HUMANITARIAN IMPLEMENTATION PLAN (HIP)

Ebola crisis in West Africa[1]

AMOUNT: EUR 16 963 000

0. MAJOR CHANGES SINCE PREVIOUS VERSION OF THE HIP

In order to respond to the national Preparedness and Response Plan for the Ebola virus disease in Burkina Faso, and on the basis of the contribution agreement concluded in December 2014 between the Commission and the Austrian Development Agency (ADA) an additional amount of EUR 963 000 is allocated to the present HIP.

This amount will cover actions implemented by NGO partners of ECHO in the framework of the Burkina Faso National Plan for Ebola preparedness and response. The actions will cover preparedness operations in order to strengthen the capacity to take care of EVD cases according to appropriate standards and to address their consequences. This new component meets the identified needs in the present HIP regarding the reduction of epidemics' risks.

1. CONTEXT

An outbreak of Ebola virus disease (EVD) was declared in the Forest region of Guinea on 22 March 2014. Within a few weeks, cases were detected in Conakry and in neighbouring Liberia. Despite early signs that containment measures were being successful, in late May, a second surge of cases was recorded not only in Liberia and Guinea, but also in Sierra Leone. On 20 July, a case coming from Liberia was confirmed in Lagos, Nigeria, and on 29 August, a case coming from Guinea was confirmed in Senegal and another was detected in Mali on the 22 October.

By 20 October 2014, the epidemic had infected a total of 10 141 people of whom 4 922 have died.

In Guinea, Sierra Leone and Liberia, the number of cases and deaths as well as the communities affected continues to rise. The capital cities of all three countries are affected.

As the epidemic has progressed, it has not only taken a heavy toll of life but it also caused a series of social, economic and even political consequences. The populations

[1] For the purposes of this HIP, the West African countries involved are Nigeria, Benin, Togo, Ghana, Cote d'ivoire, Liberia, Sierra Leone, Guinea, Guinea Bissau, Cape Verde, Senegal , Gambia, Mauritania, Mali, Burkina Faso, Niger.

have been seized by an understandable degree of fear, which has led to some scenes of public disorder. Governments have had to take unpopular measures such as placing certain areas into quarantine, closing schools and resorting to states of emergency (as recommended by World Health Organisation - WHO). Liberia has even had to postpone its forthcoming senatorial elections. Markets have been closed, which, compounded by restrictions on movement, has caused prices of essential commodities to rise and even threaten food security.

Despite advice to the contrary from WHO and the International Civil Aviation Organisation (ICAO), all but two international passenger airlines have stopped serving the most affected countries, and a number of neighbouring countries have closed their borders. This does not only threaten international trade and development but is actually hampering the effort to contain the epidemic.

Guinea, Liberia and Sierra Leone have some of the weakest health systems in the world, and now the epidemic has effectively dismantled the little that there was. The toll on health workers is very high, thus undermining the will of some to continue working. Patients with non-Ebola pathologies are reluctant to seek medical consultations for fear of getting contaminated. The resultant increase in morbidity and mortality has yet to be estimated but may well outstrip that caused by EVD.

The epidemic also poses a serious threat to the fiscal and economic stability of affected countries and the wider region. There are indications that the macro-economic stability of Liberia's budget is already seriously at risk; economic growth and the country's ability to pay public sector wages during the final quarter of 2014 will be affected. The African Development Bank predicts a 3-4% loss of GDP in Liberia alone.

Whereas in Nigeria and Senegal containment measures have been effective, the epidemic in Guinea, Sierra Leone and Liberia is clearly out of control, with the rate of increase of deaths steadily rising. *Médecins Sans Frontières*, that has been the main provider of isolation and treatment centres, has publicly stated that it can no longer cope with the increasing number of patients and has launched a desperate plea for the international community to step in with additional human and material resources. As a result of this call and in view of enhancing the response, some countries have sent medical teams to affected countries. However, many are reluctant unless a guaranteed medical evacuation facility is provided for foreign health workers.

In view of the deteriorating situation in the affected countries, the threat of the spread to neighbouring states remains a considerable risk. A recent study (by Oxford University) suggests that some 15 African countries would be particularly vulnerable to an Ebola outbreak (e.g. Angola, Malawi, Central African Republic, South Sudan, and Ethiopia). As such, all these countries and indeed most of Africa are now involved in trying to adequately prepare to face the possible advent of EVD cases on their territory. However, many countries lack the appropriate resources and technical expertise and have made appeals for assistance.

