EUROPEAN
COMMISSION

Brussels, XXX
[…](2014) XXX draft

COMMISSION DECISION

of XXX

financing humanitarian actions in West Africa from the Bridging Facility

(ECHO/-WF/EDF/2014/02000)

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THE EUROPEAN COMMISSION,

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

Having regard to Council Decision 2013/759/EU of 12 December 2013 regarding transitional EDF management measures from 1 January 2014 until the entry into force of the 11th European Development Fund[1] ('Bridging Facility') and in particular Article 2 thereof,

Having regard to Council Regulation (EU) No 566/2014 of 26 May 2014 amending Regulation (EC) No 617/2007 on the implementation of the 10th European Development Fund as regards the application of the tran sition period between the 10th EDF and the 11th EDF until the entry into force of the 11th EDF Internal Agreement[2], and in particular Article 6(2) and Article 9(3) of its Annex,

Whereas:

(1) In March 2014 an Epidemic of Ebola Virus Disease ('the epidemic') was declared in Guinea and subsequently spread to Libera, Sierra Leone and Nigeria.

(2) By 30 July 2014 the epidemic had infected a total of 1 440 people of which 826 have died – including 472 cases and 346 deaths in Guinea; 391 cases and 227 deaths in Liberia; 574 cases and 252 deaths in Sierra Leone and 3 case and 1 death in Nigeria.

(3) In Guinea the epidemic has been attenuated. In Sierra Leone and Liberia, however, the number of cases and deaths, as well as the localities affected continues to rise. The capital cities of all three countries are affected and in Sierra Leone only one province has so far been spared.

(4) The health services of all three countries lack the experience and capacity to respond effectively to the epidemic.

(5) The epidemic has taken a disproportionate toll of health workers, which has resulted in a loss of confidence of health staff and fear of contamination. As a consequence, an increasing number of health staff are reluctant to continue to provide health services, thereby risking the total breackdown of health service provision.

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1 OJ L 335, 14.12.2013, p. 48.
2 OJ L 157, 27.05.2014, p.35.

(6) The loss of confidence of the public in the health services and the fear of contamination in the health establishments, have led to the reduction of the consultation rate, with a subsequent risk of increased mortality and morbidity from non-Ebola Virus Disease pathologies.

(7) The World Health Organisation (WHO), at the Special Ministerial Meeting on Ebola Virus Disease in West Africa which was held in Accra, Ghana on 2 and 3 July 2014 called for an accelerated strategy to scale up the response to contain what it describes as the largest and deadliest Ebola Virus Disease epidemic ever recorded.

(8) On 25 July 2014 Liberia declared a state of emergency and on July 30 2014 Sierra Leone also declared a state of emergency.

(9) On 27 July 2014 WHO declared the epidemic a Grade 3 crisis.

(10) On 1 August 2014 WHO, in conjuction with the Heads of State of the Mano River Union, launched an appeal for EUR 75 000 000 to treat the victims and contain the epidemic, and introduce preparatory measures in neighbouring countries.

(11) The needs identified by WHO, the affected countries and the technical experts of the Commission include technical expertise, specialised medical equipment, food aid and logisitic support.

(12) If the epidemic is not contained there is a risk of social disorder, economic disruption and food insecurity in the affected countries and of spread to the neighouring countries. Infected cases may even reach the Union.

(13) The humanitarian response to the Ebola epidemic crisis in the neighbouring countries which was provided with the Commission Implementing Decision C(2013) 9533 of 3 January 2014 financing humanitarian aid operational priorities from the 2014 general budget of the European Union (ECHO/WWD/BUD/2014/01000) of EUR 3 900 000 is deemed insufficient due to the magnitude of the needs. It is considered that an additional contribution from the Bridging Facility, composed of uncommitted balances from previous European Development Funds (EDFs) and from funds decommitted from projects or programmes under those EDFs, is necessary to scale-up the existing response.

(14) To reach populations in need, aid should be channelled through non-governmental organisations (NGOs) or international organisations including United Nations (UN) agencies. Therefore the Commission should implement the budget by direct management or by indirect management, as the case may be.

(15) For the purposes of this Decision, 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**.

