



COMMISSION OF THE EUROPEAN COMMUNITIES

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**COMMISSION DECISION**

**of**

**on the financing of emergency humanitarian Actions in PAPUA NEW GUINEA from  
the 10th European Development Fund**

(ECHO/PNG/EDF/2009/01000)

## COMMISSION DECISION

of

### **on the financing of emergency humanitarian Actions in PAPUA NEW GUINEA from the 10th European Development Fund**

(ECHO/PNG/EDF/2009/01000)

THE COMMISSION OF THE EUROPEAN COMMUNITIES,

Having regard to the Treaty establishing the European Community,

Having regard to the ACP-EC Partnership Agreement signed in Cotonou on 23 June 2000 and revised in Luxembourg on 25 June 2005, in particular Articles 72 and 73 thereof,

Having regard to Council Regulation (EC) No 617/2007 of 14 May 2007 on the implementation of the 10th European Development Fund under the ACP-EC Partnership Agreement, in particular Articles 5.4 and 8 thereof<sup>1</sup>

Whereas:

- (1) Papua New Guinea (PNG) reported the first suspected cholera cases at the end of August 2009, after an unidentified illness raged in the coastal area of Wasu in Morobe Province;
- (2) WHO reported and confirmed the first cases of cholera and flu-related outbreaks and related deaths on 3 September 2009;
- (3) Also, dysentery, partly related to the shigella bacteria, and a flu-related (influenza A, H3N2) outbreak occurred in neighbouring Menyamya district; the diseases have since then been spreading to a third province and official numbers are increasing, reaching 6177 as of 17 September 2009, but it is feared that real numbers could be higher;
- (4) To reach populations in need, emergency aid should be channelled through Non-Governmental Organisations (NGOs) or International Organisations including United Nations (UN) agencies. Therefore the European Commission should implement the budget by direct centralized management or by joint management;
- (5) An assessment of the humanitarian situation leads to the conclusion that urgent humanitarian aid actions financed by this Decision should be of a maximum duration of 6 months;
- (6) In accordance with the objectives set out in Articles 72 and 73 of the ACP-EC Partnership Agreement and Article 5.4 of the Council Regulation (EC) No. 617/2007 it is estimated that an amount of EUR 650,000 from Papua New Guinea's Allocation for Unforeseen Needs (B-envelope) of the 10th European Development Fund is necessary to provide emergency humanitarian assistance to populations affected by or under

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<sup>1</sup> OJ L152 of 13.06.2007, p.1.

threat from the diseases. The activities covered by this Decision may be financed in full in accordance with Article 103.3 of the Financial Regulation applicable to the 10th EDF<sup>2</sup>, together with Article 253 of the Implementing Rules of the Financial Regulation applicable to the general budget of the European Communities<sup>3</sup>.

- (7) The use of the 10th European Development Fund is necessary as all the funds for ACP countries in the general budget are entirely allocated.
- (8) The Commission will inform the EDF Committee within one month of the adoption of this Decision in accordance with Article 8 of the Council Regulation (EC) No 617/2007 of 14 May 2007 on the implementation of the 10th European Development Fund under the ACP-EC Partnership Agreement.

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 650,000 from the 10th European Development Fund for emergency humanitarian aid actions to reduce morbidity and mortality rates related to epidemics in Papua New Guinea.
2. In accordance with Articles 72 and 73 of the ACP-EC Partnership Agreement, the principal objective of this Decision is to reduce morbidity and mortality rates related to outbreaks of diseases in Papua New Guinea. The humanitarian aid actions shall be implemented in the pursuance of the following specific objective:
  - To support the rapid implementation of actions aimed at controlling outbreaks of diseases, including case management of victims, and at strengthening local capacities.

The full amount of this Decision is allocated to this specific objective.

