



## **Emergency Humanitarian Aid Decision**

**23 02 01**

Title: Emergency response to an outbreak of yellow fever in Sudan.

Location of operation: Sudan

Amount of Decision: EUR 2,000,000

Decision reference number: ECHO/SDN/BUD/2005/04000

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### **Explanatory Memorandum**

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

##### 1.1. - Rationale:

The Federal Ministry of Health (FMOH) received the first report of hemorrhagic fever cases in South Kordofan on 21 October 2005. Unfortunately, false positive laboratory results due to laboratory cross reaction of viruses of the same family (*flavoviruses*) led the FMOH to initially declare a Dengue fever outbreak in the area.

Precisely because of the possibility of this cross reaction, samples were sent for further testing to the WHO reference laboratory in Cairo. Results then confirmed that the **Yellow Fever** virus was the causative agent of the outbreak and led, on 14 November 2005, to the official declaration of the yellow fever outbreak in South Kordofan.

The last update received on 19 November 2005 from Kadugli (South Kordofan) reported a total of 448 cases and 117 deaths, corresponding to a worrying case-fatality rate of 29%<sup>1</sup>. The highest attack rates were found in Dilling locality, with 80 admitted cases per 100,000 population (see table below). A total of 154 patients (47.5%) reported to be nomadic.

No clear conclusion can be drawn on the number of new cases per day, however, it is probable that the trend of the epidemic curve is upwards, spreading to new locations and states; potentially affecting main cities; and current humanitarian scenarios such as Internally Displaced People (IDP) camps in Darfur and neighbouring southern Sudan states. Moreover, yellow fever has the potential to cross international boundaries.

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<sup>1</sup> Male-female sex ratio was 1.4 and the median age 25 years. The 0 to 4 years-old age group represented 5.9% of the admissions, and the 5 to 15 year-old group 19.1%

### Proportion and attack rates per locality as 19 November 2005

Locality	Total cases (deaths in parenthesis)	Population	Attack rate per 100,000
<b>Kadugli</b>	<b>47(13)</b>	288,530	20
<b>Dilling</b>	<b>261 (60)</b>	316,105	80
<b>Rashad</b>	<b>60 (20)</b>	316,133	20
<b>AbuJubaiha</b>	<b>65 (13)</b>	298,665	20
<b>Talodi</b>	<b>10 (6)</b>	141,718	10
<b>As Salam</b>	<b>NA</b>	153,331	0
<b>Lagawa</b>	<b>NA</b>	113,140	0
<b>Ab Yey</b>	<b>1 (0)</b>	200,463	1

Source: WHO

It is relevant to note that current statistics exclude verbal autopsies described by nomadic caravans, and that yellow fever may have been largely incorrectly diagnosed as malaria or other fevers. Experts estimate that in addition to this, 88% of cases of yellow fever remain asymptomatic. This would account for over 4,000 carriers of the disease in the current outbreak in Sudan.

The last documented yellow fever outbreak in the Kordofan area was in 1940, with 15,000 cases of whom 1,500 people died. In Sudan, yellow fever was last identified in May 2003 in Imatong, South Sudan. DG ECHO then responded by supporting UNICEF interventions.

This decision complements previous humanitarian aid decisions for Sudan in 2005<sup>2</sup> and aims to provide specific immediate support to initiatives aiming to prevent and palliate the spread of this outbreak.

<sup>2</sup> ECHO/SDN/BUD/2005/01000 (EUR 20 million), ECHO/SDN/BUD/2005/02000 (EUR 15 million), ECHO/SDN/BUD/2005/03000 (EUR 8 million).  
ECHO/SDN/BUD/2005/04000



World Health Organization



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## 1.2. - Identified needs:

### CURRENT RESPONSE

The immediate response is being coordinated by the World Health Organisation (WHO) and the FMOH in close collaboration with UNICEF and a number of NGOs.

WHO immediately mobilized several assessment teams of experts to strengthen the daily compilation of case reporting and to provide technical assistance to the FMOH interpreting the epidemic pattern and trend. WHO has also been facilitating daily meetings with the competent authorities and concerned NGOs and has provided insecticide and equipment for vector control.

