

## HUMANITARIAN IMPLEMENTATION PLAN (HIP)

### Epidemics

AMOUNT: EUR 11 500 000

#### 0. MAJOR CHANGES SINCE PREVIOUS VERSION OF THE HIP

**Modification 5 (17/09/2015)** In order to provide an immediate response to significant epidemics outbreaks such as cholera in South Sudan and Polio in Ukraine and in Mali, it is necessary to transfer an amount of EUR 2 582 785,10 from Objective 5 (Transport and Logistics) to Objective 3 (Epidemics)

**Modification 4 (2/10/2014):** As funds under this HIP have been completely allocated, an additional amount of EUR 3 000 000 has been added. These additional funds will be used for humanitarian air transport in the fight against Ebola including medical evacuations by using the framework contract between ECHO and Kuehne + Nagel.

**Modification 3 (30/09/2014):** As funds under this HIP have been completely allocated, an additional amount of EUR 1 000 000 has been added. These additional funds are required to ensure the transport of humanitarian cargo for the fight against Ebola in West Africa by using the framework contract between ECHO and Kuehne + Nagel.

**Modification 2 (17/07/2014):** As funds under this HIP have been completely allocated, an additional amount of EUR 4 000 000 has been added. These additional funds are required to provide a response to important epidemics outbreaks, notably to the continued spread of Ebola in West Africa and Cholera in South Sudan and neighbouring countries.

**Modification 1 (05/06/2014):** As funds under this HIP have been completely allocated, an additional amount of EUR 500 000 has been added to enable continued response to the Ebola outbreak in West Africa. In the period leading up to the end of May 2014, the Ebola epidemic was declared technically over in Liberia and the number of cases in Guinea had decreased. However, since 29 May the number of cases has not only risen dramatically in Guinea, but cases have now appeared in Sierra Leone. The cumulative number of cases and deaths attributable to the in Guinea is now 328, including 208 deaths. Humanitarian agencies, who had hoped to be able to scale down operations, now have to prolong their interventions and require more resources to meet the new demands.

#### 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; 8) Transport and Logistics.

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.

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.