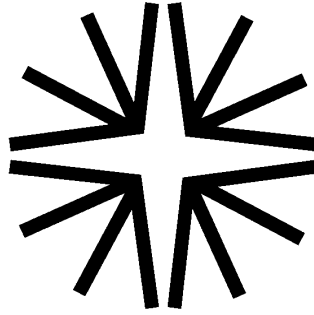


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EADRCC SITUATION REPORT No 1
Air Medevac contingency for humanitarian workers
EBOLA Crisis in West Africa

Message N^o. : OPS(EADRCC)(2014)0044
Dtg : 21 OCT 2014, 15:05 UTC
From: : Euro-Atlantic Disaster Response Coordination Centre
To : Points of Contact for International Disaster Response in NATO and
Partner Countries
Precedence : Priority
Originator : Duty Officer Tel: +32-2-707.2670
Approved by : Acting Head EADRCC Tel: +32-2-707.2674
Reference : EAPC(C)D(98)10(Revised)
OPS(EADRCC)(2014)0039 EADRCC Request for assistance

This report consists of : - 3 - pages

1. In accordance with the procedures at reference, EADRCC received on 01 September 2014, an assistance request from the United Nations Office for Coordination of Humanitarian Affairs (OCHA). The following information was provided.

2. General Situation

Type of the Disaster : **Ebola crisis in West Africa**
Date and Time the Disaster occurred : **March – September 2014**
Location of the Disaster : **West Africa**

3. Description of the situation.

3.1. In March 2014, a rapidly evolving outbreak of Ebola haemorrhagic fever started in forested areas of south-eastern Guinea.

3.2. According to the UN's latest report, a total of 8.935 cases and 4.455 deaths have been reported in the current outbreak of EVD in West Africa, as of 15 October 2014.

3.3. It is the most severe outbreak of EVD in terms of the number of human cases and fatalities since the discovery of the virus in 1976. On 8 August 2014, the World Health Organization (WHO) formally designated the outbreak as a public health emergency of international concern. The UNSC Resolution 2177 (18 September 2014) qualifies the current Ebola crisis as a "threat to international peace and security". The situation is dire. The current crisis goes beyond the humanitarian dimension; it is a unique situation

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requiring a unique response. The situation is likely to worsen in the coming months. Immediate up-scaling of the international response is essential.

3.4. The WHO reported that the death rate in the Ebola epidemic has now reached around 70 percent. The number of cases is continuing to rise in the most affected countries: Guinea, Liberia and Sierra Leone and could reach 5.000 – 10.000 cases per week by December 2014.

3.5. The outbreak of the Ebola virus disease in West Africa is unprecedented in many ways, including the high proportion of doctors, nurses, and other health care workers who have been infected.

3.6. The lack of personal protective equipment to treat actual and suspected Ebola patients, including rubber gloves, safety goggles, and protective suits, are putting health workers at greater risk. Reports of health workers being forced to recycle gloves or use plastic bags on their hands to protect themselves are frequent. These shortages have contributed to the reported deaths of 233 health workers as of 8 October 2014.

3.7. An important increase in humanitarian staff presence on the ground, including expatriates, is necessary to gain a region-wide perspective and assess the overall security environment in Ebola-affected countries.

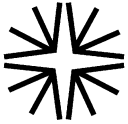
3.8. In order to respond to the immediate priorities to support the safe deployment of staff and scaling up of humanitarian operations, there is a need to assure, to the greatest extent possible, adequate Air Medevac contingency for identified humanitarian staff members to their destination of origin or as determined by contracting agencies depending on reception capabilities (Countries concerned are: Liberia and potentially also other countries within the region, e.g. Guinea Conakry, Sierra Leone and Nigeria).

3.9. Given the limited availability of commercial airlines/aircraft capable of evacuating highly infectious patients from Ebola-affected countries, it has been determined that the request for Military and Civil Defense Assets (MCDE) is in full compliance with the Oslo Guidelines and responds to the criterion of “last resort”.

4. The following requirements for international assistance have been identified:

	Description	Effective Date	Quantity
4.1	AIR MEDEVAC CONTINGENCY for HUMANITARIAN WORKERS Military or civil protection aircraft equipped with biological air transport (BAT) negative pressure isolation units with the capacity to transport asymptomatic as well as symptomatic Ebola patients, including a healthcare team to accompany the patient(s).	Immediate	

5. Nations/organizations are requested to provide information whether the assets will be provided free of charge.



6. Assistance offered by Allied and partner nations.

6.1. Sweden has the capacity to evacuate a person infected with Ebola. This resource is primarily for the evacuation of Swedish nationals. There are certain limitations to this resource, such as the availability of flight capacity. Any decision on the evacuation of other nationals will be done on a case-by-case basis and pending availability by the Swedish Authorities.

6.2. The United States has offered to nations and international organizations via a Memorandum of Understanding, the use of its contract capability for medical evacuation with biocontainment, a limited reimbursable medical evacuation services to support transport Ebola infected patients. Any decision regarding evacuation will be done on a case-by-case basis and pending availability.

7. The Operational Point of Contact in Switzerland (Geneva) can be reached in the following ways:

Name:	Mr. Sergio da Silva
Organisation:	CMCS, ESB, OCHA – Geneva
Telephone:	+41 22 917 2945
Mobile phone:	+41 79 500 0013
Fax:	+41 22 917 0363
E-mail:	cmcs@un.org dasilva3@un.org
Operating hours:	

9. Response co-ordination.

9.1. With a view to providing a coordinated response to the stricken nation's requirements, nations in a position to meet these demands, in full or in part, are invited to reply to the Operational Point of Contact, with an information copy to EADRCC, by any of the communication means listed above and below.

10.1. The Euro-Atlantic Disaster Response Coordination Centre can be reached in the following ways:

Telephone: +32-2-707.2670
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