On 8 August, WHO declared the EVD outbreak as an 'exceptional event' that represented a Public Health Emergency of International Concern (PHEIC). For this reason, an Ebola Response Roadmap' to stop Ebola transmission in affected countries within 6-9 months and prevent international spread was published on 28 August. The roadmap outlines measures that will be required to contain the disease and estimates the related cost at USD 500 million. However, the roadmap highlights the fact that it does not take into

consideration the needs related to the indirect effects of the epidemic in the affected countries.

The African Union (AU) held an emergency meeting on 8 September to work out a continent-wide strategy to deal with the Ebola epidemic. A joint public health military and civilian mission (AU "Support to Ebola Outbreak in West-Africa" or ASEOWA) was established. All members were also asked to lift travel restrictions – accompanied by measures in terms of screening, monitoring, communication and information – so that people can move between countries and continue trade and other economic activities.

On 15 September, a resolution of the UN Security Council (UNSC) on Ebola was adopted. This demonstrates the unprecedented extent of the Ebola outbreak in Africa as a menace to international peace and security. The resolution calls on Member States to respond urgently to the emergency. And it also created an emergency UN Mission for the Ebola Emergence Response (UNMEER).

During the UN General Assembly, on 25 September, WHO and OCHA presented an overview of needs for an amount of EUR 987 million. This amont would focus on the treatment of affected people, the containment of the epidemic, ensure essential services delivery, preserve stability and introduce preparatory measures in neighbouring countries. This represents a twenty fold increase in the needs compared to initial estimates.

The current best case scenario predicted by WHO increases the minimum time to contain the epidemic from end 2014 to mid to late 2015, if adequate measures are put in place.

2. HUMANITARIAN NEEDS

1) Affected people/ potential beneficiaries:

According to the latest figures from WHO, the epidemic has infected a total of 10 141 people. However, the entire population of the most affected countries continues to be exposed to the epidemic, resulting in a potential case load of 22 million people. However, any surrounding country is potentially in danger.

In a worst-case scenario for the epidemic, WHO projects that 40 000 people will be infected by the end of the year. The Center for Disease Control and Prevention (CDC), meanwhile, projects up to 1.4 million people infected by the month of January 2015 assuming that effective measures are not rapidly adopted.

Moreover, people are dying from other diseases as the whole general health system has been rendered dysfunctional. Vulnerable people, such as women and children are the most affected by the deterioration of the health system.

2) Description of the most acute humanitarian needs:

The EVD outbreak continues to accelerate across Guinea, Liberia and Sierra Leone. Given the nature of the outbreak, assessments are based mainly on models and projections based on best available data. There is a need for further assessments and gap analysis of the current response. Humanitarian organisations have to be given the means for these assessments.

The most urgent need is to isolate and treat infected people. Adequate and fully staffed isolation and treatment facilities are essential. WHO estimates that up to 10 000 treatment beds are urgently required from 800 that already exist. These need to be provided de novo. Without these, containment measures become ineffective and thus the number of cases will rise unchecked.

The containment of the epidemic involves a chain of elements which must be carried out with a very high degree of rigor. These are: surveillance; isolation and treatment; tracing; safe burial and positive public messaging. WHO experts believe that in order to contain the epidemic at least 70% of cases must be isolated and 70% of burials need to be carried out safely.

Early detection and diagnosis is also vital and requires specialised laboratories. Also many of these activities need to be carried out using special infection–proof equipment such as personal protective suits.

The Ebola virus outbreak has depleted already scarce medical services. Hospitals and clinics have shut down since March 2014, implying that people do not have access to proper health care. Health centres that are still open are reportedly overwhelmed with Ebola patients. These need to be re-enforced.

Moreover, the toll amongst health workers has been very high. Both national and international staff has been contaminated. In order to reassure those still providing care and those that are being encouraged to come and help, it is crucial that they can be assured the highest degree of care possible in case they are contaminated either through the provision of high level care units in-country, though medical evacuation to third country special units or a combination of both.

EVD not only singles out health workers but all caregivers. In the household these are often women and indeed a higher proportion of women have died from EBV. In many cases the only survivors have been children, now often orphans. Special assistance is required to help protect care givers and to protect orphaned children.

Such is the disruption created by the virus that it is feared that agricultural production and food security will be negatively affected. Also in a desperate bid to contain the epidemic the Government is resorting to quarantining more and more communities. This, together with rising commodity prices, is putting food security in peril and obliging certain communities to rely on food distributions to survive.

The risk of contagion to neighbouring countries is high and has already occurred in Nigeria and Senegal. Other vulnerable countries in the region are being encouraged to make preparations but not all have the capacity to do so and have appealed for assistance. Preparedness measures are thus a clearly identified need.

