



EUROPEAN COMMISSION  
HUMANITARIAN AID OFFICE (ECHO)

## **Humanitarian Aid Decision**

23 02 01

Title: Support to and enhancement of humanitarian response to health emergencies

Location of operation: Least developed countries in humanitarian crises

Amount of decision: 3,500,000 euro

Decision reference number: ECHO/THM/BUD/2004/02000

### **Explanatory Memorandum**

#### **1 - Rationale, needs and target population:**

##### **1.1. Rationale**

Over the last decade, the number of humanitarian activities in the health sector have more than tripled<sup>1</sup>. This increase in activities results from the fact that humanitarian crises are on the rise, not only in terms of numbers, but in complexity. Civilian populations have increasingly become subject to high levels of violence and abuse. The proliferation of wars and natural disasters has raised daunting challenges for the humanitarian actors, which now need to be able to respond broadly and quickly to the needs of victims in many different situations.

Frequently conflicts and major disasters have a dramatic effect on the lives of large numbers of people by limiting their access to life's essentials. These include water, food, shelter, sanitation, and personal security. People who lack any of these basic needs face an increased risk of becoming ill, and of dying. Indeed, a crude mortality rate of over 1 per 10,000 people per day is often used to define the existence of a humanitarian crisis. Local and national systems are often disrupted and unable to meet their basic needs.

Crises conditions now affect communities in more than 40 countries. In the last decade there have been more than **600 epidemics** worldwide<sup>2</sup>, 67 out of which can be considered large-scale crises, affecting more than 10 000 persons per crisis. More than half of all epidemics raged in Africa with cholera, dengue and other haemorrhagic fevers, malaria and meningitis as the main diseases. Unstable malaria is cause of a particularly high considerable burden of disease and in an increasing trend due to climate change, increased displaced populations and spread of resistant strains.

<sup>1</sup> WHO-Health Action in Crises

<sup>2</sup> Center for Research on the Epidemiology of Disasters (CRED)

According to WHO, there are around 30 million people infected with **HIV/AIDS** in Africa and 10 million in Asia. **Tuberculosis** kills approximately 2 million people each year. The global epidemic is growing and becoming more dangerous. The breakdown in health services, resulting from bad governance, failed regimes or conflicts, the spread of HIV/AIDS and the emergence of multi-drug-resistant TB are contributing to the worsening impact of this disease. Today approximately 40% of the world's population mostly those living in the world's poorest countries, are at risk of **malaria**. Malaria causes more than 300 million acute illnesses and at least one million deaths annually<sup>4</sup>.

There is a deadly relation between the above mentioned diseases and **humanitarian crises**. While HIV/AIDS erodes all individuals' and many communities' coping capacities, food insecurity also feeds the HIV/AIDS pandemic by weakening physical resistance. Crisis situations with massive population displacements (IDPs, refugees), are a favourable breeding ground for the quick propagation of epidemics (cholera, HIV/AIDS, yellow fever, TB, etc). Wars and conflicts, especially in Africa, have also caused the disruption of the scarce health system in place, which in turn fosters the spreading of diseases due to lack of means.

The need for a **systematic response to the public health challenges** posed by communicable disease outbreaks has long been recognised. Epidemics can challenge national health systems, have a major impact on morbidity and mortality, disrupt economic activity and development, and because of their potential to cause large numbers of deaths and widespread social disruption, are causes of humanitarian emergencies in themselves. Over the past eight years, The World Health Organization (WHO) has developed a strategic framework to address the threats posed by epidemics and emerging infections. It has been made operational throughout WHO through standardised procedures spearheaded at country level, and supported by the WHO Department of Communicable Disease Surveillance and Response in the Communicable Diseases cluster. Systematic mechanisms have been established to co-ordinate outbreak alert and response. These are implemented through the Office of Alert and Response Operations (AROps) and will gradually be integrated into the Global Outbreak and Alert Response and in the context of the new International Health Regulations.