UNICEF has provided essential drugs and medical supplies to support the case management and vector control activities.

A number of NGOs including MEDAIR, *Médecins Sans Frontières* (MSF), PANCARE and Save the Children-US (SCF), as well as the Sudanese Red Crescent (SRC) are providing medical teams, volunteers, medical drugs and supplies.

### REMAINING NEEDS

The strategy defined by the FMOH and WHO includes activities in two separate phases. A first phase (Phase I) will target the currently affected areas (South Kordofan, 1,8 million people), whereas a second phase (Phase II) will enlarge activities to surrounding areas (additional 3,6 million people).

- The main strategic pillar for effective control of yellow fever is conducting a **mass vaccination** campaign. The FMOH has estimated the cost of immunising close to 5,4 million people at USD 9,263,000 (ca. EUR 7,843,000) (PHASE I + PHASE II). MSF-France has committed 800,000 vaccines and operational support. Over an additional 2 million vaccines and supplies are being ordered for PHASE I. An estimated 17% is considered to be a waste factor.
- The existing **epidemiological surveillance system** needs to be strengthened by providing training in the use of the case definition, case reporting and active case finding. WHO/UNICEF initial budget estimate is of USD 314,005 (ca. EUR 265,000) for PHASE I.
- It will be necessary to carry out an **entomological assessment** in order to identify integrated **vector control measures** in high-risk areas<sup>3</sup>. WHO/UNICEF initial budget estimate for these activities is of USD 645,000 (ca. EUR 546,000) for PHASE I.
- **Community information, education and dissemination** activities have not yet been planned. Other activities such as impositions of travel restrictions and quarantines have not been yet publicly discussed<sup>4</sup>.

## 1.3. - Target population and regions concerned:

- PHASE I: Currently affected geographical area (i.e. mainly South Kordofan) where 1,8 million people will be targeted for immunisation (i.e. the entire population aged over 9 months).

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<sup>3</sup> Yellow fever is transmitted by the bite of a vector, the *Aedes aegypti* mosquito.

<sup>4</sup> Such restrictions may especially impact negatively nomadic pastoralist tribes.

- PHASE II: covering an additional 3,6 million people in North Kordofan, White Nile, Upper Nile, Unity, Western Bahr El Ghazal, Northern Bahr El Ghazal and South Darfur.
- FLEXIBLE TARGETING: The current epidemic may spread to any other location in Sudan including Khartoum and other urban and rural areas of the North and the South. Targeting of beneficiaries should follow periodic re-assessments of vulnerability and risks in order to maximise impact on prevention and curative interventions.

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

Experts agree that the epidemic is spreading to new states, may spread to main Sudanese cities, and has the potential for border crossing.

Constraints and limitations that could affect the implementation, effectiveness and efficiency of humanitarian assistance are as follows:

- Supply of yellow fever vaccines in the international market may become insufficient to cope with the scale and pace of this epidemic.
- Bureaucratic constraints and potential disagreements regarding priority targeting may cause delays in the immunisation campaigns.
- Limited access due to security and remoteness of some nomadic and sedentary populations affected or vulnerable to the outbreak may impede a full coverage of the relief efforts.
- Ongoing spontaneous and planned return of IDPs to South Sudan may accelerate transmission of yellow fever to destination hubs and routes.
- Certain population groups may not be willing to always follow public health advice.
- Part of the coverage area is in the transitional areas between the North and the South of Sudan. Consistent and coherent coordination and response will be needed between the authorities of both sides.
- Simultaneous outbreaks of other diseases such as meningitis and measles would further complicate the effectiveness of the response.

## **2 - Objectives and components of the humanitarian intervention proposed:<sup>5</sup>**

### 2.1. - Objectives:

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<sup>5</sup> 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 (Council Regulation (EC, Euratom) No 1605/2002 of 25 June 2002, OJ L248 of 16 September 2002 and Commission Regulation (EC, Euratom) No 2342/2002 of 23 December 2002, OJ L 357 of 31 December 2002).

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).

Principal objective: To control the yellow fever outbreak and to prevent and palliate the potential epidemic in Sudan.