(16) An assessment of the humanitarian situation leads to the conclusion that humanitarian aid actions should be financed by the Union for a period of 12 months. The period for the implementation of the actions financed under this Decision shall start on 1 August 2014. Eligible expenditure may be incurred as of 1 July 2014. Early July corresponds to the spillover of the outbreak, notably in Sierra Leone, resulting in the Commission's humanitarian aid partners, such as Médecins Sans Frontières, the International

Federation of Red Cross and Red Crescent Societies and WHO having to rapidly boost their response in this country with additional staff, logistics and items. Among others, Médecins Sans Frontières treatment center in Kailahun opened in early July.

(17) The use of the Bridging Facility is necessary as all the funds for African Caribbean and Pacific (ACP) countries in the general budget are entirely allocated.

(18) It is estimated that an amount of EUR 8 000 000 from the West African region's allocation for unforeseen needs (B-envelope) pursuant to Article 9 (2) b) of Annex IV to the ACP-EC Partnership Agreement signed in Cotonou on 23 June 2000[3], as first amended in Luxembourg on 25 June 2005 and as amended for the second time in Ouagadougou on 22 June 2010 is necessary to provide humanitarian assistance to populations directly affected by the epidemic.

(19) Although as a general rule actions funded under the Bridging Facility should be co-financed, the Authorising Officer, in accordance with Article 37 of Council Regulation (EU) No 567/2014 of 26 May 2014 amending Regulation (EC) No 215/2008 on Financial Regulation applicable to the 10th European Development Fund as regards the application of the transition period between the 10th European Development Fund and the 11th European Development Fund until the entry into force of the 11th European Development Fund Internal Agreement[4], in conjunction with Article 277 of Commission Delegated Regulation (EU) No 1268/2012 ('the Rules of Application')[5], may agree to the full financing of actions.

(20) The Commission will inform the EDF Committee within one month of the adoption of this Decision in conformity with Article 9(4) of the Annex of Council Regulation (EU) No 566/2014,

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 8 000 000 from the Bridging Facility for humanitarian aid actions to support the regional and national response strategy to the Ebola Virus Disease epidemic ('the epidemic'), including preventative measures, in West African states.

2. In accordance with Article 72 of the ACP-EC Partnership Agreement, the principal objective of this Decision is to contain and mitigate the effects of the current Ebola virus outbreak in West Africa and to treat and care for its victims. The humanitarian aid actions shall be implemented in pursuance of the following specific objective(s):

- to support the regional and national response strategy to the Ebola Virus epidemic, including preventative measures, in West African states.

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3 OJ L 317, 15.12.2000, p. 3.

4 OJ L 157, 27.05.2014, p.52.

5 Commission Delegated Regulation (EU) No 1268/2012 of 29 October 2012 on the rules of application of Regulation No 966/2012 of the European Parliament and of the Council on the financial rules applicable to the general budget of the Union (OJ L 362, 31.12.2012, p. 1.).

The full amount of EUR 8 000 000 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 August 2014** and shall run for **12** months. Eligible expenditure may be incurred as of **1 July 2014.**

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.

4. The Authorising Officer may, where this is justified by the situation, extend the duration of this Decision for a maximum of 6 months provided that the total duration of this Decision does not exceed 18 months.

Article 3

1. As a general rule, actions funded by this Decision shall be co-financed.

2. The Authorising Officer by delegation, in accordance with Article 37 of the Financial Regulation applicable to the 10th EDF as amended by Council Regulation (EU) No. 567/2014 of 26 May 2014, together with Article 277 of the Rules of Application applicable to the general budget of the Union, may agree to the full financing of actions where this will be necessaryto 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.

3. Actions supported by this Decision shall 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[6] or by international organisations.

4. The Commission shall implement the budget either:

   (a) by direct management, with non-governmental organisations; or

   (b) by indirect management, with international organisations that are signatories to the Framework Partnership Agreements (FPA) or the Financial Administrative Framework Agreement with the UN (FAFA) and which were subject to an assessment by the Commission.

[6] Council Regulation (EC) No 1257/96 of 20 June 1996 concerning humanitarian aid (OJ L 163, 2.7.1996, p.1.)

Article 4

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

Done at Brussels,

For the Commission
Kristalina GEORGIEVA
Member of the Commission

EUROPEAN COMMISSION

DIRECTORATE-GENERAL HUMANITARIAN AID AND CIVIL PROTECTION - ECHO

Humanitarian Aid Decision
BRIDGING FACILITY (EDF)

Title: Commission decision financing humanitarian actions in West Africa from the Bridging Facility of the European Development Fund (EDF)

Description: Response to Ebola virus disease outbreak in West Africa.

