EUROPEAN COMMISSION

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COMMISSION DECISION

on the financing of humanitarian actions from the general budget of the European Union in preparedness and response to epidemics

(ECHO/DRF/BUD/2010/01000)

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on the financing of humanitarian actions from the general budget of the European Union in preparedness and response to epidemics

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THE EUROPEAN COMMISSION,

Having regard to the Treaty on the Functioning of the European Union,

Having regard to Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid[1], and in particular Article 2, Article 4, and Article 15(3) thereof;

Whereas:

(1) Epidemics primarily in meningitis, measles, cholera, and various viral hemorrhagic fevers pose great risks to the health, lives and livelihoods of people in developing countries;

(2) Poverty, lack of basic sanitation facilities, low hygienic standards, malnutrition, and increased incidence of climate-induced natural disasters in post-emergency or structurally weak countries increase the vulnerability to communicable diseases and enhance the transmission of infections;

(3) Epidemics occur on a seasonal basis, and it is recommended that assessments are conducted to initiate preventive responses ahead of expected outbreaks;

(4) To reduce morbidity and mortality rates related to outbreaks, early and effective actions are required. Both preparedness and response are needed in order to respond effectively to epidemics;

(5) Readiness and timely response to epidemics can be guaranteed through stockpiling of vaccines, drugs, medical and water and sanitation supplies;

(6) To reach populations in need, humanitarian aid should be channelled through non-governmental organisations and international organisations including United Nations agencies. Therefore the European Commission should implement the budget by direct centralised management or by joint management;

(7) An assessment of the humanitarian situation leads to the conclusion that humanitarian aid actions should be financed by the European Union for a period of 18 months;

(8) It is estimated that an amount of EUR 10,000,000 from budget article 23 02 01 of the general budget of the European Union is necessary to provide humanitarian assistance to over 3,600,000 persons, taking into account the available budget, other donors' contributions and other factors. Although as a general rule Actions funded by this Decision should be co-financed, the Authorising Officer, in accordance with Article 253 of the Implementing Rules of the Financial Regulation, may agree to the full financing of Actions;

[1] OJ L 163, 2.7.1996, p. 1.

(9) The present Decision constitutes a financing Decision within the meaning of Article 75 of the Financial Regulation (EC, Euratom) No 1605/2002[2], Article 90 of the detailed rules for the implementation of the Financial Regulation determined by Regulation (EC, Euratom) No 2342/2002[3], and Article 15 of the internal rules on the implementation of the general budget of the European Union[4];

(10) In accordance with Article 17(2) of Council Regulation (EC) No.1257/96 of 20 June 1996, the Humanitarian Aid Committee gave a favourable opinion on 2 August 2010.

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 10,000,000 for the financing of humanitarian actions for preparedness and response to epidemics from budget article 23 02 01 of the 2010 general budget of the European Union.

2. In accordance with Articles 2 and 4 of Council Regulation No.1257/96, the principal objective of this Decision is to reduce morbidity and mortality rates related to epidemics in developing countries. The humanitarian actions shall be implemented in the pursuance of the following specific objective:

   – To improve the humanitarian situation of epidemic affected populations by developing local, regional and national preparedness and response capacities aimed at controlling epidemic outbreaks, including case management of victims of epidemics

   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 July 2010 and shall run for 18 months. Eligible expenditure shall be committed during the implementing period of the Decision.

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.

Article 3

1. As a general rule, Actions funded by this Decision should be co-financed.

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2 OJ L 248, 16.9.2002, p.1.
3 OJ L 357, 31.12.2002, , p.1.
4 Commission Decision of 5.3.2008, C/2008/773

The Authorising Officer, in accordance with Article 253 of the Implementing Rules, may agree to the full financing of actions when this will be necessary to achieve the objectives of this Decision and with due consideration to the nature of the activities to be undertaken, the availability of other donors and other relevant operational circumstances.

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 by 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 or the Financial Administrative Framework Agreement with the UN and which were subject to the four pillar assessment in line with Article 53d of the Financial Regulation.