Within this changing and ever more complex context, there is a broad consensus by the humanitarian community that **WHO has an important role to play** in the health sector in humanitarian crises. WHO has sought to strengthen its emergency capacity and be a more predictable and consistent partner in its response to health emergencies. As a result, an internal global capacity building process has been designed to help enhance WHO's ability to ensure a coordinated programmatic and operational response to health emergencies.

Such activities are fully endorsed by ECHO's mandate, as enshrined in article 4 of Council Regulation (EC) no. 1257/96, which requires that the effectiveness and consistency of the intervention systems set up to meet the needs generated by natural or man-made disasters or comparable exceptional circumstances should be ensured and strengthened. They are in line with **ECHO's 2004 Strategy** and **ECHO's thematic approach** to funding International Organisations. This thematic approach to humanitarian needs represents a new way of working with International Organisations and ECHO's commitment to work closely with the UN agencies in the delivery of humanitarian aid. Through **thematic funding** ECHO aims to support a mandated humanitarian agency in the implementation of its core mandate, in order to reinforce the quality of humanitarian aid delivery. ECHO will provide such funding on

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<sup>4</sup> See [http://www.who.int/health\\_topics/en/](http://www.who.int/health_topics/en/)

condition that thematic contributions achieve a value-added for meeting humanitarian needs and strengthening response capacities of the humanitarian community.

Consequently, ECHO envisages funding measures designed to enhance the humanitarian response to health emergencies. It will do so by funding WHO's programme, Health Action in Crises (HAC<sup>5</sup>), which aims to make the entire organization more reliable and effective to support the humanitarian response to emergencies in the health sector. ECHO will maximise this investment by focusing operations in a number of priority countries and ensuring the monitoring of the programme through its network of field experts.

## 1.2. - Identified needs:

Despite considerable efforts, the majority of humanitarian actors recognize that there are still gaps in the response to health emergencies, in terms of assessing the situation, developing response strategies, convening partners, establishing joint action, identifying gaps and making sure they are filled. Conflicts and disasters increase the risks of communicable disease outbreaks and an effective preparation, surveillance and detection to provide early warning is important to prepare a well-implemented and professionally-managed response. This can make a significant difference to the levels of mortality and morbidity associated with disease outbreaks.

Since the establishment of WHO, Member States have requested the Secretariat to help them respond promptly to health aspects of humanitarian crises. At least 20 Member States have, during the past 12 months, asked for WHO's help so they can be better prepared to respond to possible crises.

Recent analysis of emergency situations in East Timor, Afghanistan, Iraq, Liberia and Sudan have indicated that though the response in some cases has been good, the humanitarian community still faces operational and strategic challenges in the following sectors:

(a) **Information systems:** Useful data on the health needs of crisis affected people in different community settings were not available promptly, analysed in a way that reveals priorities, updated regularly, and reported clearly to those implementing the responses;

(b) **Co-ordination:** Partners concerned with health issues were not brought together regularly to work on operations together, to agree response strategies, to co-ordinate their plans, and to implement actions jointly (sharing their insights with each other). This will also imply strengthening cooperation with UNHCR and OCHA, when relevant and with the EC development aid programmes within the context of Linking Relief and Development;

(c) **Emergency preparedness** has been shown to be essential in order to maximize the delivery of life-saving interventions and ensure an efficient, timely and effective response. During the last 5 years, the WHO has teamed up with Member States to build international capacity for disease surveillance, detection of outbreaks and responses;

(d) **Response:** Gaps in health action were not being clearly identified, nor were focused efforts being made to plan comprehensively (and fill gaps), to spell out needs,

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<sup>5</sup> crises@ who.int , <http://www.who.int/disasters>

to mobilise requirements - funds, people (and their skills), medical supplies, equipment, logistics, communications systems, and reporting capacity - and to use Standard Operational Procedures to deploy these inputs promptly, to maximum effect;

(e) **Involvement of local communities:** Local communities and health professionals were not being listened to enough, nor were humanitarian agencies investing sufficiently in identifying critical actors, building relationships with them, strengthening institutions and repairing systems so as to establish a sustainable capacity that would drive a return to good health and well-being.