Location of action: West Africa
Amount of Decision: EUR 8 000 000
Decision reference number: ECHO/-WF/EDF/2014/02000

Supporting document

1 Humanitarian context, needs and risks

1.1 Situation and context

In March 2014, an Ebola (EBV) epidemic was declared in the Forest region of Guinea. An initial response was mounted by the Ministry of Health supported by the World Health Organisation and its Global Outbreak Alert and Response Network (GOARN), Médecins Sans Frontières and the EU Lab. Within days a few cases were detected in Conakry and then in Liberia. However by April containment measures appeared to be working as the number of new cases declined and Liberia even became technically Ebola free. Unfortunately at the end of May the number of new cases not only rose again in Guinea but Sierra Leone became affected and then shortly after, cases were detected again in Liberia. As of 31 July over 1300 cases and 750 deaths attributable to the Ebola virus have been recorded, making this epidemic by the far the biggest EBV epidemic ever recorded in terms of cases , deaths and geographical coverage. Not only have all three capitals been affected but a case has been confirmed in Lagos (after flying from Liberia).

The three countries concerned have poor medical infrastructures, few doctors and nurses and very limited capacity within their Ministries of Health. As they had never been subject to Ebola before there were no contingency plans and no experience to deal with such an Epidemic. Furthermore the poor level of education combined with very traditional beliefs have left much of the population so fearful and confused that compliance with the containment measures has been poor. There are EBV affected areas that are still refusing

access to health staff. The result is that despite best efforts, the response mechanism is failing to contain the epidemic and risks becoming totally overwhelmed. The disproportionately high rates of infection and death amongst health staff is sapping the morale of the health services, many of which have closed. The knock-on effect for non-Ebola pathologies is self-evident but not even recorded yet. The population is in turn losing confidence in the health services, with cases of violence and attempted arson of health premises and equipment. The situation in Guinea shows signs of coming under control but in Sierra Leone and Liberia it is clearly deteriorating, to the extent that both have now declared states of emergency. The risk to the rest of the region and indeed to the global community is such that on Thursday 23 July, the World Health Organisation (WHO) has declared the epidemic a grade 3 emergency.

Following a WHO inspired regional conference in Accra on 2 & 3 July, it was decided to review and significantly up-grade the response strategy. The plans for these have been shared with donors, together with an overall appeal for over EUR 75 000 000 to cover the costs of the revamped operation until December 2014.

1.2 Identified humanitarian needs

The needs related to the effects of this epidemic can be defined in three categories. Firstly there is the emergency response to the EBV epidemic i.e. those needs directly linked to treating the affected victims and to containing the epidemic. Secondly there are those, less obvious, needs related to the concomitant deterioration of the health services and the disruption of daily lives, which may have an effect on livelihoods and food security. Thirdly there are measures that need to be taken to prevent and mitigate likely future epidemics. The overall response requires that all these aspects are taken into consideration.

The purely medico-epidemiological response to EBV epidemics has been tried and tested during previous epidemics. The elements of this response and the related currently identified needs are:

1) Laboratory testing to confirm suspected cases of EBV. Most regular laboratories have neither the equipment nor the facilities to carry this out safely and efficiently. As results have to be obtained within hours rather than days, proximity to the epidemic 'hot-spot' is essential. There are currently 6 Major Epidemic Hot-spots in the Sub-region.

Need: 6 Ebola capable laboratories

2) Isolation and treatment of probable and confirmed cases. As there are no specific facilities in the sub-region these have to be created de novo. They also have to be reasonably close to the hot-spots and of a manageable size. They need basic facilities such as electricity, water and a waste disposal system. All the staff linked to this activity has either to be already Ebola experienced or trained. All contact with EBV patients requires specialist protective clothing (PPE). Although there is no specific treatment for EBV patients require the medicines for palliative treatment (fluids etc). Patients also require food and survivors require return kits and/or cash support.

Needs: Minimum of 16 Treatment/Isolation facilities. Guinea: 3; Liberia 6; Sierra Leone 6; Nigeria 1.

3) Safe burial of the deceased cases and disinfection. EBV infected bodies are highly contagious and must be laid to rest by special teams with protective equipment. Homes and

certain public places require regular disinfection. As cases often die at home teams need to be numerous and mobile. They also need to be trained and supervised.

Needs: 20 Teams per country.

