

EMERGENCY APPEAL



International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

WEST AND CENTRAL AFRICA: MENINGITIS

Appeal no: 14/01
25 April 2001

***THIS APPEAL SEEKS CHF 480,028
IN CASH, KIND AND SERVICES
TO ASSIST 520,000 BENEFICIARIES FOR 3 MONTHS***

Summary

A serious outbreak of meningococcus meningitis has erupted in the sub-Saharan meningitis belt. More than 38,000 cases have been reported so far, including 3,500 deaths. The magnitude of the outbreak has caused a serious shortage of vaccine worldwide and the International Co-ordination Group (ICG) Executive sub-committee (WHO, UNICEF, MSF and the Federation), is making all possible efforts to make the best use of available supplies. While Ethiopia has also been hard hit with more than 4,200 cases (where the Federation and the National Society are deeply involved in a vaccination campaign since two months), the hardest hit are Burkina Faso, Benin and Niger, with a total of 22,500 cases reported so far.

Meningitis is cyclical in West and Central Africa during the dry season, taking epidemic proportions every seven to eight years. To effectively reach the exposed population, the national societies will engage further in awareness campaigns, social mobilization, and support to the vaccination teams, all within the framework of the African Red Cross and Red Crescent Health Initiative (ARCHI 2010) and by enhancing the capacity of existing surveillance teams in the regions. This increased capacity will be of great importance for future activities of the national societies, especially in emergencies. Crucial to a successful outcome is further development and use of the volunteer network, and in this respect the Red Cross societies are in a good position to play a key role in the affected communities by disseminating essential messages to the risk-prone population.

The Situation

Epidemic surveillance outposts have been able to pinpoint suspected cases of cerebrospinal meningitis (meningococcal meningitis) in Burkina Faso, Benin and Niger. Despite all the prevention measures taken, surprisingly large and cyclical epidemic peaks have occurred since the beginning of 2001. The Federation's regional delegation in Abidjan, through the regional epidemic surveillance team, has acknowledged the need to strengthen the prevention activities carried out by the networks of volunteers within the affected and threatened communities. This twofold strengthening - material and technical - will help increase the capacity of the national societies to effectively take part in reducing meningitis-related morbidity and mortality.

Meningitis is cyclical in West and Central Africa during the dry season. Statistics show that the disease takes on epidemic proportions every seven to eight years. By applying ARCHI 2010 in the coming years the Red Cross Societies and the Federation will be able to lower morbidity linked to this disease and to reduce mortality. By enhancing the capacity of the surveillance teams to respond and assist, the national societies in the region will

further build up capacity to provide support in emergency situations, ultimately saving lives. With its network of volunteers whose effectiveness in social mobilization activities is well known, the Red Cross Societies are in a good position to play a key role in the affected communities by disseminating essential messages to the risk-prone population. In harmony with ARCHI 2010, the National Societies, as auxiliaries to the public authorities, will strengthen their advocacy for preventive vaccination campaigns for the most vulnerable populations.

The national societies will also fully participate in the early warning system established by the health authorities in their respective countries. This should enable them to monitor the evolution of the disease and to detect risks of epidemic. As part of the evaluation, at the end of the vaccination and awareness campaign a system will be set up to assess and strengthen the lessons learnt in the 2001 campaign. The assessment report will be circulated to partners who will be encouraged to contribute to strengthening the early warning system. The region thus hopes the participation of the Red Cross and Red Crescent Societies preparedness and response to epidemics will be more effective.

The geographical position of Burkina Faso (bordered to the north by Mali, to the east by Niger, to the south by Benin, Togo, Ghana and Cote d'Ivoire and to the west by Mali) makes it particularly prone to meningitis. The country has already experienced two large-scale epidemics, one in 1996 (42,967 cases declared with 4,213 deaths, a 10% case fatality rate) and the other in 1997 (22,305 cases with 2,024 deaths, a 11.3% case fatality rate). As in the two previous major epidemics, sero group A meningococcus is the probable cause.

To date there have been 7,751 cases of meningitis with 1,137 deaths (a 15.51% case fatality rate), between 1 January and April, 2001. Numbers rose between weeks 1 to 11. Thirty-one of the 53 health districts in Burkina Faso are affected by this epidemic so far -- a population of 4,090,742 inhabitants, or 38.25% of the population of the country. The health regions of Gaoua, Fada N'gourma and Tenkodogo, plus Ouagadougou and Bobo Dioulasso, are the worst affected.