In this context and to respond to those needs, the Health Action in Crisis programme was developed. It was necessary to **reinforce WHO's effective capacity and performance** within countries, ensuring an increase field presence and co-ordination of the different WHO Departments in Regional Offices and Headquarters, to strengthen a better interaction in emergencies in the health sector<sup>6</sup>.

### 1.3. - Target population and regions concerned:

Funding under this decision will benefit the many organisations - from national and local authorities to UN system agencies, national NGO groups, international NGOs, the Red Cross movement and the like who seek a reference point for their work before, during or after humanitarian crises. Indirect beneficiaries of this program are communities and people potentially and actually affected by the health consequences of crises (up to 20 million people).

The objectives under this decision will cover the least developed countries in humanitarian crisis, with specific emphasis on countries with high humanitarian needs and highest health emergency risks, especially in the most vulnerable region, sub-Saharan Africa, as identified by ECHO's global needs assessment 2004<sup>7</sup>.

### 1.4. - Risk assessment and possible constraints:

A significant constraint for the implementation of this programme is the continuing political instability in most of the countries where the HAC Department will be active, often entailing

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<sup>6</sup>Within WHO, HAC is fundamentally a service department whose work will create a base from which many different WHO Departments- in the Regional Offices and Headquarters- can better interact with people in crisis.

For instance, WHO/ Department of Communicable Disease Surveillance and Response (CSR) is working with HAC to provide technical and operational support on communicable diseases control to NGOs, MOH and other partners through the Office of Alert and Response Operations (AROp). ARO has three teams working in a synergistic fashion both within and outside the programmes on ensuring a comprehensive WHO response to public health emergencies such as outbreaks

The risk assessment and field operations teams of CSR is tasked with:

- Maintaining and developing WHO's capacity to detect, verify and rapidly assess the risk posed by epidemic threats (all events are tracked using a Global Event Management System (GEMS)).
- Coordinating the WHO technical response to communicable diseases threats and providing operational, logistics and technical support to field / country response utilising the Global Outbreak Alert and Response Network (GOARN) as its major operational arm.
- Ensuring the secretariat for the Global Outbreak Alert and Response Network (GOARN). It focuses technical and operational resources from scientific institutions in Member States, medical and surveillance initiatives, regional technical networks, networks of laboratories, United Nations organizations (e.g. UNICEF, UNHCR), the Red Cross (International Committee of the Red Cross, International Federation of Red Cross and Red Crescent Societies and national societies) and international humanitarian nongovernmental organizations (e.g. Médecins sans Frontières, International Rescue Committee, Merlin and Epicentre).

<sup>7</sup> [http://europa.eu.int/comm/echo/information/strategy/index\\_en.htm](http://europa.eu.int/comm/echo/information/strategy/index_en.htm)

the deterioration of state structures and the weakening of governance capacity. Insecurity and difficulties in deploying international staff will remain a main constraint.

WHO's ability to perform these functions depends on having skilled and experienced staff within countries, properly supported by regional offices and headquarters, all working towards the same standards for organisational performance before, during and after humanitarian crises, including situations that result from outbreaks of communicable disease. The willingness of stakeholders to co-operate and actively participate in co-ordination meetings is vital.

Some stakeholders consider that a strong WHO, responding to humanitarian crises and well co-ordinated with other UN system humanitarian agencies, imperils the special relationship between the WHO Secretariat and the national Ministry of Health in a crisis-affected or crisis-prone countries.

The European Commission considers this programme challenging but necessary and is ready to support the HAC programme with a special emphasis on countries of greater vulnerability where monitoring can be ensured through the network of ECHO field experts. As stated above, there are external and internal risks to WHO's ability to deliver and ECHO will consider this first year as a pilot programme, which if successful in the selected countries, may be expanded to other countries or for another year.