Article 4

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

Done at Brussels,

For the Commission
Member of the Commission

EUROPEAN COMMISSION

DIRECTORATE-GENERAL FOR HUMANITARIAN AID AND CIVIL PROTECTION - ECHO

Humanitarian Aid Decision

23 02 01

Title: Commission decision on the financing of humanitarian actions from the general budget of the European Union in preparedness and response to epidemics.

Description: Preparedness and Response to Epidemics in Developing Countries.

Location of Action: All developing countries.

Amount of Decision: EUR 10,000,000.

Decision reference number: ECHO/DRF/BUD/2010/01000.

Supporting document

1 Humanitarian context, needs and risks

1.1 Situation and context

Epidemics pose great risks to the health, lives and livelihoods of people in developing countries. Communicable diseases which have appeared or reappeared in recent years have demonstrated their great epidemic potential and their capacity to significantly exceed national resources and boundaries, causing major, even regional emergencies.

This is due to a number of reasons, including the high burden of endemic and epidemic-prone diseases; the existence of concurrent and complex emergencies resulting from natural disasters, climate change, and/or conflict, increasing the vulnerability to infectious diseases and reducing the ability of countries to respond to public health risks, especially if pre-existing health systems are poorly resourced. The vaccination coverage in developing countries is generally low and the risk of transmission of infections is thus enhanced. Poverty, lack of basic sanitation facilities, low hygienic standards and malnutrition in post-emergency or structurally weak countries increase the vulnerability to communicable diseases. Disasters such as the Haitian earthquake increase the already existing vulnerability to epidemics.

This Decision seeks to reduce the impact of public health disasters caused by epidemics in developing countries, focusing on those diseases with a special epidemics potential:

Meningitis is an infection transmitted by direct person-to-person contact. Susceptibility to Meningitis decreases with age; children and adolescents hence constituting the most vulnerable groups. The disease is fatal within 24-48 hours in about 50% of those untreated, and even with prompt medical treatment the disease is fatal in 5 to 10% of all cases. The largest burden of meningococcal disease occurs in an area of sub-Saharan Africa known as the meningitis belt, which stretches from Senegal in the west to Ethiopia in the east, , with an estimated total population of approximately 300 million. Every year during the dry season there are surges of meningitis cases that reach epidemic proportions in some countries. Within the meningitis belt, meningococcal disease occurs in epidemic cycles which last between 8 and 15 years. In 2009 the number of reported meningitis cases in the West African region alone was 75,049. It is estimated that a mass immunization campaign, promptly implemented, can avoid 70% of cases. To be effective, reactive vaccination campaigns must achieve high coverage rates among those most at risk.

Measles remains one of the leading causes of death among young children globally, despite the availability of a safe and effective vaccine. An estimated 164,000 people died from measles in 2008 – mostly children under the age of five. Almost all non-immune children contract this disease if exposed to the virus. Severe measles is particularly likely to occur for poorly nourished young children. Children usually do not die directly of measles, but from its complications. Immunisation and early treatment of complications have a major impact on the reduction of deaths caused by measles. In 2008, according to World Health Organisation (WHO), there were 164,000 measles deaths globally.

Cholera is an acute intestinal infection. Between 25 and 50% of cholera cases are fatal, if untreated. But appropriate treatment can reduce mortality rates below 1-2%. Cholera is a water related disease linked to the lack of access to safe water, sanitation and hygiene. Control activities are part of the cholera responses and have the objective to limit the transmission of the epidemics. Treatment and control measures should be coordinated and quickly deployed. Preparedness is essential to provide timely quality response. Since 1995, over 80% of reported cases of cholera have occurred in Africa. In Asia, cholera is endemic in many countries and often increases with natural disasters or in dense populated rural and urban areas.

Viral haemorrhagic fevers (VHF) are infections with different groups of viruses, which are characterized by their potential to give rise to often lethal bleedings in internal organs and from the mucosa (mouth, stomach, intestines, anus). They are transmitted either from person-to-person or via contact with contaminated human or animal bodily fluids (**ebola fever, marburg fever, congo-crimea fever, rift valley fever and lassa fever**), or through bites from infected insects (**yellow fever, dengue fever, rift valley fever**).

