EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HUMANITARIAN AID - ECHO

Emergency Humanitarian Aid Decision

23 02 01

Title: Continuing emergency response to cholera outbreaks in Angola

Location of operation: ANGOLA

Amount of Decision: EUR 1,500,000

Decision reference number: ECHO/AGO/BUD/2006/02000

Explanatory Memorandum

1 - Rationale, needs and target population.

1.1. - Rationale :

Extremely heavy rains over much of southern Africa since January, compounded by poverty, lack of basic sanitation facilities and low hygiene standards have resulted in more or less serious outbreaks of cholera in peri-urban areas of several cities. In Angola, peace came in April 2002 after almost thirty years of conflict which left the country devastated, with the provision of social services, such as basic health care and water and sanitation inexistent in most areas.

The first cholera outbreak was declared in the slum districts of Sambizanga and Ingombota (Boavista) in Luanda on February 13th. Luanda's vast slums are home to upwards of 3 million people, mostly former IDPs from the first phases of the conflict who settled two or three decades ago in areas with no drainage, potable water supply or rubbish collection facilities. The combined intervention of the Government, UN agencies and NGOs initially succeeded in bringing about a stabilization of the situation at less than 100 cases a week until early April. Since then, however, the outbreak has spread extremely rapidly to other areas of the city, and the number of cases has risen incrementally to reach 1,500 by 15th April, reaching 1.000 cases a day nationally by the end of April and into the first 10 days of May before decreasing slightly. For the purposes of this decision, therefore, the epidemic can be said to have reached emergency proportions as of 15th April.

Since early April also, outbreaks have been declared in 10 other provinces of Angola – Bié, Bengo, Benguela, Huambo, Huila, Kwanza Norte, Kwanza Sul, Malanje, Uige, Zaire - with

the situation having been particularly worrying in Benguela (almost 7200 cases, of which 495 deaths, a case fatality rate of 6%).

According to information issued by the Word Health Organisation on 18th May, 546 cases and 31 deaths were recorded nationally on 17th May alone. The cumulative total from 13th February stands at **35.775** cases, of which **1.298** deaths, giving a case fatality rate at national level of 3.6%. This is in excess of the 30.000 cases forecast by epidemiologists in mid-April, and it is now thought that as many more new cases are likely over the next two/three months.

Against the background of this alarming and extremely rapid spread, and the weak capacity of the Government to cope with so many outbreaks at the same time, UN agencies and non-governmental organizations have continued to scale up their existing interventions and established new intervention sites in the eleven provinces thus far affected. This substantial emergency scaling up includes the redeployment of medical teams within Angola and from Europe, and the dispatch of large quantities of ringer lactate, oral rehydration salts and other essential items from Europe, as such stocks are insufficient or completely absent in many areas.

DG ECHO[1], in an emergency funding decision adopted on 12th May but announced on 21st April, already made available 1.5 MEUR to contribute to providing the necessary capacity for the early containment of the existing outbreaks. At that stage, and in the light of the rapid progression of the disease, the possibility of mobilizing additional resources was not excluded.

The Government of Angola at the end of April released US$ 5 million for nationwide interventions to provide clean water and collect rubbish.

1.2. - Identified needs :

Cholera is an acute intestinal infection caused by the bacterium *vibrio cholerae.* It occurs through ingestion of food or water contaminated directly or indirectly by faeces or vomit of infected persons. The resulting disease varies in intensity: in some mild cases, diarrhea may occur without other symptoms. However, the acute watery diarrhea is frequently accompanied by nausea and vomiting, rapid dehydration and circulatory collapse. Between 25 and 50% of cholera cases are fatal, if untreated, though an appropriate treatment can reduce mortality rate below 1-2%.

There is no geographical, gender or age limitation for cholera. Large population movements prompted by conflicts and insufficient sanitation facilities, as is the case in Angola, facilitate the extension of the disease. The cholera case-fatality rate in Africa generally amounts to 5%, the highest in the world.