Burkina Faso

Prior to the epidemic, meningitis vaccines, medication (oily chloranphenicol and ampicillin) and consummables were pre positioned in all 11 regional health directorates and in the two national hospitals. Once the epidemic was confirmed, an epidemic surveillance task force including the representatives of the Red Cross and international, governmental and non-governmental organizations was set up. This task force gives technical guidelines for the detection and care of cases, including the search for vaccines. An average of 300 persons a day are already being vaccinated in the two Red Cross centres. This task force ensures that the meningitis vaccination is given to the entire population between the ages of 2 and 30 in the 18 health districts exceeding the epidemic threshold of 10 cases per week per 100,000 persons and in the 11 districts bordering on the district where the epidemic has reached the warning threshold of 5 cases for 100,000 inhabitants.

Benin

The first suspected cases in Benin occurred in the areas bordering Burkina Faso, Nigeria and Togo, in the departments of Atacora/Donga and Borgou/Alibori including Banikoara, Kerou, Pehonco, Kouadé, Borgou, Kobli, Materi, Tanguieta and Toucountouna. An estimated total of 1,600,000 inhabitants are affected, with 1,147 cases and 265 deaths recorded (a 4.31% case fatality rate). The Ministry of Health and WHO are working together carrying out vaccination and awareness campaigns among the population in the regions affected. The CDC is providing the government technical assistance to cope with the epidemic. WHO has provided 60,000 doses in addition to the initial stock. The government of Benin is negotiating with Nigeria to acquire 1,000,000 doses. The total need for vaccines is not yet clearly known.

Chad

The regions most affected in Chad are Moyen Chari, Logone occidental, Salamat, Guéra, Chari Baguirmi, Guera and Logone oriental. At the beginning of the week of 2 - 8 April, 3,579 cases with 401 deaths recorded. The epidemic threshold was exceeded in six provinces. The government has decided to carry out a vaccination campaign in the affected zones. Both countries have appealed for help with vaccines.

Central African Republic (CAR)

Cases were diagnosed in Ouham Pendé (Paoua) bordering on Logone occidentale (Chad). The epidemic threshold was exceeded in the week of 26 to 31 March, with 1,816 cases and 343 death recorded. The government has decided to carry out a vaccination campaign in the affected zones. Both countries have appealed for help with vaccines.

Ghana

733 cases of meningitis with 131 deaths have been reported from 49 districts in 9 regions of Ghana since the beginning of the year. The highest number of cases are reported in the Upper East, Northern and the Upper West regions.

Ivory Coast

In the Ivory Coast the outbreak of meningitis is very recent and an exact number of cases has not yet been established, however cases are reported in a number of districts in the north of the country on the border with Burkina Faso.

Niger

Meningitis is endemic in Niger and outbreaks occur practically every year. In 1995 Niger experienced a major epidemic affecting 42,000 persons with a total of 4,000 deaths. Between December 1999 and April 2000, some 2,815 cases were reported, with 250 deaths in the regions of Birni and Nkomi to the east. The north west was also severely affected. As at 23 March 2001, WHO reported 1,795 cases with 137 deaths for the period 2 January to 28 February 2001. The health districts of Madaoua, Gaya and Birni Ngaouré have exceeded the epidemic alert rate of 5 cases for 100,000 inhabitants. 42% of the cases recorded were in Dosso, 27% at Tahu, 13% at Tillabéri and 9% in the urban community of Niamey. The health authorities have launched a preventive vaccination campaign in the north west and an epidemic surveillance task force was established in January 2001. This task force monitors social mobilization activities and vaccinations and involves the WHO, the Red Cross, embassies, and non-governmental organizations. The government has pre-positioned more than 700,000 doses of meningitis A & C vaccine as well as oily chloranphenicol in the regions and health districts. But vaccine and other vaccination supplies are sorely needed given the size of the threatened population. The government is still seeking partners to acquire vaccines and other supplies.

Red Cross and Red Crescent Action

CHF 200,000 has been allocated from the Federation's Disaster Relief Emergency Fund (DREF) to start the planned activities. To support the National Societies, the Federation, in its January and February monthly reports, alerted the other partners in the region to the steps taken by the Red Cross and Red Crescent Societies and the strategy planned to help reduce the consequences of the epidemics. Since January the network of volunteers in these seven countries have been involved in social mobilization actions and alerted the authorities to the consequences of this epidemic with regard to the most vulnerable populations. *In Burkina Faso and Benin* the mobilization materials have been translated into the local language by the Red Cross and Red Crescent Societies and are used in the Ministry of Health's activities.

Niger

The Red Cross is actively involved, alongside the health authorities, in awareness and vaccination activities in the affected zones. The strategy applied in controlling meningitis is completely in line with the Red Cross and Red Crescent Societies health initiative as it hinges on using networks of volunteers, targeting priority problems, strengthening the visibility of the local committees, and cooperating effectively with the partners.