#### *Article 2*

1. The period for the implementation of the actions financed under this Decision shall start on 1 September 2009. Expenditure under this Decision shall be eligible from the same date. The duration of individual humanitarian aid actions financed under this Decision shall be limited to a maximum of six months.
2. If the implementation of individual actions is suspended owing to force majeure or other exceptional circumstances, the period of suspension shall not be taken into account in the implementing period of the Decision in respect of the Action suspended.
3. In accordance with the contractual provisions ruling the Agreements financed under this Decision, the Commission may consider eligible those costs arising and incurred after the end of the implementing period of the Action which are necessary for its winding-up.

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<sup>2</sup> OJ L 78 of 19.03.2008, p.1.

<sup>3</sup> OJ L 357 of 31.12.2002, p.1.

### *Article 3*

1. In accordance with Article 103.3 of the Financial Regulation applicable to the 10th EDF, together with Article 253 of the Implementing Rules of the Financial Regulation applicable to the general budget of the European Communities, and having regard to the urgency of the Action, the availability of other donors and other relevant operational circumstances, funds under this Decision may finance humanitarian aid actions in full.
2. Actions supported by this Decision will be implemented either by Non-profit-making organisations which fulfil the eligibility and suitability criteria established in Article 7 of Council Regulation (EC) No 1257/96 or International organisations.
3. The Commission shall implement the budget:
  - either by direct centralised management, with Non-governmental Organisations;
  - or by joint management with international organisations that are signatories to the Framework Partnership Agreements (FPA) or the EC/UN Financial Administrative Framework Agreement (FAFA) and which were subject to the four pillar assessment in line with Article 29 of the Financial Regulation applicable to the 10th EDF.

### *Article 4*

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

Done at Brussels,

*For the Commission*  
*Member of the Commission*



**Emergency Humanitarian Aid Decision  
F10 ( FED 10)**

**Title:** Financing of emergency humanitarian Actions in PAPUA NEW GUINEA from the 10th European Development Fund

**Description:** Emergency humanitarian assistance in response to diseases outbreaks in Papua New Guinea

**Location of Action:** PAPUA NEW GUINEA

**Amount of Decision:** EUR 650,000

**Decision reference number:** ECHO/PNG/EDF/2009/01000

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**Supporting Document**

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

1.1. - Rationale:

Papua New Guinea (PNG) reported the first suspected cholera cases at the end of August 2009, after an unidentified illness raged in the coastal area of Wasu in Morobe Province.

WHO reported and confirmed the first cases of cholera and flu-related outbreaks and related deaths on 3 September 2009 from two northern coastal villages (Lambutina and Nambariwa) located in Wasu area, Morobe province. Apparently the first cases were noticed in July but were not reported to the Ministry of Health, according to the Minister.

Lae city (Morobe Province), the second largest city in PNG and major export area for fish and other goods reported at the same time the first suspected cholera cases in settlements on the outskirts of the city.

Also, dysentery, partly related to the shigella bacteria, and a flu-related (influenza A, H3N2) outbreak occurred in neighbouring Menyamya district.

Overall, the three diseases, cholera, shigellosis (dysentery) and flu are spreading geographically although still slowly (cholera). Figures for dysentery and flu are spreading quicker.

## Figures on 9 September (updated on 17 September)<sup>1</sup>

### Cholera:

- **Cumulative cases:** 263 (277)
- **Death due to Cholera:** 21 (21)

### Dysentery (Shigella):

- **Cumulative cases:** 582 (1155)
- **Death due to Dysentery:** 31 (40)

### Menyama “Flu”

- **Cumulative cases:** 3426 (4745)
- **Death due to “Flu”:** 55 (60)

The Ministry of Health of PNG declared a ‘State of Public Health Emergency’ in Morobe Province on 9 September. A DG ECHO<sup>2</sup> mission took place from 9 to 12 September in PNG to assess the situation and meet relevant stakeholders and partners.

A first cholera case was reported on 11 September from the Eastern highlands, 400 km from Lae city, together with shigellosis cases, and the two diseases have since then been spreading in this area.