4) Surveillance. All health establishments, health staff and even traditional healers need to be trained to identify possible EBVD cases. They also need to be trained or even re-trained in basic hygiene methods and provided with basic protective equipment. A system also has to be established which allows notification of suspected cases. Once notified, teams have to be dispatched to assess the suspected cases and bring them to the treatment center.

Needs: National hygiene and infection control training programme in each country. Minimum hygiene and protection kit for each health establishment. Every area needs to be within reach of a motorized surveillance team within three hours i.e. 2 teams per isolation center.

5) Tracing. Once a case is identified all known contacts have to be identified, registered and physically followed up for 21 days to verify that they do not themselves fall ill. As there is a minimum average of 10 contacts per case, who are often spread across large distances this very quickly requires several hundred 'tracers' to do the follow-up work. These require training, transport, communications equipments and payment and above all supervision.

Needs: 1 tracing team per medical district. Maximum of ten suspects per tracer. Current needs would be 20 teams per country. Communications equipment (mobile phones). Transport (bicycles, motor bikes).

6) Data management. With hundreds of suspected cases some of which become confirmed, which then need contact tracing, the fast and efficient treatment of information is the corner stone of the response strategy. This requires experienced epidemiologists, data management staff, special software and communications.

Needs: One senior epidemiologist in each 'hot spot' and capital, 7 data cleaning and entry staff for each epidemiologist. Computers, coms, software.

7) Logistics. An epidemic response of this scale, covering three countries and operating in remote areas with poor transport infrastructure will require a significant and dedicated logistic support operation for people and equipment.

Need: Heavy airlift; Light (people) theatre airlift (caravan-type or helicopter); Trucks; 4 Wheel-Drive vehicles; Motor-bikes; Bicycles. Road improvement capacity.

8) Sensitization and social mobilisation. This consists of informing and educating the general public about the nature of the disease, the containment strategy and how they have to behave during the epidemic. It requires specialists in communication to work with the community and its leaders to define relevant messaging and then to disseminate those messages through appropriate means. This can range from leaflets, posters, radio to theatre and even door to door visiting. Specialist teams also need to work with the various action teams such as the tracers and burial teams.

Need: Information management team needed in each of the three countries to Web-site management, GIS mapping.

9) National Coordination and Management. An Ebola response strategy not only needs to have all the elements in place but it also requires all of them to work efficiently and in a

coordinated fashion. Any failure or weakness will be immediately exploited by the virus. The governments and Ministries of Health concerned have no experience of dealing with an EBV outbreak and thus require external specialist advice and assistance to ensure the optimum efficiency of the response strategy.

Needs: Management team (WHO and/or OCHA cluster team) in each country. HQ/capital team and Hotspot coordinator (20 pers).

The needs outlined above are those linked to the 'narrow' response of a 'classic' EBV epidemic. This epidemic is of such a scale that the consequences are greater and other needs must be taken into consideration.

10) Until now all these response measures have only ever been required in one single country at a time. This current EBV epidemic is affecting three contiguous countries at the same time. Thus not only are three national responses required but these have to be coordinated at a supra-national/sub-regional level, through an additional coordinating structure.

Needs: 1 regional coordination team.

11) The loss of Health Workers to the epidemic and the loss of trust of the public in the health system is severely disrupting access to and delivery of, regular health care services, ranging, for example, from ante-natal care to hospital deliveries and urgent surgery, to malaria programmes, to feeding programmes. This may end up taking more lives than the epidemic itself.

Needs: To assess disruption to the health services; provide urgent remedial measures (increased temporary substitution) and plan re-establishment of health services.

12) Not only do all health staff require immediate training (re-training) in infection control measures but new health staff will have to be urgently trained.

Needs: Accelerated health staff training programme.

13) Neighboring countries in the region need to be prepared for a possible outbreak.

Needs: Assessment of regional response plans and facilities. Review, or elaboration of contingency plans. Training of key staff. Preparation/up-grading of key facilities.

14) Once the epidemic is under control and has receded there will be a need to: assess the damage; assess the response and learn the lessons; discover the exact causes and begin work on preventative measures and prepare for a possible future outbreak.

Needs: Post epidemic studies and assessments; Introduce preventative measures; Draw-up contingency plans.

15) The closure of markets and the disruption of food supply systems (including banning of "bush meat", loss of stocks due to disinfection) and eventually the possible loss of planting and harvesting may adversely affect food security.