Specific objective: To improve emergency preparedness and response to the yellow fever outbreak in Sudan.

## 2.2. - Components:

The control of the yellow fever outbreak in Southern Kordofan and selected areas in the surrounding states requires a well-coordinated response. Specific activities will include the following:

- **Strengthening of case management** capacity in all localities of Southern Kordofan and 14 localities in North Kordofan, White Nile, Upper Nile, Unity, Western Bahr El Ghazal, Northern Bahr El Ghazal and South Darfur. New emerging focus of outbreak may re-direct targeting to other urban and rural locations in Sudan and its international borders;
- **Improvement of epidemiological follow-up** of the outbreak by training health staff in the use of a simple and adapted case definition and reporting information (e.g. key symptoms, onset of symptoms, vaccination and contact history), strengthening communication and transportation means, increasing sentinel health structures, active case finding and establishing a centralized database;
- **Entomological assessment** to identify **vector control** measures;
- **Vaccination.** Phase I will cover 1,8 million persons. Phase II shall cover 3.6 million persons in North Kordofan, White Nile, Upper Nile, Unity, Western Bahr El Ghazal, Northern Bahr El Ghazal and South Darfur.
- Vaccination of **health workers** in vulnerable states and assurance of universal **precautions** to avoid transmission in clinical settings.
- **Community mobilization and health education.**
- **Coordination** of local, national and international preparedness and relief efforts.

## 3 - **Duration expected for actions in the proposed Decision:**

The duration of humanitarian aid operations shall be of 6 months. Expenditure under this Decision shall be eligible from 14 November 2005, when the Sudanese Government declared the outbreak of yellow fever in South Kordofan.

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 humanitarian aid operations.

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. In this respect, the procedure established in the general conditions of the specific agreement will be applied.

#### 4 - Previous interventions/Decisions of the Commission within the context of the current crisis

List of previous ECHO operations in SUDAN				
Decision Number	Decision Type	2003	2004	2005
		EUR	EUR	EUR
ECHO/SDN/210/2003/02000	Emergency	2,000,000		
ECHO/SDN/210/2003/01000	Global Plan	20,000,000		
ECHO/SDN/BUD/2004/01000	Global Plan		20,000,000	
ECHO/SDN/BUD/2004/02000	Non Emergency		10,000,000	
ECHO/SDN/BUD/2004/03000	Non Emergency		10,000,000	
ECHO/SDN/BUD/2004/05000	Non Emergency		31,000,000	
ECHO/SDN/BUD/2004/04000	Non Emergency		15,000,000	
ECHO/SDN/EDF/2004/01000	Non Emergency		5,000,000	
ECHO/SDN/BUD/2005/01000	Global Plan			20,000,000
ECHO/SDN/BUD/2005/02000	Non Emergency			15,000,000
	<b>Subtotal</b>	22,000,000	91,000,000	35,000,000
	<b>Grand Total</b>	148,000,000		

Dated : 18/11/2005

Source : HOPE

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

Donors in SUDAN the last 12 months					
1. EU Members States <sup>1</sup>		2. European Commission		3. Others <sup>2</sup>	
	EUR		EUR		EUR
Austria	100,000	ECHO	66,000,000	US	446,599,423
Belgium	1,100,000	Other services*	244,980,000	Canada	21,777,038
Cyprus	442,756			Japan	2,585,721
Denmark	10,324,802			Switzerland	10,874,311
Estonia	25,863			Norway	40,885,459
Finland	2,300,000				
France	1,445,200				
Germany	23,231,310				
Ireland	4,051,360				
Italy	1,465,500				
Luxemburg	1,818,926				
Netherlands	38,467,058				
Slovenie	25,000				
Sweden	3,731,229				
United kingdom	95,263,939				
<b>Subtotal</b>	183,792,943	<b>Subtotal</b>	310,980,000	<b>Subtotal</b>	522,721,952
		<b>Grand total</b>	1,017,494,895		

