-kind contributions as well as financial assistance, including staff, equipment and logistical capabilities. Resources are being mobilised from a wide range of actors including military and the private sector. While private donors as a whole appear no more likely to make in-kind contributions than government donors, when disaggregated by type of private donor we can see that private companies are more likely to make in-kind contributions than government donors or private foundations. However, reporting of in-kind contributions is not comprehensive and different donors use different methods for assigning a financial value to in-kind contributions. Figures quoted here represent data reported to the FTS, so are not necessarily reflective of all private contributions to the response.

Figure 6: In-kind and cash donations to the Ebola crisis by donor type

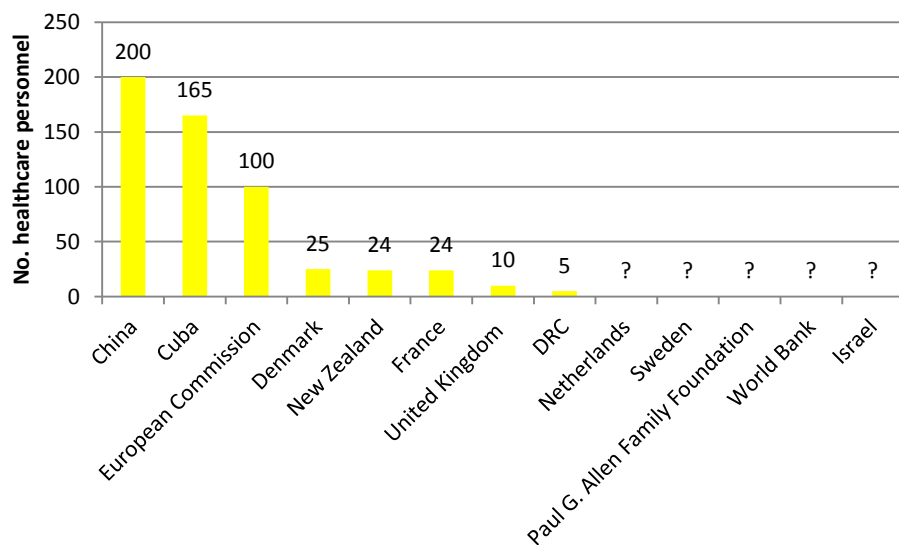


Source: Development Initiatives based on UN OCHA FTS data. Data downloaded and compiled 18 November 2014. Note: “Other” in all donors includes those whose details have not yet been provided; “other” in private donors includes unspecified private donors (individuals and organisations).

5. Donor provision of healthcare professionals

A number of donor governments have provided healthcare professionals as part of their response. Reporting on the numbers of healthcare professionals supplied is unreliable; however it is clear that a number of less traditional cash donors are providing valuable in-kind assistance this way, including Cuba and China.

Figure 7: Provision of healthcare professionals by donor country



Source: Development Initiatives based on UN OCHA FTS data and news reports. Data downloaded and compiled 17 November 2014.

Note: '?' shows donors that have reported provision of healthcare professionals to the FTS but have not specified numbers.

It is worth noting, however, that news reports suggest much higher numbers of healthcare professionals have been sent or pledged to affected countries. These include:

- **UK:** UK Government has reported that hundreds of National Health Service staff are being sent to affected countries
- **Denmark:** FTS shows an outstanding pledge to deploy up to 25 Danish healthcare personnel.

There have also been reports of some donor countries facing delays in sending out healthcare personnel and other in-kind aid due to security or logistical issues. For example:

- **Australia** has reportedly delayed sending healthcare workers until it has reached an agreement with international governments to treat any infected Australian healthcare workers
- **Germany** has faced delays in sending pledged aid due to transport problems.

6. Data comprehensiveness and traceability

The FTS is the most comprehensive source of available data on humanitarian funding. However, donors' response to the Ebola crisis has involved the use of some funds officially classed as development funding being diverted to be used for humanitarian response, for example by converting development-funded health facilities in Ebola-affected countries into Ebola treatment centres. These funds are not always captured by the FTS as they are not classified by the donor as humanitarian funding, so there is currently no way of tracking overall funding to the crisis.

The issue of delays in funding and in-kind contributions reaching affected communities also highlights the need for improved traceability of humanitarian assistance. Current reporting mechanisms do not enable resources to be traced through the system once committed, meaning it is impossible to measure what has reached communities and response teams on the ground and when.

Notes

Previous Ebola crisis briefing papers dated 10 October 2014, 18 September 2014 and 26 June 2014 can be found here:

<http://www.globalhumanitarianassistance.org/report/humanitarian-funding-analysis-ebola-virus-update>

<http://www.globalhumanitarianassistance.org/report/ebola>

<http://www.globalhumanitarianassistance.org/report/crisis-briefing-ebola-outbreak-sierra-leone>

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