However, the above figures are only those reported by Health centres/Health Posts and hospitals. It is expected that the number is higher since many people do not have access to health facilities. Accessibility to remote areas is only possible by foot, 4WD, helicopter or boat; only 3% of the roads are paved (WHO Country Health Information Profile PNG<sup>3</sup>). This represents a challenge for the treatment of ill people and for establishing a surveillance system that allow monitoring and contain the spread of the diseases.

PNG has one of the worst health indicators in the Pacific region with a declining health status in recent years. Infant (49/1,000 live births, DHS 2006) and maternal mortality are high (870/100,000 live births, DHS 2006). PNG is ranked 149 out of 179 countries on the Human Development Index scale of 2006, just below Haiti.

The churches (Protestant, Roman Catholic, Baptist, among others) are covering about 80% of the health services especially in rural areas, while the governmental health structure is very weak and understaffed. Medical staff is often concentrated in cities and rarely visits health structures in the remote areas. According to WHO, in 2000 less than one medical doctor was available for 10,000 people<sup>4</sup>.

Measures taken so far to contain the spreading of cholera are not systematic and rather rely on local initiatives, such as prohibiting the sale of cooked food, preventing people from defecating in rivers, etc.

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<sup>1</sup> Figures provided by WHO office in PNG on 18 September.

<sup>2</sup> Directorate-General for Humanitarian Aid - ECHO

<sup>3</sup> <http://www.wpro.who.int/countries/2008/png/>

<sup>4</sup> WHO Core Health Indicators page on Papua New Guinea, 2000 data

[http://apps.who.int/whosis/database/core/core\\_select\\_process.cfm?country=png&indicators=healthpersonnel](http://apps.who.int/whosis/database/core/core_select_process.cfm?country=png&indicators=healthpersonnel)

## 1.2. - Identified needs:

Due to the weakness of local structures and due to the specificity of the country in terms of remoteness and access, assistance is necessary to contain the spreading of the diseases by improving, and where necessary setting-up efficient surveillance systems, by providing means for the appropriate case management, protection of health personnel, as well as undertaking a public awareness campaign. This includes setting up cholera units in existing hospitals, providing sufficient human resources and technical assistance, medicines, logistics, immediate improvement of water and sanitation conditions, especially at health structures and schools.

## 1.3. - Target population and regions concerned:

The population targeted by this operation includes the victims of diseases outbreaks and potentially, all people at risk of contracting one of the diseases. Both rural and urban populations are concerned.

For the moment, the three regions where the diseases have been diagnosed are Morobe province, Menyamya province and the Eastern Highlands, but other parts of the country could soon be affected and will also be included in the operation.

## 1.4. - Risk assessment and possible constraints:

The security situation in PNG is tense. The country in general has a high crime rate as well as a high rate of domestic and sexual violence. Inter-ethnic violence is also an issue in a country which counts 800 language groups.

Lae city and its surroundings are not safe; guards are needed when travelling from the airport to the city as well as outside town, in order to avoid regular banditry and looting. No travel is recommended at night time.

Risks related to this operation include the security of humanitarian workers and the occurrence of natural disasters which could hamper the implementation of activities,

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

### 2.1. - Objectives:

Principal objective:

To reduce morbidity and mortality rates related to outbreaks of diseases in Papua New Guinea.

Specific objective:

To support the rapid implementation of actions aimed at controlling outbreaks of diseases, including case management of victims, and at strengthening local capacities.

### 2.2. - Components:

- epidemiological surveillance and case management,
- provision of essential medicines, such as oral rehydration salts (ORS), ringer lactate, antibiotics and cholera kits,
- decentralization of health services with a focus on ORS and soap distribution; provision of intensive care for patients with serious dehydration,

- establishment and/or reinforcement of existing cholera units,
- setting up of mobile clinics to reach remote areas,
- provision of clean or chlorinated water as well as response to short and mid-term needs in water supply and sanitation facilities,
- provision of disinfectant items and essential relief items, such as water containers, blankets and soup,
- provision of emergency access to sanitation,
- awareness/ hygiene education and cleaning campaigns,
- Strengthening coordination and technical support for outbreak response.