## **2- Objectives and components of the humanitarian intervention proposed:**

### **2.1. – Objectives:**

Principal objective:

To reduce avoidable loss of life, burden of disease and disability in health emergencies in humanitarian crises.

Specific objective:

To strengthen the response to health emergencies in a timely, effective, and efficient manner and in cooperation with all stakeholders, by strengthening WHO's capacity to prepare and react to health problems during humanitarian crises.

### **2.2. - Components:**

- **Capacity for rapid response to control and contain health emergencies will be reinforced in selected countries.** The HAC Department will: develop disaster preparedness programmes; develop guidance on risk, vulnerability and capacity assessments; identify and record early-warning signals on breakdown of country structures and develop possible scenarios; collect and disseminate information on countries in crisis or at high risk; maintain a global information database for internal and external partners on disaster preparedness; ensure continued inter-departmental collaboration on health issues in crises, ensuring that countries receive technical support to detect and respond to epidemics that require mass interventions (Epidemic Readiness and Mass Intervention Team) and ensure co-ordination with the Global Outbreak Alert and Response Network (GOARN); maintain and develop WHO's capacity to detect, verify and rapidly assess the risk posed by epidemics threats through intelligence gathering, outbreak verification, risk assessment and information

dissemination (Risk Assessment and Field Operation Team- AFO); implement training courses in disaster management for humanitarian stakeholders.

- **The Rapid Reaction Mechanism will be activated, including the network of Surge experts.** All WHO country offices should be ready to activate their preparedness plan as soon as the Government and UN country Team declare a state of emergency and to request additional assistance from the Regional Office; HAC focal points will undertake rapid assessments to set up health needs and priorities; they will convene health stakeholders for coordination meetings on daily basis, in an initial phase and for the development of joint response strategies; medical supplies and equipment will be immediately delivered; constant monitoring of operations and the re-assessment of priorities in order to re-adjust strategies and ensure consistency will be undertaken.
- **WHO's performance** as the main focal point for the facilitation of **coordination of health activities, technical expertise and information management** amongst the humanitarian actors and national health authorities, will be strengthened. **The HAC department will ensure the co-ordination** between different WHO Departments in Regional Offices and Headquarters. WHO country offices facilitate international coordination and support the Ministry of Health. In collaboration with health partners all WHO country offices should have the capacity to formulate an **overall vision** of the health aspects of the emergency and a strategy to properly address these.
- **Training material** on disaster management and risk assessment in health crises will be developed and training sessions for health stakeholders, both at regional and country level will be organized.
- **Information management systems** on health aspects of crises are operational; health risks and vulnerability assessments are available and collection, analysis and dissemination of information related to health aspects of crises are undertaken.
- **Protocols, standard methods, indicators and benchmarks for health and health-system** performance are available and a) reflect best practices as consolidated by WHO technical departments, NGOs, UN agencies, the Red Cross/Red Crescent Movement, academic institutions and bilateral agencies, and b) reach WHO Country Offices and partners in the field on time and in the appropriate format so that they can be shared and applied in crises. The specific guidelines on health prevention and treatment should be coordinated with national policies and strategies.

### 3 - Duration foreseen for actions within the framework of the proposed decision:

The operation funded under this decision has been designed to last one year to achieve the expected results. Therefore, and including the time for adequate preparation for the fairly complex operations, the duration for the implementation of this decision will be **15 months**. Humanitarian operations funded by this decision must be implemented within this period.

The start date of the operation is 01/09/2004. Expenditure under this Decision shall be eligible from that day.

If the implementation of the actions envisaged in this decision is suspended due to *force majeure* or any comparable circumstance, the period of suspension will not be taken into account for the calculation of the duration of the decision.

Depending on the evolution of the situation in the field, the Commission reserves the right to terminate the agreements signed with the implementing humanitarian organisations, where the suspension of activities is for a period of more than one third of the total planned duration of the action. The procedure established in the Framework Partnership Agreement in this respect will be applied.