Forty-five endemic countries in Africa and Latin America, with a combined population of over 900 million, are at risk of **yellow fever**. In Africa, an estimated 508 million people live in 32 countries at risk. The remaining population at risk are in 13 countries in Latin America. There are an estimated 200,000 cases of yellow fever (causing 30,000 deaths) worldwide each year. The high case-fatality rate of **yellow fever** – up to 50% – requires a prompt containment in order to avoid major public health threats. Immunisation against yellow fever is highly effective for the prevention and the control of epidemics.

Lassa fever is known to be endemic in Guinea (Conakry), Liberia, Sierra Leone and parts of Nigeria, but probably exists in other West African countries as well. The overall case-fatality rate is 1%, up to 15% among hospitalized patients. During epidemics the case-fatality rate

can reach 50%. Lassa fever occurs in all age groups and in both men and women. No vaccine exists and the main prevention measure is "community hygiene" to discourage rodents from entering homes.

Dengue is the most common and widespread mosquito-borne viral infection in the world. In its severe form the fatality rate can go up to 20% if untreated. Dengue is a re-emerging disease that flourishes in crowded urban slums, poor peri-urban areas, and some middle-class neighbourhoods of tropical and subtropical countries. The principal vector, the mosquito Aedes aegypti, thrives in conditions of poor housing, overcrowding, and poor sanitation.[1] South-East Asia and the Western Pacific region are seriously affected. Of the 1.5 billion people in South-East Asia, about 87% are at risk of dengue fever. Thailand (76,059 cases, 91 deaths), Indonesia (101,656 cases, 737 deaths) and Myanmar (14,480 cases, 100 deaths) reported the highest number of cases in 2008. In the Western Pacific region Vietnam (96,451 cases, 97 deaths), Malaysia (49,335 cases, 112 deaths) and the Philippines (39,620 cases, 373 deaths) reported the highest numbers. In Latin American and Caribbean countries (LAC), where a total of about 480 million people live in dengue risk areas, dengue constitutes a serious health problem, calling for an integrated, horizontal management strategy for prevention and control of the disease. No vaccine exists and management of the diseases is based on epidemiological surveillance, treatment and vector control.

Leptospirosis is a bacterial disease that affects both humans and animals. Human infection occurs through direct contact with the urine of infected animals or by contact with a urine-contaminated environment, such as surface water, soil or plants. Leptospirosis occurs worldwide, in both rural and urban areas and in temperate and tropical climates. In endemic areas the number of leptospirosis cases may peak during the rainy season and even may reach epidemic proportions in case of flooding.

Most developing countries still need external support to respond in a timely manner and/or to prevent recurrent epidemics. Preparedness activities are not a priority and/or National contingency plans are not sufficiently funded. As such, these recurrent health emergencies need considerable and sustainable efforts in terms of coordination, including information management, technical support and resource mobilization.

1.2 Identified humanitarian needs

The needs concern local populations in areas at high risk of epidemics. The estimated number of beneficiaries is at least 3,600,000 individuals.

Since preparedness (surveillance, early warning, prevention, planning, capacity building, stockpiling) and response capacity (assessments, temporary emergency treatments, vector control, training) are intimately linked, effective response is only possible with a good degree of preparedness.

External support to emergency containment of epidemics is efficient, but it may also decrease the motivation to develop autonomous responses. External actors should develop comprehensive approaches and integrate local capacities, so as not to jeopardize development-oriented processes. Lack of coordination among health authorities and among agencies themselves has been hampering tailor-made containment operations. More than

[1] The mosquito breeds easily in household water storage containers and discarded, rain-filled items typically found in areas with poor water supply and waste disposal.

ever, close and regular coordination with WHO and specialized agencies is required since DG ECHO[2] has been supporting the development of their assessment capacity over the last years.

1.3 Risk assessment and possible constraints

The medicines, vaccines, medical and laboratory equipment necessary to control most epidemics exist but are not always available when needed. In case of an acute shortage, the focus will shift from morbidity and mortality control to mortality mitigation.

2 Proposed DG ECHO response

2.1 Rationale

To reduce morbidity and mortality rates related to outbreaks, early and effective actions are required. Both preparedness and response – to provide the necessary capacity for early containment and response to outbreaks – are intimately linked so as to respond effectively to epidemics. In case of need, funds will be mobilised to respond to epidemics of diseases such as cholera, meningitis, haemorrhagic fevers, measles, and other emerging pathogens. For very large outbreaks, additional resources may be required.