Chad

The network set up for polio was used for early diagnosis and informing the public. 450 volunteers have been mobilized since 15 March to increase the awareness of the population. Leaflets in French and Arabic have been distributed. This work is ongoing. As soon as the epidemic was announced, the National Society donated 42,700 doses of vaccines, 39,000 disposable syringes and 870 safety boxes from the stock remaining from last year's campaign with the Ministry of Health. A particular constraint has been encountered with the nomads who are

constantly on the move. The Red Cross of Chad hopes to use camels made available to the volunteers to reach these nomads.

Central African Republic

As from January the National Society has mobilized 100 volunteers in Bangui, 70 in Ouham, 100 in Ouham Pende and 50 in Ouaka, to increase the population's awareness and for early diagnosis. This work to increase awareness is ongoing. In January, when the first cases were reported, the National Society, at the request of the Ministry of Health, donated 15,000 doses of vaccine, 15,000 disposable syringes and 400 safety boxes.

The Proposed Operation

Needs assessment

The Federation's regional delegation for West Africa assessed the current needs in March in Benin, and increased exchanges with Burkina Faso and Niger to gather information on the epidemic and to ensure the desired coordination with the Ministry of Health as well as with WHO, MSF and other organizations active in the field of health. The National Societies were also helped to prepare a plan of action and an appropriate budget and to assess volunteer training needs. An analysis of the evaluation and monitoring reports points to a need for fast intervention by the national societies, supported by the Federation. The National Red Cross Societies in the targeted countries are working closely with the public authorities in further needs assessment.

Immediate needs

The Federation, along with MSF, UNICEF and WHO, is a member of the Executive Sub-group of the International Coordination Group for Emergency Provision of Meningitis Vaccine (ICG). The ICG was established in 1996 to assure that available meningitis vaccine is used in countries with the greatest need.

Three identified needs are particularly urgent:

- means for mobilization;
- appropriate vaccines to stop the spread of the epidemic by vaccinating the population in the affected zones; and
- oily chloranphenicol to treat persons with meningitis.

The authorities in Benin, Burkina Faso and Niger have launched an appeal for 1,000,000, 7,500,000 and 1,150,441 doses of vaccine respectively.

Due to the major meningitis outbreaks occurring throughout the meningitis belt of Africa, there is a critical global shortage of meningococcal a+c vaccine. At the time of this appeal, only approximately 1.5 million doses of vaccine are available on the international market from WHO pre-qualified manufacturers. These doses are under the control of the ICG and the ICG will only release the vaccine when careful justification is provided including a detailed epidemiological analysis and plan of action for vaccination. The Federation will support the WHO in the procurement of 400,000 doses of meningococcal vaccine. Additionally, and to further assure the availability of effective treatment in these countries, this appeal includes funds to provide oily chloramphenicol, the antibiotic of choice to be used in meningococcal meningitis epidemics

Given the critical shortage of vaccine and the work of other partners in vaccine purchase, the national societies in affected countries will focus their efforts according to their strengths in conducting social mobilization activities to inform communities about meningitis disease, its prevention via vaccination and the importance of early treatment.

The Federation is currently trying to support the action of the public authorities through social mobilization actions in the five countries. Information and awareness material are also urgently needed to enable the Red Cross volunteers to mobilize the population and disseminate messages concerning prevention and detection of the first symptoms of meningitis. In Niger (printed) material is needed to launch a hygiene initiative at the hospital in Niamey where persons with the disease are sent.

Red Cross Objectives

- Increase treatment of persons with meningitis by support to the Ministries of Health in the countries concerned.
- Ensure maximum vaccination coverage in the communities affected in Burkina Faso, Benin, Chad, the Central African Republic, Cote d'Ivoire, Ghana, and Niger through cooperation with the respective Ministries of Health.
- Increase the communities' awareness of how to prevent meningitis and teach them to detect the first symptoms of the disease.
- As epidemics recur in the three countries, learn lessons from the operations carried out in the present epidemic so as to improve the preparedness and response strategy.
- Strengthen the capacities of the national societies so that they can react earlier to stop the spread of the epidemic.
- Help the national societies put the ARCHI 2010 initiative into practice in crisis situations by reactivating the networks of volunteers.

Burkina Faso, Benin and Niger

Emergency phase: 15 - 30 April 2001

- The target regions will receive supplies, vaccines, medication, syringes and the material required to carry out an intensive 10-day vaccination campaign, in partnership with the respective Ministries of Health, within the affected communities.
- Red Cross volunteers will help the personnel designated by the respective Ministries of Health to ensure appropriate vaccination coverage.
- During the intensive 10-day campaign and up to the end of the month, Red Cross volunteers will increase the awareness of communities. To this end they will receive training in information, education and communication techniques or will be offered relevant refresher courses. Volunteers from the three countries will also be initiated in data collection and keeping files. Refresher courses are also planned so that they recognize the symptoms of meningitis and are able to refer the persons with the disease to the appropriate care structures immediately.
- Health messages will be strengthened for the target population and will subsequently be widely disseminated.
- Volunteers will serve as relays between the Red Cross local sections and the Society's headquarters and will transmit information on how the epidemic is evolving.
- To improve the hygiene conditions at the hospital in Niamey, the network of Red Cross volunteers in Niger will organize an intensive one-day cleaning operation there.