Needs: To assess immediate and longer-term impact of the epidemic on food security. Provide supplementary feeding and dry food rations.

The Emergency response and needs described above are reprised in the National and Regional response plans as devised by WHO, the affected governments and the participating partners. The overall response strategy until the end of 2014 has been budgeted at EUR 75 000 000.

1.3 Risk assessment and possible constraints

1) Security. Such is the fear surrounding EBV that behavior and reactions can be irrational and aggressive incidents have happened. The state of emergency has allowed for improved security but careful sensitization will remain the key tool to appease aggression.

2) Air Access. International and local air service suspensions are possible thus potentially restricting all aspects of the response. A dedicated air service may have to be introduced.

3) Limited Partners. There are very few Ebola experienced partners and those that have the capacity and have been present for some time are becoming exhausted. Also fear of the risks of the epidemic is obliging some partners to leave and discouraging others from participating in the response. Eventually non-ECHO partner actors may have to be deployed.

4) Risk of contamination. Some non-ECHO partners have already had staff contaminated by EBV. In theory absolute respect of infection control measures should minimise this risk. However the risk of partner staff becoming contaminated and possibly dying has to be taken into consideration. WHO guidelines must be disseminated and enforced.

5) Risk of failure. There is a possibility that the measures that can be supported by this decision will not succeed in containing the epidemic. In this event other solutions (possibly military) that may require other funding mechanisms will have to be considered.

2 Proposed ECHO[1] response

2.1 Rationale

Responding to Epidemics outside the EU are clearly within the mandate of ECHO.

This current Ebola epidemic is not only killing hundreds of people but creating large-scale fear and suffering. If only for this reason an ECHO humanitarian response is justified. However, this epidemic also has the very real possibility of spreading into other areas and countries and thus requires an urgent and massive response to counter a threat to international public health.

The response to this epidemic can only have one objective to contain and eventually eradicate it. The response as described in section 1.2 must be seen and considered as whole package and it must be implemented for the duration of the epidemic. Indeed if all the different individual parts of the response are not implemented fully and efficiently, the response as a whole will fail. There is thus no part of the response that ECHO should neglect.

With funds made available so far, ECHO and DEVCO have supported partners and actions that have provided the best value added available to implement the necessary response actions. The fact that this has not as yet contained the epidemic does not imply that the partners or actions are not appropriate but more that they have been insufficient in scale due

[1] European Commission's Directorate General for Humanitarian Aid and Civil Protection – ECHO

to lack of capacity. In Guinea the same actions have had considerable success in containing the epidemic. The objective of this decision is to provide additional funds in order to allow an up-scaling of the response.

All actions proposed in this decision will be provided free of charge to beneficiaries. There will be no cost recovery. In some instances, such as providing support to recovered victims (who have often lost their entire family and had belongings destroyed by de-contamination) a contribution in cash or voucher form maybe provided.

In Guinea, the 11th EDF has health as a concentration sector and will build on the 10th EDF projects (PASZA I – 36 MEUR) part of which is currently implemented in the Nzerekore forest region. Some modifications to include Ebola prevention/control measures of the current project will be considered. For the 11th EDF, the health project is still in a design phase and as such the objectives will be reviewed. EEAS and DEVCO will also review the provisions for the affected countries in the 11th EDF.

2.2 Objectives

- Principal objective: To contain and mitigate the effects of the current Ebola virus outbreak in West Africa and to treat and care for its victims.

- Specific objectives: To support the regional and national response strategy to the Ebola virus epidemic, including preventative measures, in West African states.

2.3 Components

- Ensure, through a dedicated mechanism the effective coordination of the overall response to the epidemic across the affected countries.
- Ensure that contingency plans and preparatory measures (training, stockpiling of equipment, and preparation of isolation facilities) are established in order to prevent the spread of the EBV virus to the rest of the West Africa region.
- Ensure in Guinea, Sierra Leone and Liberia, the establishment and effective functioning of:
    - Safe Ebola capable Laboratories.
    - Safe treatment and isolation centers.
    - Safe Burial and disinfection.
    - Effective tracing.
    - Accurate data collection, treatment and dissemination.
    - Logistic support (air and road support).
    - Public information and sensitization.
    - Regional, national and field coordination.

– Ensure in Guinea, Sierra Leone and Liberia and other affected countries:

- Training for Health Workers (new and in infection control)
- That non-epidemic related health services are maintained through human and material support to health structures (notably pediatric and peri-natal care)
- That food security is monitored and maintained through supplementary feeding and dry ration distribution as required.