3. HUMANITARIAN RESPONSE

1) National / local response and involvement

Governments of Liberia, Sierra Leone and Guinea have established National response programmes and Ebola operations centers. They have also established states of emergency and mobilized all government resources including the military to assist with the response. The authorities at all levels from ministers, including the Heads of state to provincial governors to local community leaders have been mobilized to sensitise the public to the Ebola threat and the measures to be taken. The Governments have also set aside funds to deal with the epidemic but with the loss of revenue from falling trade they are struggling to cover the costs of basic services.

The local ministries of health who have been in the front line of the epidemic have suffered greatly, with over three hundred staff falling ill and half dying the already scarce medical staff have been severely depleted. The Red Cross movement has been massively mobilized as have a number of volunteers to assist with tracing and burials. However the regular payment of staff and incentives has been a problem for the authorities.
In collaboration with WHO, Ministries of Health (MoH) of all West African countries are trying to build up a common strategy for the prevention and the containment of the EVD epidemics. However many countries lack the expertise and basic equipment to achieve this.

2) International Humanitarian Response

About EUR 600 000 000 has been pledged by the EU and its Member States. A number of Member States have seconded expert staff and provided in-kind specialised equipment. UK has taken the lead in Sierra Leone and FR in Guinea. The US has been very actively involved taking the lead in Liberia. The African Union, Uganda, Cuba and South Africa are sending medical teams and many more countries have pledged medical equipment.

WHO is providing the technical guidance and the UN secretary general has established a unique UN mission UN Mission for Ebola Emergency response (UNMEER) to provide overall coordination and management for the response. The UN has also set-up a trust fund to help support the response.

The initial Commission response to the Ebola epidemic in the affected countries was provided via the Epidemics HIP under the Commission Implementing Decision C(2013)9533 of 3.1.2014 financing humanitarian aid operational priorities from the 2014 general budget of the European Union (ECHO/WWD/BUD/2014/01000) for an amount of EUR 3 900 000. This was deemed insufficient due to the increasing magnitude of the needs. On 25 August 2014, an additional contribution of EUR 8 000 000 was provided from the Bridging Facility of the 11th European Development Funds, composed of uncommitted amounts from previous (EDFs) and from de-committed funds from projects or programmes under those EDFs.

3) Constraints and ECHO response capacity

The virus is highly contagious if not dealt-with with care. Even the most professional and experienced operators have had cases of infection. This has clearly limited the number of potential partners. It also imposes on ECHO and partners the need to undertake due diligence for the protection of their staff.

The security situation in the region remains volatile. Violent acts against health workers as well as disorders within the quarantined areas have been reported. The security situation is particularly tense in the capital cities.

The bad road conditions and the rainy season severely restrict access to populations in need.

Despite WHO not recommending any trade or travel restrictions, all but two passenger airlines have stopped flying from/towards the affected countries. All intra-regional commercial airlines have been suspended. The UN Humanitarian air service (UNHAS) still maintain an opened humanitarian corridor through Dakar and Accra with air services for health workers and humanitarian actors, allowing staff rotation and recruitment.

4) Envisaged ECHO response and expected results of humanitarian aid interventions.

ECHO will continue to support the regional and national response strategy to the Ebola virus epidemic until the epidemic is fully contained.

ECHO will address the following most pressing humanitarian needs on:

Treatment and isolation; laboratories; surveillance; contact tracing; safe burial and sensitisation: Effective containment requires a chain of essential activities to be put in place. They are all equally vital and must all run at the same time and to a high degree of efficiency. Treatment and Isolation requires special Ebola treatment centres, with specialised staff and equipment. Clearly laboratories are required to make the EBV diagnosis. Surveillance requires training and mobile teams for rapid deployment. Contact tracing needs hundreds of staff that require training and logistic support. Safe burial need mobile teams with vehicles and special protective equipment. Sensitisation needs people and technical support.

WASH: As in any epidemic, water, sanitation and hygiene are essential. Ebola centres are built de novo and require a hygiene infrastructure. Communities also need increased hygiene facilities, such as access to hand washing stands and specific Ebola community hygiene kits to deal with patients until help arrives. Waste removal is also essential.

Regular health care maintenance and infection control: The epidemic has weakened the health system by depleting both the number of health workers and the confidence of the public in the system. There is a need to impose through training strict infection control and treatment protocols in order to offer safe clinics and safe health care for non-Ebola pathologies Infection control in the community needs training and the wide distribution of basic hygiene materials.

Logistics: An epidemic response of this scale, covering three countries and operating in remote areas with poor transport infrastructure, requires a significant and dedicated logistic support operation for people and equipment. This requires air and sea capacity,

warehouses, trucking as well as a stock keeping and distribution system. There is also a need for ambulance services for transporting patients and bodies. ECHO will support air services that are required for the movement of humanitarian actors, of goods and supplies into and within the region.