Under the preparedness component, this Decision will also cover other early response actions to fight against epidemics in case of imminent risk of large scale epidemics, such as contingency plan activation, stockpiling of medical and non medical supplies to contribute to the early containment of the outbreak.

Given the often weak existing local capacities to cope with the burden of epidemics, many health systems in developing countries have neither the capacity to absorb the increased number of patients, nor the resources to respond to the epidemics using public health measures. DG ECHO could be requested to support response operations to fight against epidemic diseases such as cholera, meningitis, dengue fever, yellow fever, measles, leptospirosisbut also other emerging or new pathogens representing a serious risk for all the affected population.

DG ECHO has supported emergency operations to address outbreaks of communicable diseases throughout the world. From 2007 until 2009 a total EUR 25,350,000 was allocated to epidemic response worldwide.

2.2 Objectives

- **principal objective**: To reduce morbidity and mortality rates related to epidemics in developing countries.

- **specific objective**: to improve the humanitarian situation of epidemic affected populations by developing local, regional and national preparedness and response capacities aimed at controlling epidemic outbreaks, including case management of victims of epidemics.

As both preparedness and response interventions are inseparably intertwined and in order to be able to respond best and in a most flexible manner to the needs, there is only one specific objective. The expected outcome of the intervention is, in particular, the reduction of

[2] Directorate-General for Humanitarian Aid and Civil Protection – ECHO.

outbreak mortality rates and maintenance of case-fatality rates below internationally recognized thresholds.

2.3 Components

Preparedness:

The funds made available under this Decision will be used in preparedness operations to allow a better reaction in case of epidemics. The preparedness component could include:

1) Reinforcement of the capacities for rapid field assessment during initial phases of the outbreak and analysis of epidemiological patterns.

2) Improvement of the emergency response capacity through the development of disease specific criteria and technical guidelines.

3) Mobilization of technical expertise for multidisciplinary assessments.

4) Contribution to the constitution and replenishment of emergency stocks of vaccines, drugs, medical and/or water and sanitation supplies.

5) Development of contingency plans and set up of coordination mechanisms, including the development of an early response capacity in high risk areas.

6) Set up of surveillance systems – identification of areas to focus environmental actions.

7) Reinforcement of the treatment capacity.

8) Awareness raising, including information, education, communication (IEC) campaigns.

9) Provision of materials for vector control.

10) Pre-positioning of critical medical and hygiene items.

11) Training for local staff to enhance assessment / surveillance capacity and response.

The preparedness component requires pre-positioning and/or provision of effective emergency items material such as medical supplies, water and sanitation products to respond in a timely fashion.

Response:

In case an epidemic occurs and the local capacities to fight its spread are overwhelmed, the decision will support operations against outbreaks. The response component could include:

1) Rapid field assessment during initial phases of outbreaks.

2) Provision of free curative primary and secondary health care (case management).

3) Temporary support to existing health centres and facilities through provision of drugs, vaccines, medical/laboratory equipment and water and sanitation products.

4) Organisation, implementation and supervision of mass vaccination campaigns.

5) Environmental health actions designated to control epidemics.

6) Data analysis during the outbreak and impact of action required.

7) Accompanying training of staff.

2.4 Complementary and coordination with other EU services, donors and institutions

The US government also provides preventive and long-term assistance in the field of epidemics. The Global Alliance for Vaccines and Immunization (GAVI) is actively involved in the introduction of new vaccines and facilitating the availability of Yellow fever vaccine whereas private foundations, e.g. The Bill & Melissa Gates Foundation, support prevention, treatment and control of epidemics in West Africa and other regions.

The main coordination group for meningitis and Yellow fever epidemic response is the International Coordination Group (ICG), which includes WHO, United Nations of International Children's Emergency Fund (UNICEF), Médecins Sans Frontières (MSF) and the Red Cross. The WHO Global Alert and Response sector is also a key stakeholder.

2.5 Duration

The duration for the implementation of this Decision shall be 18 months.

The 18-month duration is necessary to enable coverage of the epidemic seasons in the various geographical areas targeted. The longer duration permits an immediate response to public health threats caused by natural disasters when they occur.