#### 4 – Previous interventions of ECHO with WHO in 2003

<b>List of 2003 contracts with WHO</b>		
<b>Country</b>	<b>Contract title</b>	<b>Amount in euro</b>
BURKINA FASO	Alert and Response Operations: Epidemic Meningococcal Disease	670.000
CAMBODIA	Support to the Preparedness and Response to Severe Acute Respiratory Syndrome (SARS) in Cambodia	130.000
CHINA	Alert and Response operations SARS	535.000
CONGO	Ebola epidemic alert and response operations	400.000
IRAQ	Rehabilitation of Iraq's principal public health laboratories	5.000.000
KOREA - NORTH	Strengthening of County Hospitals and Blood Transfusion Services	875.000
LAOS	Preparedness for response to SARS (Severe Acute Respiratory Syndrome) in Lao PDR.	161.689
MALI	Cholera outbreak response	141.000
RUSSIA	Strengthening health services in Chechnya at primary health care level through co-ordination and information management	200.000
ZIMBABWE	Emergency preparedness and response contingency action plan for cholera	480.402
<b>TOTAL</b>		<b>8.593.091</b>

WHO will ensure that there is no overlap in funding of activities by different donors and notably between ECHO funding at geographical and thematic level.

#### 5 - Other donors and donor co-ordination mechanisms

A **Technical Forum / Contact Group for Health Action in crises** will be established in order to keep the dialogue on issues relating to technical questions going in a structured way. The aim of the Technical Forum will be to bring together internal and external stakeholders and to lead a structured discussion that can contribute towards the clearer definition of WHO's technical and coordination role and facilitates expert meetings on technical issues like e.g. malaria treatment protocols.

Internally, WHO has established a **Global Steering Group** consisting of the Representative of the Director-General, Programme Manager, and all six Regional Focal Points. The main role is to advise, guide and make collective decisions for the following areas: programme

implementation, recruitment, supervision and performance appraisal of staff and programme monitoring and evaluation.

ECHO will ensure the monitoring of the programme in selected countries with its network of field experts. In **headquarters**, quarterly meetings with WHO will take place to review the programme. This programme should maximize coordination and will be implemented in accordance with the Strategic Partnership for Development between the WHO and the European Commission.

In 2002, the UK Department for International Development (DFID), agreed to fund a pilot project that had as its aim the improvement of WHO performance in three selected Regional Offices. The joint DFID-WHO assessment of the one year pilot project found that WHO had an important role to play in emergency preparedness and response in the health sector and as a result WHO developed the Health Action in Crises programme.

Like the EC, various EU Member States, as well as the USA have provided continued strong support to WHO operations.

### **Main Donors for 2003 WHO Emergency Activities**

<b>DONORS</b>	<b>TOTAL approximately* in US\$</b>
<b>United Kingdom</b>	17.822.308
<b>USA</b>	11.658.968
<b>Italy</b>	10.529.141
<b>ECHO</b>	8.593.091
<b>Norway</b>	5.839.414
<b>Republic of Korea</b>	2.854.000
<b>Australia</b>	1.944.000
<b>Spain</b>	1.600.000
<b>Sweden</b>	1.551.203
<b>GRAND TOTAL</b>	<b>62.392.125</b>
*: source WHO (unaudited figures representing approximate funding)	

