HUMANITARIAN IMPLEMENTATION PLAN *(*HIP*)*

Epidemics

1. 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 earthquakes, floods, and hurricanes increase the already existing vulnerability to epidemics.

The Directorate General for Humanitarian Aid and Civil Protection (DG ECHO) has in many cases supported emergency operations to address outbreaks of epidemics and major communicable diseases throughout the world through a separate decision. DG ECHO has been requested to support response operations to fight against epidemic diseases such as cholera, meningitis, dengue fever, yellow fever, measles, leptospirosis, and malaria but also other emerging or new pathogens representing a serious risk for all the affected population.

2. Humanitarian Needs

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 sustained efforts in terms of coordination, including information management, technical support and resource mobilization. Beneficiaries are local populations in areas at high risk of epidemics. The number of potential beneficiaries is estimated at between 3.5 and 4 million individuals.

3. Humanitarian Response

The objective of this HIP is to reduce the morbidity and mortality as consequence of public health disasters caused by widespread epidemics in developing countries, focusing on those diseases with a special epidemics potential.

To reduce morbidity and mortality rates related to outbreaks, early and effective actions are required. Preparedness and response capacity are intimately linked, as effective response is only possible with a good degree of preparedness.

The **preparedness component** includes: 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.

The **rapid response component** includes 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.

4. Operational and Financial details

The provisions of the financing decision ECHO/WWD/BUD/2013/01000 and the general conditions of the Partnership Agreement with the European Commission shall take precedence over the provisions in this document.

4.1. Contacts[1]

Operational Unit in charge: ECHO/B3

Contact persons at HQ: Lâle Wiesner - lale.wiesner@ec.europa.eu

4.2. Financial info

Indicative Allocation: up to EUR 8,000,000

Total: Hum. Aid: up to EUR 8,000,000

4.3. Proposal Assessment

Assessment round 1

a) Description of the humanitarian aid interventions relating to this assessment round: all interventions as per section 3

b) Indicative amount to be allocated in this round of proposals: up to EUR 8,000,000

c) Costs will be eligible from 01/01/2013[2]

d) The expected initial duration for the Action is up to 12 months

e) Potential partners*:* All DG ECHO Partners

f) Information to be provided: Single Form

g) Indicative date for receipt of the above requested information: from 01/05/2013 onwards

h) Commonly used principles will be applied for the assessment of proposals, such as quality of needs assessment, relevance of intervention sectors, knowledge of the country / region, and previous experience and track record of the partner in the sector.

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[1] Single Forms will be submitted to DG ECHO using APPEL (e-SingleForm)

[2] The eligibility date of the Action is not linked to the date of receipt of the Single Form. It is either the eligibility date set in the Single form of the eligibility date of the HIP, what ever occurs latest.