The very serious prognosis of UN agencies and NGO partners with regard to the evolution of this epidemic have, sadly, been confirmed and indeed exceeded. Though at the time of writing, the epidemic appears to have peaked, the peak has been at a very high level which means that an additional 30.000 clinical reported cases are to be expected over the next 2-3 months. The emergency scaling up of medical interventions has had an impact on the mortality rate, which has fallen from 5% in mid-April to 3.6% by mid-May. This is, though, still higher than the internationally accepted standards of 2% mortality.

[1] Directorate-General for humanitarian aid - ECHO

As the medical intervention comes on stream, the most pressing need is for clean water – of which there is precious little if at all in Luanda's vast slums. The price of the trucked water which is available to a limited extent through private entrepreneurs is far beyond the reach of the majority of the population. Moreover, water tankers have been witnessed pumping untreated water from rivers, and selling it on still untreated. It is therefore crucial to provide the population with drinking water, either through trucking or purification. Residual needs on the medical front may, moreover, also still need to be dealt with. In view of the spread of the epidemic, logistics requirements may also need to be addressed.

Social mobilization and public awareness efforts and hygiene education are, furthermore, critically important to the control of this type of outbreak, in an environment where the populations live in close promiscuity with poor or no access to clean water. As has been experienced during the 2005 Marburg fever epidemic (though this was mainly in the north of Angola where many ethnic Bakongo still believe in witchcraft), social mobilisation is also important to dispel the fear which cause many people to shun hospitals, and keep many suspected cases at home to die.

1.3. - Target population and regions concerned :

At the time of writing, the outbreaks are affecting the eleven provinces of Luanda, Bié, Bengo, Benguela, Huambo, Huila, Kwanza Norte, Kwanza Sul, Malanje, Uige and Zaire. It is in Luanda itself, though, that the majority of cases and deaths continue to occur. Due to the unpredictable nature of epidemics, and the rapid spread of this particular one, interventions funded from this decision may, and will more than likely, extend to other areas. In view of the debilitating nature of the disease, it is likely to have more consequences on the most vulnerable groups such as children (and especially on under-5's), elderly people, pregnant and breastfeeding women. According to UNICEF, 35% of the victims of this epidemic are children under 5.

1.4. - Risk assessment and possible constraints :

The rainy season has been very heavy and long in much of Angola. Though now coming to an end, the effects of this on the already extremely poor infrastructure may constrain the logistics aspects of this intervention, especially as far as transport to rural areas is concerned.

External support to emergency containment of epidemics is efficient, but it may also decrease the motivation of the Government to develop autonomous responses. External actors also need to develop a comprehensive approach and integrate local capacities, in order not to jeopardize development oriented processes. In order to enhance co-ordination among health authorities and among agencies themselves, close and regular co-ordination with WHO and specialized agencies is required more than ever since DG ECHO has been supporting the development of their assessment capacity over the last two years.

2 - Objectives and components of the humanitarian intervention proposed: [2]

2.1. - Objectives :

Principal objective: To support a continuing emergency response to cholera outbreaks in various provinces of Angola

Specific objective :
- To meet immediate humanitarian requirements resulting from the outbreaks of cholera, and to contain such outbreaks

The expected outcome is, in particular, to decrease the mortality rate and maintain the case-fatality rate within internationally recognized thresholds (less than 2% of reported cases).

2.2. - Components :

The funds made available under this decision will be used mainly but not exclusively to provide access to clean water to populations in cholera outbreak areas, in order to prevent the spread of the disease, and therefore unnecessary deaths. The following list of components are considered to be appropriate to the context :

- Provision of clean and/or chlorinated water by trucking or other means ;
- Purification/chlorination of water sources ;
- Provision of essential medicines, such as ringer lactate, oral rehydration salts, antibiotics and cholera kits ;
- Provision of essential relief items, such as blankets and water containers ;
- Provision of hygiene and disinfectant items ;
- Cleaning campaigns ;
- Provision of emergency access to sanitation ;
- Community emergency education, information, dissemination (EID), social mobilisation ;
- Hygiene education
- Epidemiological surveillance and case management ;
- Coordination activities

3 - Duration expected for actions in the proposed Decision:

The duration of humanitarian aid operations shall be maximum six months from their start date.