– Ensure in Guinea, Sierra Leone and Liberia and other affected countries:

- That studies establish the cause of the outbreak and measures to prevent future out breaks
- That studies ensure lessons are learned from the current response.
- That contingency plans and other preparatory mechanisms are put in place to contain any future epidemics.

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

ECHO has allocated EUR 3 900 000 from ECHO/DRF/BUD/2014/93000 to support the efforts of WHO, IFRC and MSF for EBV Response.

DEVCO – has deployed an Ebola capable Mobile Laboratory to Gueckedou, Guinea and is working on deploying a second laboratory.

EU Member States (EUMS) have contributed funds to WHO, UNICEF, IFRC and a number of NGOs (see table in Annex 3).

UK and FR have deployed technical expertise (to Sierra Leone and Guinea respectively).

US has contributed 20 Center for Disease Control experts and USD 4 000 000 in funding.

WHO has provided 150 experts since the beginning of the outbreak.

Coordination:

- EU, EUMS and ECHO partners are part of the in-country coordination mechanisms.
- EU services coordinate through regular meetings through Emergency Coordination Center (ERCC).
- ECHO Emergency Coordination Center (ERCC) has consulted EUMS through the CPM.
- DG SANCO (Health and Consumers) holds EU health service coordination meetings.
- ECHO coordinates informally with all main partners and actors including: EUMS, WHO, US and all implementing partners.

2.5 Duration

The duration for the implementation of this Decision shall be **12** months

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

Expenditure under this Decision shall be eligible from **1 July 2014**

The decision to up-grade the response was taken at the Accra conference on 2 and 3 July 2014. According to expert opinion even a best case scenario does not foresee an end to the epidemic by the end 2014.

Start Date: **1 August 2014**

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 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 Administrative Framework Agreement with the UN (FAFA) in conformity with Article 37 of the Financial Regulation applicable to the 10th EDF as amended by Council Regulation (EU) No. 567/2014 of 26 May 2014, together with Article 178 of the Rules of Application of the Financial Regulation applicable to the general budget of the European Union. 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

For NGOs, Specialised Agencies of the Member States, Red Cross National Societies and international organisations not complying with the requirements set up in the applicable EDF Financial Regulation for indirect 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 indirect 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 Annexes

Annex 1 - Summary decision matrix (table)

Principal objective To contain and mitigate the effects of the current Ebola virus outbreak in West Africa and to treat and care for its victims				
Specific objectives	**Allocated amount by specific objective (EUR)**	**Geographical area of operation**	**Activities**	**Potential partners**
To support the regional and national response strategy to the Ebola virus epidemic, including preventative measures in West African states.	8.000.000	WEST AFRICA		ALL ECHO PARTNERS
TOTAL	8.000.000			

Annex 2 - List of previous DG ECHO decisions

List of previous DG ECHO operations in EBOLA CRISIS in West Africa over the last 6 months				
		2012	2013	2014
Decision Number	**Decision Type**	EUR	EUR	EUR
ECHO/DRF/BUD/2014/93000 (*)	Ad hoc			3.900.000,00
	Subtotal			3.900.000,00
	TOTAL	3.900.000,00		

Source: HOPE.