## **6 –Amount of decision and distribution by specific objectives:**

6.1. - Total amount of the decision: 3,500,000 euro



## 6.2. - Budget breakdown by specific objectives .

<b>Principal objective:</b> To reduce avoidable loss of life, burden of disease and disability in health emergencies in humanitarian crises				
<b>Specific objectives</b>	<b>Allocated amount by specific objective (Euro)</b>	<b>Possible geographical area of operation</b>	<b>Activities</b>	<b>Potential partners<sup>8</sup></b>
Specific objective : To strengthen the response to health emergencies in a timely, effective, and efficient manner and in cooperation with all stakeholders, by strengthening WHO's capacity to prepare and react to health problems during humanitarian crises.	3,500,000	Least Developed countries in humanitarian crises	<p><b>Capacity for rapid response to control and contain health emergencies will be reinforced in selected countries.</b> The HAC Department will: develop disaster preparedness programmes; develop guidance on risk, vulnerability and capacity assessments; identify and record early-warning signals on breakdown of country structures and develop possible scenarios; collect and disseminate information on countries in crisis or at high risk; maintain a global information database for internal and external partners on disaster preparedness; ensure continued inter-departmental collaboration on health issues in crises, ensuring that countries receive technical support to detect and respond to epidemics that require mass interventions (Epidemic Readiness and Mass Intervention Team) and ensure co-ordination with the Global Outbreak Alert and Response Network (GOARN);</p> <p><b>The Rapid Reaction Mechanism will be activated, including the network of Surge experts;</b></p> <p><b>The HAC department will ensure the co-ordination</b> between different WHO Departments in Regional Offices and Headquarters;</p> <p><b>Training material</b> on disaster management and risk assessment in health crises are developed and training sessions for health stakeholders, both at regional and country level, organized;</p> <p><b>Information management systems</b> on health aspects of crises are operational: health risks and vulnerability assessments are available and collection, analysis and dissemination of information related to health aspects of crises are undertaken;</p> <p><b>Protocols, standard methods, indicators and benchmarks for health and health-system</b> performance are available and a) reflect best practices as consolidated by WHO technical departments, NGOs, UN agencies, the Red Cross/Red Crescent Movement, academic institutions and bilateral agencies, and b) reach WHO Country Offices and partners in the field on time and in the appropriate format so that they can be shared and applied in crises.</p>	- WHO - OMS
<b>TOTAL</b>	<b>3,500,000</b>			

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WORLD HEALTH ORGANISATION - ORGANISATION MONDIALE DE LA SANTE

## 7 –Evaluation

Under article 18 of Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid the Commission is required to "regularly assess humanitarian aid operations financed by the Community in order to establish whether they have achieved their objectives and to produce guidelines for improving the effectiveness of subsequent operations." These evaluations are structured and organised in overarching and cross cutting issues forming part of ECHO's Annual Strategy such as child-related issues, the security of relief workers, respect for human rights, gender. Each year, an indicative Evaluation Programme is established after a consultative process. This programme is flexible and can be adapted to include evaluations not foreseen in the initial programme, in response to particular events or changing circumstances. More information can be obtained at:

[http://europa.eu.int/comm/echo/evaluation/index\\_en.htm](http://europa.eu.int/comm/echo/evaluation/index_en.htm).

## 8 –Budget Impact article 23 02 01

	CE (in Euro)
Initial Available Appropriations for 2004	472.000.000
Supplementary Budgets	-
Transfers	-
<b>Total Available Credits</b>	<b>472.000.000</b>
Total executed to date (by 11.6.2004)	341.580.368
Available remaining	130.419.632
<b>Total amount of the Decision</b>	<b>3,500,000</b>

## COMMISSION DECISION

of

**on the financing of humanitarian operations from the general budget of the European Union to support measures to strengthen and improve the humanitarian response to health emergencies**

### THE COMMISSION OF THE EUROPEAN COMMUNITIES,

Having regard to the Treaty establishing the European Community,  
Having regard to Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid<sup>9</sup>, and in particular Article 15(2) thereof,

Whereas:

- (1) Over the last decade, humanitarian activities in the health sector have more than tripled due to the increase in the number and complexity of humanitarian emergencies;
- (2) Conflicts and disasters increase the risks of communicable disease outbreaks and an effective preparation, surveillance and detection to provide early warning is important to prepare a well-implemented and professionally-managed response;
- (3) Epidemics can challenge national health systems, have a major impact on morbidity and mortality, disrupt economic activity and development, and because of their potential to cause large numbers of deaths and widespread social disruption, are causes of humanitarian emergencies in themselves;
- (4) Despite considerable efforts, the majority of humanitarian actors recognize that there are still gaps in the response to health emergencies, in terms of assessing the situation, developing response strategies, convening partners, establishing joint action, identifying gaps and making sure they are filled;
- (5) Recent analysis of emergency situations have indicated the need to strengthen information management systems, re-enforce co-ordination of stakeholders, improve emergency preparedness and the response to health problems during humanitarian crises;
- (6) Within this changing and ever more complex context, WHO has sought to strengthen its emergency capacity and be a more predictable and consistent partner in its response to health emergencies;
- (7) An assessment of the humanitarian situation leads to the conclusion that humanitarian aid operations should be financed by the Community for a period of 15 months.
- (8) It is estimated that an amount of 3,500,000 euro from budget line 23 02 01 of the general budget of the European Union is necessary to support measures to strengthen and improve the humanitarian response to health emergencies, taking into account the available budget, other donors' interventions and other factors.

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<sup>9</sup> OJ L 163, 2.7.1996, p. 1-6

- (9) In accordance with Article 17 (3) of Regulation (EC) No.1257/96 the Humanitarian Aid Committee gave a favourable opinion on 22/07/2004.

HAS ADOPTED THIS DECISION:

*Article 1*

1. In accordance with the objectives and general principles of humanitarian aid, the Commission hereby approves a total amount of 3,500,000 euro for humanitarian aid operations to support measures to strengthen and improve the humanitarian response to health emergencies by using line 23 02 01 of the 2004 budget of the European Union.
2. In accordance with Article 2 of Regulation (EC) No.1257/96, the humanitarian operations shall be implemented in the pursuance of the following specific objective:
  - To strengthen the response to health emergencies in a timely, effective, and efficient manner and in cooperation with all stakeholders, by strengthening WHO's capacity to prepare and react to health problems during humanitarian crises.

The amount allocated to this objective is listed in the annex to this decision.

*Article 2*

1. The duration for the implementation of this decision shall be for a maximum period of 15 months, starting on 01/09/2004. Expenditure under this Decision shall be eligible from that date.
2. If the operations envisaged in this Decision are suspended owing to *force majeure* or comparable circumstances, the period of suspension shall not be taken into account for the calculation of the duration of the implementation of this Decision.

*Article 3*

This Decision shall take effect on the date of its adoption.

Done at Brussels,

*For the Commission*

*Member of the Commission*

**Annex: Breakdown of allocations by specific objectives**

<b>Principal objective:</b> To reduce avoidable loss of life, burden of disease and disability in health emergencies in humanitarian crises.	
<b>Specific objectives</b>	<b>Amount per specific objective (Euro)</b>
To strengthen the response to health emergencies in a timely, effective, and efficient manner and in cooperation with all stakeholders, by strengthening WHO's capacity to prepare and react to health problems during humanitarian crises.	3,500,000
<b>TOTAL</b>	<b>3,500,000</b>

Grants for the implementation of humanitarian aid within the meaning of Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid are awarded in accordance with the Financial Regulation, in particular Article 110 thereof, and its Implementing Rules in particular Article 168 thereof.<sup>10</sup>

Rate of financing: In accordance with Article 169 of the Financial Regulation, grants for the implementation of this Decision may finance 100% of the costs of an action.

Humanitarian aid operations funded by the Commission are implemented by NGOs and the Red Cross organisations on the basis of Framework Partnership Agreements (FPA) (in conformity with Article 163 of the Implementing Rules of the Financial Regulation) and by United Nations agencies based on the Financial and Administrative Framework Agreement (FAFA). The standards and criteria established in Echo's standard Framework Partnership Agreement to which NGO's and International organisations have to adhere and the procedures and criteria needed to become a partner may be found at

[http://europa.eu.int/comm/echo/partners/index\\_en.htm](http://europa.eu.int/comm/echo/partners/index_en.htm)

<sup>10</sup> Council Regulation (EC, Euratom) No 1605/2002 of 25 June 2002, OJ L248 of 16/09/2002 and No 2342/2002 of 23 December 2002, OJ L 357 of 31/12/2002.