### 3 - Duration expected for Actions in the proposed Decision:

The duration of humanitarian aid Actions shall be 6 months. 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 Actions.

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 DG ECHO operations in PAPUA NEW GUINEA				
Decision Number	Decision Type	2007 EUR	2008 EUR	2009 EUR
ECHO/-PA/BUD/2009/01000(*)	Emergency			400,000
	Subtotal	0	0	400,000
	Grand Total	400,000		

Dated : 17 September 2009  
Source : HOPE

(\*) decisions with more than one country

## 5 - Overview of donors' contributions

Donors in PAPUA NEW GUINEA the last 12 months					
1. EU Members States (*)		2. European Commission		3. Others	
	EUR		EUR		EUR
Austria		DG ECHO	400,000		
Belgium		Other services			
Bulgaria					
Cyprus					
Czech republic					
Denmark					
Estonia					
Finland					
France					
Germany					
Greece					
Hungary					
Ireland					
Italy					
Latvia					
Lithuania					
Luxemburg					
Malta					
Netherlands					
Poland					
Portugal					
Romania					
Slovakia					
Slovenie					
Spain					
Sweden					
United kingdom					
Subtotal	0	Subtotal	400,000	Subtotal	0
		Grand total	400,000		

Dated : 17 September 2009

(\*) Source : DG ECHO 14 Points reporting for Members States. <https://webgate.ec.europa.eu/hac>  
Empty cells means either no information is available or no contribution.

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

6.1. - Total amount of the Decision: EUR 650,000

## 6.2. - Budget breakdown by specific objectives

<b>Principal objective:</b> <i>To reduce morbidity and mortality rates related to outbreaks of diseases in Papua New Guinea.</i>			
<b>Specific objectives</b>	<b>Allocated amount by specific objective (EUR)</b>	<b>Geographical area of operation</b>	<b>Potential partners<sup>5</sup></b>
Specific objective : To support the rapid implementation of actions aimed at controlling outbreaks of diseases, including case management of victims, and at strengthening local capacities	650,000	Papua New Guinea	<u>Direct centralised management</u> - MSF - NLD  <u>Joint management</u> - UNICEF - WHO
TOTAL:650,000			

<sup>5</sup> ARTSEN ZONDER GRENZEN (NLD), UNICEF, 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 Actions financed by the Community in order to establish whether they have achieved their objectives and to produce guidelines for improving the effectiveness of subsequent Actions." These evaluations are structured and organised in overarching and cross cutting issues forming part of DG 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://ec.europa.eu/echo/policies/evaluation/introduction\\_en.htm](http://ec.europa.eu/echo/policies/evaluation/introduction_en.htm).

## **8. Management issues**

Humanitarian aid actions funded by the Commission are implemented by NGOs and the Red Cross National Societies on the basis of Framework Partnership Agreements (FPA), by Specialised Agencies of the Member States and by United Nations agencies based on the EC/UN Financial and Administrative Framework Agreement (FAFA) in conformity with Article 103.3 of the Financial Regulation applicable to the 10th EDF, together with Article 163 of the Implementing Rules of the Financial Regulation applicable to the general budget of the European Communities. These Framework agreements define the criteria for attributing grant agreements and contribution agreements and may be found at [http://ec.europa.eu/echo/about/actors/partners\\_en.htm](http://ec.europa.eu/echo/about/actors/partners_en.htm).

For NGOs, Specialised Agencies of the Member States, Red Cross National Societies and International Organisations not complying with the requirements set up in the Financial Regulation applicable to the general budget of the European Communities for joint management, actions will be managed by direct centralised management.

For International Organisations identified as potential partners for implementing the Decision, actions will be managed under joint management.

Individual grants are awarded on the basis of the criteria enumerated in Article 7.2 of the Humanitarian Aid Regulation, such as the technical and financial capacity, readiness and experience, and results of previous interventions.