(*) decisions with more than one country

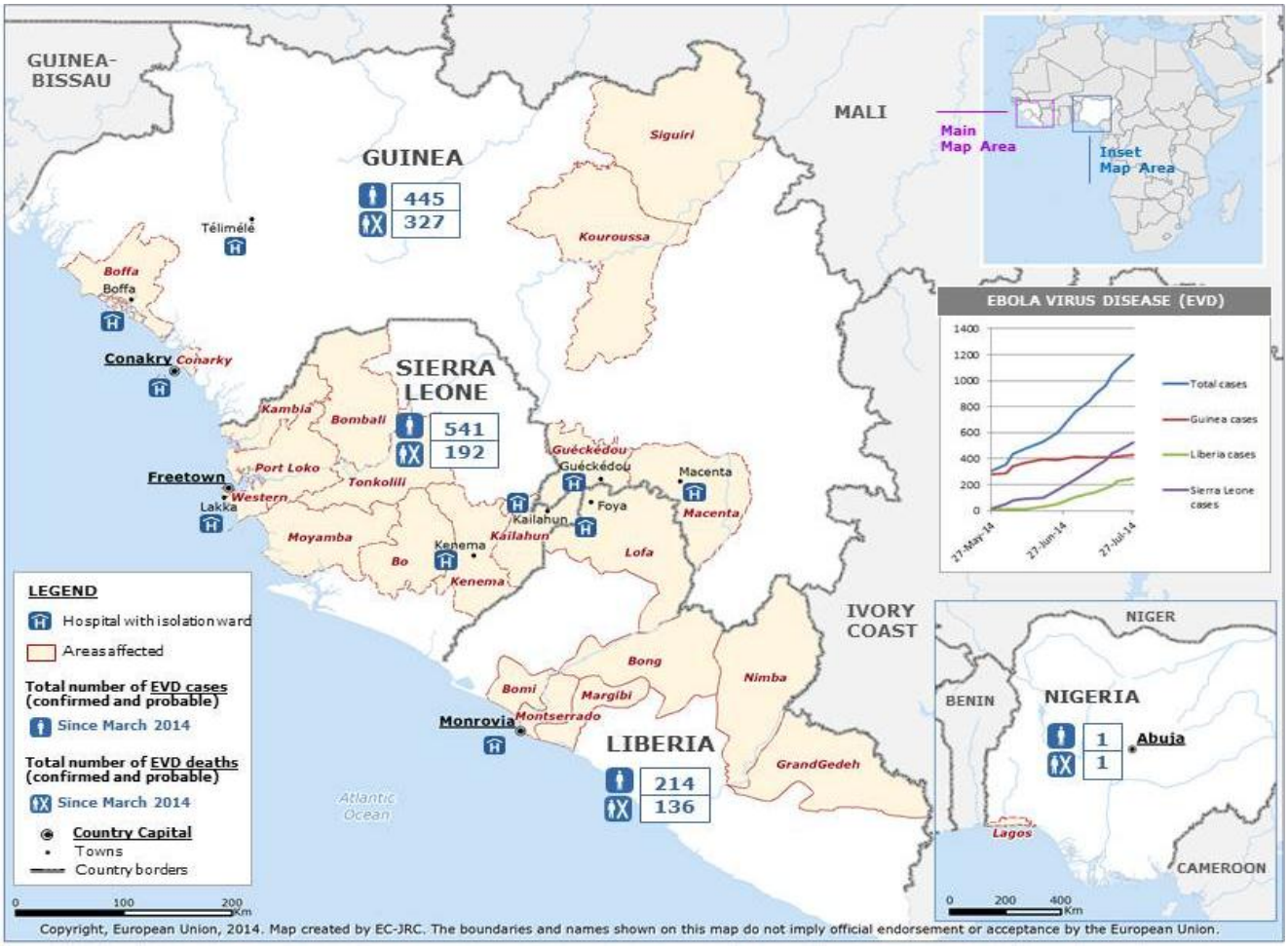
Annex 3 - Overview table of the humanitarian donor contributions

Donors in EBOLA CRISIS in West Africa over the last 6 months			
1. EU Member States (*)		**2. European Commission**	
	EUR		EUR
Denmark	119.725,96	DG ECHO	3.900.000
Estonia	10.000		
Germany	250.000		
Italy	200.000		
Luxembourg	100.000		
Spain	50.000		
Sweden	1.862.086,89		
Subtotal	2.591.812,85	**Subtotal**	3.900.000,00
TOTAL	6.491.812,85		

Date : 04/08/2014
(*) Source : EDRIS

Annex 4 - Maps

West Africa – Ebola Virus Disease Outbreak, as of 29 July 2014 (Joint Research Centre)



Annex 5 - Statistics on humanitarian situations

Confirmed, probable, and suspect cases and deaths from Ebola virus disease in Guinea, Liberia, Nigeria and Sierra Leone, as of 27 July 2014 (WHO)

	New (1)	Confirmed	Probable	Suspect	Totals by country
Guinea					
Cases	33	336	109	15	460
Deaths	20	218	109	12	339
Liberia					
Cases	80	100	128	101	329
Deaths	27	72	62	22	156
Nigeria					
Cases	1	0	1	0	1
Deaths	1	0	1	0	1
Sierra Leone					
Cases	8	473	38	22	533
Deaths	9	195	33	5	233
Totals					
Cases	122	909	276	138	1323
Deaths	57	485	205	39	729

1. New cases were reported between 24 and 27 July 2014.