Humanitarian Actions funded by this Decision must be implemented within this period.

Expenditure under this Decision shall be eligible from 1 July 2010.

Start Date: 1 July 2010.

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.

3 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 Union 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.

4 Management Issues

Humanitarian aid actions funded by the European Union 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 Financial and Administrative Framework Agreement with the UN (FAFA) in conformity with Article 163 of the Implementing Rules of the Financial Regulation. These Framework agreements define the criteria for attributing grant agreements and financing agreements in accordance with Article 90 of the Implementing Rules and may be found at 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 Union 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.

5 Annex

Annex 1 Summary decision matrix (table)

Principal objective*: To reduce morbidity and mortality rates related to epidemics in developing countries*				
Specific objectives	**Allocated amount by specific objective (EUR)**	**Geographical area of operation**	**Activities**	**Potential partners**
Specific objective 1: To improve the humanitarian situation of epidemic affected populations by developing local, regional and national preparedness and response capacities aimed at controlling epidemic outbreaks, including case management of victims of epidemics	10,000,000	All developing countries	For preparedness 1) Reinforcement of the capacities for rapid field assessment during initial phases of the outbreak and analysis of epidemiological patterns. 2) Improvement of the emergency response capacity through the development of disease specific criteria and technical guidelines. 3) Mobilization of technical expertise for multidisciplinary assessments. 4) Contribution to the constitution and replenishment of emergency stocks of vaccines, drugs, medical and/or water and sanitation supplies. 5) Development of contingency plans and set up of coordination mechanisms, including the development of an early response capacity in high risk areas. 6) Set up of surveillance systems – identification of areas to focus environmental actions. 7) Reinforcement of the treatment capacity. 8) Awareness raising, including information, education, communication (IEC) campaigns. 9) Provision of materials for vector control. 10) Pre-positioning of critical medical and hygiene items. 11) Training for local staff to enhance assessment / surveillance capacity and response.	All Echo partners.

			For response 1) Rapid field assessment during initial phases of outbreaks. 2) Provision of free curative primary and secondary health care (case management). 3) Temporary support to existing health centres and facilities through provision of drugs, vaccines, medical/laboratory equipment and water and sanitation products. 4) Organisation, implementation and supervision of mass vaccination campaigns. 5) Environmental health actions designated to control epidemics. 6) Data analysis during the outbreak and impact of action required. 7) Accompanying training of staff.	
TOTAL:	10,000,000			

Annex 2- List of previous DG ECHO decisions

List of previous DG ECHO decisions related to epidemics

Decision Number	Decision Type	2007 EUR	2008 EUR	2009 EUR
ECHO/ZWE/EDF/2007/01000	Non Emergency	7,200,000		
ECHO/-AF/EDF/2007/01000(*)	Non Emergency	2,000,000		
ECHO/GNB/BUD/2007/01000	Emergency		500,000	
ECHO/-WF/BUD/2008/03000 (*)	Emergency		1,000,000	
ECHO/-WF/BUD/2008/04000 (*)	Non Emergency		2,000,000	
ECHO/-AM/BUD/2008/01000 (*)	Non Emergency		1,000,000	
ECHO/PNG/EDF/2009/01000	Emergency			650,000
ECHO/NER/EDF/2009/01000	Emergency			1,900,000
ECHO/NGA/BUD/2009/01000	Emergency			1,550,000
ECHO/-WF/BUD/2009/02000 (*)	Non Emergency			2,000,000
ECHO/-SF/BUD/2009/01000 (*)				5,500,000
	Subtotal	9,200,000	4,500,000	11,600,000
	Grand Total	25,300,000		

Dated : 12 April 2010
Source : HOPE
(*) decisions with more than one country

Annex 3 - Overview table of the humanitarian donor contributions

Donors in over the last 12 months			
1. EU Member States (*)		**2. European Commission**	
	EUR		EUR
		DG ECHO	11,600,000
Subtotal	0	**Subtotal**	11,600,000
TOTAL	11,600,000		

Date : 19/05/2010
(*) Source : DG ECHO 14 Points reports. https://webgate.ec.europa.eu/hac
Empty cells : no information or no contribution.