Expenditure under this Decision is eligible from 15th April 2006 in order to cover certain costs already incurred by partners during the earlier stages of the epidemic.

2 Grants for the implementation of humanitarian aid within the meaning of Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid are awarded in accordance with the Financial Regulation, in particular Article 110 thereof, and its Implementing Rules in particular Article 168 thereof (Council Regulation (EC, Euratom) No 1605/2002 of 25 June 2002, OJ L248 of 16 September 2002 and No 2342/2002 of 23 December 2002, OJ L 357 of 31 December 2002).
Rate of financing: In accordance with Article 169 of the Financial Regulation, grants for the implementation of this Decision may finance 100% of the costs of an action.

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 operations.

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.

4 - Previous interventions/Decisions of the Commission within the context of the current crisis

DG-ECHO in May 2006 has already provided 1.5 MEUR in the context of this crisis. In March and April 2005, a total of 2 MEUR was provided for an emergency response to an epidemic of Marburg fever. DG-ECHO's 13-year uninterrupted presence (total funding of more than 190 MEUR) in support of vulnerable populations suffering the effects of civil war came to an end with the closure of the Luanda office in June 2005.

In terms of LRRD, this is an emergency intervention and, as such, no "exit strategy" per se is necessary. It should, however, be noted that a 20 MEUR EDF water and sanitation programme for Luanda's peri-urban slums is currently being contracted by the EC Delegation. This programme, once underway, should contribute to improving the precarious water and sanitation conditions of some of the estimated 3 million slum dwellers in and around Luanda, and to preventing further outbreaks of water-borne diseases in the future.

List of previous DG ECHO operations in ANGOLA

Decision Number	Decision Type	2004 EUR	2005 EUR	2006 EUR
ECHO/AGO/BUD/2004/01000	Global Plan	8,000,000		
ECHO/AGO/EDF/2004/01000	Non Emergency	800,000		
ECHO/-AF/BUD/2005/01000	Primary Emergency		500,000	
ECHO/-AF/BUD/2005/02000	Emergency		1,000,0000	
ECHO/AGO/BIUD/2006/01000	Emergency			1,500,000
	Subtotal	8,800,000	1,500,000	1,500,000
	Grand Total	11,800,000		

Dated : 19/05/2006
Source : HOPE

5 - Other donors and donor co-ordination mechanisms.

Cholera interventions in Angola are coordinated by a Task Force consisting of the Ministry of Health, the World Health Organisation and several international NGO partners (eg. MSF family, MdM-FR), which has been meeting on a daily basis.

As far as can be ascertained, few other donors have made contributions : USAID donated US$ 25.000 in April, whilst the UK has provided funding through INGO's. The Government of Angola, as noted above, has released US $ 5 million.

Donors in ANGOLA the last 12 months

1. EU Members States (*)	EUR
Austria	
Belgium	100,000
Cyprus	
Czech republic	69,930
Denmark	2,701,617
Estonia	
Finland	1,516,000
France	
Germany	3,660,187
Greece	
Hungary	
Ireland	725,000
Italy	706,600
Latvia	
Lithuania	
Luxemburg	
Malta	
Netherlands	748,000
Poland	
Portugal	200,000
Slovakia	
Slovenie	
Spain	953,675
Sweden	3,344,114
United kingdom	
Subtotal	14,725,123

2. European Commission	EUR
DG ECHO	1,500,000
Other services	
Subtotal	1,500,000
Grand total	16,225,123

3. Others	EUR
Subtotal	0

Dated : 19/05/2006
(*) Source : DG ECHO 14 Points reporting for Members States. https://hac.cec.eu.int
Empty cells means either no information is available or no contribution.