Medical evacuation (MEDEVAC) activities: In view of the high infection rate amongst care givers, the provision of high level care units in-country and the establishment of a medical evacuation facility is essential as it will provide the reassurance that will enable organisations to retain the capacity to recruit international health and humanitarian workers. In this regard, ECHO will provide transport solutions for the medical evacuation of international humanitarian aid and health care workers by mobilising appropriate MEDEVAC capability through the provision of financial assistance to relevant service providers. It is anticipated that medical evacuation needs will increase over the coming months as the outbreak continues and the number of expatriate healthcare workers engaged in outbreak control in the field increases.

Preparedness measures: All neighbouring countries are adopting preparedness measures to rapidly detect and respond to an Ebola exposure. Following WHO recommendations, all unaffected states with land borders adjoining affected countries must urgently establish surveillance of unexplained fever or deaths due to febrile illness; prepare draft contingency plans; establish access to a qualified diagnostic laboratory for EVD; ensure that health workers are aware of and trained in appropriate Identification Prevention and Control (IPC) procedures; and establish rapid response teams with the capacity to investigate and manage EVD cases and their contacts. Where appropriate, there must be capacity in the affected countries to screen travellers departing from international airports or through major land crossing points.

Effective coordination is essential. ECHO supports the **Inter-Agency Standing Committee's Transformative Agenda (ITA)** and encourages partners to demonstrate their engagement in implementing its objectives, to take part in coordination mechanisms (e.g. Humanitarian Country Team/Clusters) and to allocate resources to foster the ITA roll-out. Also in that the cluster system has been partially implemented ECHO will support cluster leads, especially in their actions to support key local partners.

Partners will be expected to ensure full compliance with **visibility** requirements and to acknowledge the funding role of the EU/ECHO, as set out in the applicable contractual arrangements.

4. LRRD, COORDINATION AND TRANSITION

1) Other ECHO interventions:

In March 2014, EUR 3.9 million under the Epidemics HIP has been allocated to contain the Ebola virus disease in Guinea, Sierra Leone and Liberia.

On 22 August, a EUR 8 million Commission decision financing humanitarian actions in West Africa from the Bridging Facility of the 11th EDF has been adopted to ensure the identification, isolation and treatment of the affected people, to contain the spread of the

epidemic, to maintain access to non-Ebola health centers and to strengthen the preparedness of the neighboring countries.

A number of transitional activities linking relief to development action have been identified to support the Government, ensure food assistance, to improve access to health, water and sanitation for those most affected by the outbreak.

2) Other services/donors availability:

DEVCO[2] has made an initial commitment of EUR 145 million from the European Development Fund. The most substantial part of these funds will be allocated to front loading Budget Support (BS) operations for Liberia and Sierra Leone under a one off "Ebola" tranche, to reinforce governments' capacity to deliver public services - in particular health care - and maintain macro-economic stability. Funds will also be used to strengthen healthcare systems, including in the areas of healthcare provision, food security, water and sanitation and to fund the newly established mission of the African Union (AU) "Support to Ebola Outbreak in West-Africa" (ASEOWA). DEVCO also provided three mobile laboratories for the detection of the virus and is training laboratory technicians (as part of the Instrument contributing to Stability and Peace, or IcSP). The European West-African Mobile Lab programme (EUWAM-Lab) will deploy in West Africa a fourth lab (early 2015).

3) Other concomitant EU interventions:

ECHO remains in permanent contact with the European Commission's services to ensure a coordinated use of EU aid instruments during the epidemic. The Instrument for Stability is providing support for short term stabilization and security actions (support to the coordination of the regional response to the Ebola crisis, and contribution to preparedness measures in neighbouring countries; support to joint and coordinated communication and to sensitization campaigns at local/community level; accompaniment of national civilian security forces in their mandate to maintain public order and calm tensions).

4) Exit scenarios:

Resolution n° 2177(2014) of UN Security Council reiterated the unprecedented nature of this epidemic. Due to the highly contagious nature of the disease and its exponential geographical spread, the development of exit scenarios is premature at this stage.

The containment process and the restoration of basic services is an objective which is not expected to be achieved before the end of 2015. However, ECHO is already working closely with DEVCO and other partners to establish an LRRD process. The rehabilitation of the health system will be an essential early target for LRRD.

In order to mitigate future epidemics, the international community should also assist in

[2] European Commission's Directorate General for Development and Cooperation: DEVCO

the development of a national and regional communicable diseases response capacity, building on the programmes in place such as the EM-lab (European mobile laboratory) units for diagnostics of high risk pathogens deployed in the region.