Dated : 18/11/2005

1 Source: ECHO 14 Points reporting for Members States. <https://hac.cec.eu.int>

2 Source: OCHA. The OCHA figures were in US\$ and were converted at a rate of US\$1 = €0.830565

\* Amount implemented in 2005

#### 6 - Amount of decision and distribution by specific objectives:

6.1. - Total amount of the decision: EUR 2,000,000

## 6.2. - Budget breakdown by specific objectives

<b>Principal objective:</b> To control the yellow fever outbreak and to prevent and palliate the potential epidemic in Sudan.			
<b>Specific objectives</b>	<b>Allocated amount by specific objective (EUR)</b>	<b>Geographical area of operation</b>	<b>Potential partners<sup>6</sup></b>
To improve emergency preparedness and response to the yellow fever outbreak in Sudan.	2,000,000	Sudan	- CARE - UK - CROIX-ROUGE - CICR- ICRC - CH - CROIX-ROUGE - DEU - CROIX-ROUGE - NLD - MEDAIR UK - MSF - CHE - MSF - FRA - MSF - NLD - SAVE THE CHILDREN - NLD - SAVE THE CHILDREN - UK - UN - UNICEF - BEL - WHO - OMS
<b>TOTAL</b>	<b>2,000,000</b>		

<sup>6</sup> ARTSEN ZONDER GRENZEN (NLD), CARE INTERNATIONAL UK , COMITE INTERNATIONAL DE LA CROIX-ROUGE (CICR), DEUTSCHES ROTES KREUZ, (DEU), HET NEDERLANDSE RODE KRUIS (NLD), MEDAIR UK (GBR), MEDECINS SANS FRONTIERES (CHE), MEDECINS SANS FRONTIERES (F), SAVE THE CHILDREN (NLD), THE SAVE THE CHILDREN FUND (GBR), UNICEF, WORLD HEALTH ORGANISATION - ORGANISATION MONDIALE DE LA SANTE

## 7 - Budget Impact article 23 02 01

	CE (EUR)
-	
Initial Available Appropriations for 2005	476,500,000
Supplementary Budgets	
Reinforcement from Emergency aid reserve	130,000,000
Transfers Commission	- 5,000,000
<b>Total Available Appropriations</b>	<b>601,500,000</b>
Total executed to date (as at 18/11/2005)	598,113,870
Available remaining	3,386,130
<b>Total amount of the Decision</b>	<b>2,000,000</b>

**COMMISSION DECISION**  
**of**  
**on the financing of emergency humanitarian operations from the general budget of the**  
**European Union in**  
**SUDAN**

**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>1</sup>, and in particular Article 13 thereof,

Whereas:

- (1) The current yellow fever outbreak affecting Sudan is the worst recorded in the last 5 years in the world in terms of attack rate (absolute number of cases).
- (2) Environmental factors and weak health systems provide the potential for epidemic spread of historical proportions in Sudan.
- (3) New emerging focus of outbreak may provoke spread of the disease across international borders.
- (4) The magnitude of the current outbreak overwhelms Government preparedness and rapid response capacities.
- (5) Humanitarian aid operations financed by this Decision should be of a maximum duration of 6 months.
- (6) It is estimated that an amount of EUR 2,000,000 from budget line 23 02 01 of the general budget of the European Union is necessary to provide humanitarian assistance to population affected by yellow fever in Sudan taking into account the available budget, other donors-contributions and other factors.

HAS DECIDED AS FOLLOWS:

*Article 1*

1. In accordance with the objectives and general principles of humanitarian aid, the Commission hereby approves a total amount of EUR 2,000,000 for emergency humanitarian aid operations to provide the necessary assistance and relief to population affected by yellow fever in SUDAN by using line 23 02 01 of the 2005 general budget of the European Union.

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

2. In accordance with Article 2 (a) of Council Regulation No.1257/96, the humanitarian operations shall be implemented in the pursuance of the following specific objective:

To improve emergency preparedness and response to the yellow fever outbreak in Sudan.

The total amount of this decision is allocated to this objective.

#### *Article 2*

1. The implementation of humanitarian aid operations funded by this Decision shall have a maximum duration of 6 months from their starting date.
2. Expenditure under this Decision shall be eligible from 14 November 2005.
3. 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 humanitarian aid operations.

#### *Article 3*

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

Done at Brussels,

For the Commission

Member of the Commission