6 - Amount of decision and distribution by specific objectives:

6.1. - Total amount of the decision: EUR 1,500,000

6.2. - Budget breakdown by specific objectives

Principal objective: *To support a continuing emergency response to cholera outbreaks in various provinces of Angola*			
Specific objectives	**Allocated amount by specific objective (EUR)**	**Geographical area of operation**	**Potential partners**[3]
Specific objective 1: To meet immediate humanitarian requirements resulting from the outbreaks of cholera, and to contain such outbreaks	1,500,000	Provinces of Luanda, Bengo, Benguela, Bié, Huila, Huambo, Kwanza Norte, Kwanza Sul, Malange, Uige, Zaire and others with cholera outbreaks	- ACH- ESP - CROIX-ROUGE - FICR-IFCR-CH - CUAMM - MDM - ESP - MSF - BEL - MSF - ESP - MSF - NLD - OXFAM - UK - WHO - OMS - WORLD VISION DEU
TOTAL:1,500,000			

[3] ACCION CONTRA EL HAMBRE, (ESP), ARTSEN ZONDER GRENZEN (NLD), FEDERATION INTERNATIONALE DES SOCIETES DE LA CROIX-ROUGE ET DU CROISSANT ROUGE, MEDECINS SANS FRONTIERES BELGIQUE/ARTSEN ZONDER GRENZEN BELGIE(BEL), MEDICI CON L'AFRICA (ITA), MEDICOS DEL MUNDO ESPAÑA, MEDICOS SIN FRONTERAS, (E), OXFAM (GB), WORLD HEALTH ORGANISATION - ORGANISATION MONDIALE DE LA SANTE, WORLD VISION, (DEU)

7 - Budget Impact article 23 02 01

-	CE (EUR)
Initial Available Appropriations for 2006	470,429,000
Supplementary Budgets	
Transfers	
Total Available Credits	**470,429,000**
Total executed to date (19/05/06)	333,517,000
Available remaining	136,912,000
Total amount of the Decision	1,500,000

COMMISSION DECISION

on the financing of emergency humanitarian operations from the general budget of the European Union in ANGOLA

THE COMMISSION OF THE EUROPEAN COMMUNITIES,

Having regard to the Treaty establishing the European Community,
Having regard to Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid[4] , and in particular Article 13 thereof,

Whereas:

(1) Much of Angola has experienced an extremely heavy 2005/2006 rainy season which, compounded by poverty, lack of basic sanitation facilities and low hygiene standards has resulted in outbreaks of cholera in several provinces of the country ;

(2) The outbreaks have spread with alarming rapidity since the beginning of April, reaching epidemic proportions by 15th April 2006. Eleven of Angola's 18 provinces now are affected ;

(3) A cumulative total of more than 35.700 cases and 1.298 deaths was recorded as at 17th May 2006, giving a case fatality rate of 3.6 %, in excess of internationally accepted standards ;

(4) Projections made on the basis of information as at mid-May indicate that there may be as many cases again before the epidemic is fully under control ;

(5) Continuing urgent measures need to be taken to contain these outbreaks, decrease mortality rates, and provide clean water to the population ;

(6) An assessment of the humanitarian situation leads to the conclusion that humanitarian aid operations should be financed by the Community for a period of 6 months.

(7) It is estimated that an amount of EUR 1,500,000 from budget line 23 02 01 of the general budget of the European Union is necessary to provide humanitarian assistance to tackle the outbreaks, taking into account the available budget, other donors' contributions and other factors.

[4] OJ L 163, 2.7.1996, p. 1-6

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 1,500,000 for emergency humanitarian aid operations to provide the necessary assistance and relief to vulnerable populations suffering from cholera in ANGOLA by using line 23 02 01 of the 2006 general budget of the European Union.

2. In accordance with Article 2 (a) of Council Regulation No.1257/96, the humanitarian operations shall be implemented in the pursuance of the following specific objectives:

- To meet immediate humanitarian requirements resulting from the outbreaks of cholera, and to contain such outbreaks

The total amount of this decision is allocated to this objective.

Article 2

1. The implementation of humanitarian aid operations funded by this Decision shall have a maximum duration of 6 months from their starting date.

2. Expenditure under this Decision shall be eligible from 15th April 2006.

3. If the operations envisaged in this Decision are suspended owing to *force majeure* or comparable circumstances, the period of suspension shall not be taken into account for the calculation of the duration of the humanitarian aid operations.

Article 3

This decision shall take effect on the date of its adoption.

Done at Brussels,

For the Commission

Member of the Commission