Post-emergency Phase: 1 -15 May 2000

- The Red Cross of Niger will continue to cooperate with the hospital in Niamey where rooms will be fitted out for patients with meningitis. Red Cross volunteers will help the hospital staff treat these patients and will provide them care.
- In Benin and Burkina Faso the network of volunteers will continue awareness activities as part of National Society participation in community surveillance outposts.

Central African Republic, Chad, Ghana, and Cote d'Ivoire

The national societies in these countries will focus on increasing awareness and social mobilization, with volunteers devoting three days a week to increasing awareness and early diagnosis of cases. There will be one coach per district, and the network set up for polio will continue to be used.

The National Vaccination Days, to be held in Chad from 26 to 30 April, will be used to talk about meningitis. Leaflets in French and Arabic will be printed and distributed to the students. Camels will be used to enable Red Cross staff access for increasing the awareness of nomads.

The Central African Red Cross intends to mobilize 150 volunteers in Ouham and Ouham Pende to increase awareness, and will make posters available in French for public places. A meeting will be held in each district to assess volunteers' performance and to draw lessons from the operation.

Co-ordination w

The planned programmes and intervention is carefully planned in collaboration with the following:

- WHO provides additional vaccines via the ICG, thereby facilitating the continuation of vaccinations in the regions affected. The Ministry of Health is seeking vaccines and funds from the embassies and other international organizations.
- Most activities are currently being carried out by the different Ministries of Health, following their strategy based on vaccination, proper early care of cases and epidemiological surveillance with the provincial committees to combat epidemics and district health councils involved in social mobilization and epidemic management. Other organizations such as MSF, UNICEF and Rotary Club are being approached to help combat meningitis, but their contribution has not yet been clearly defined.
- MSF has launched a mass vaccination programme in Chad (Logone occidental and Moyen Chari).

Capacity of the National Societies w

- **Benin:** the Red Cross of Benin has 3,632 trained, active first aiders, 219 trainers and a total membership of 12,010 volunteers and young members. The volunteers successfully intervened on several occasions, namely in the context of national vaccination day and during the operations carried out for the cholera epidemic.
- **Niger:** the Red Cross of Niger has 10,000 total members and 4,800 first aiders. As meningitis is endemic, the volunteers have had at least three opportunities to participate in mass vaccination campaigns.
- **Burkina-Faso:** the Burkinabe Red Cross has 16,388 volunteers, 1,463 of whom are first aiders with intensive community-based first aid training, supported by the Federation with help from the Swedish Red Cross. Each of these National Societies has a health coordinator responsible for the National Society's health programme and activities
- The other national societies also have effective volunteer management systems.

Present Capacity of the Federation's Regional Delegations w

The regional delegation in Abidjan has a regional health delegate and coordinates a regional health surveillance team comprising nine doctors and nurses. and the Regional Delegation in Yaoundé has a regional health delegate and his team.

Monitoring and Evaluation w

It is planned to take stock of the operation carried out following the meningitis epidemic, with the participation of representatives from each of the national societies as well as members of the regional surveillance team who took part. The evaluation workshop will be facilitated by the regional health delegates and the regional disaster preparedness delegate for West Africa. This evaluation will provide the opportunity to assess the effectiveness of the early warning system and the response plan before, during and after the epidemics, in preparation for future epidemics. The budget also has a provision for two members of the surveillance team to visit Niger, Burkina Faso and Benin and so as to help the National Societies in their activities in the affected communities.

Budget summary

See annex 1 for full budget details.

Conclusion

Meningitis is cyclical in West and Central Africa during the dry season. Statistics show that the disease takes on epidemic proportions every seven to eight years. By applying the ARCHI 2010 initiative, in the coming years the Red Cross Societies and the Federation will be able to lower morbidity linked to this disease and to reduce mortality. By enhancing the capacity of the surveillance teams to respond and assist, the national societies in the region will receive improved support when participating in emergency situations to save lives. With its network of volunteers whose effectiveness in social mobilization activities is well known, the Red Cross Societies are in a good position to play a key role in the affected communities by disseminating essential messages to the risk-prone population. In harmony with ARCHI 2010, the National Societies, as auxiliaries to the public authorities, will strengthen their advocacy for preventive vaccination campaigns for the most vulnerable populations.

The Societies will also fully participate in the early warning system established by the health authorities in their respective countries, enabling them to follow the evolution of the disease and to detect risks of epidemic in the future.

Budget summary

See annex 1 for full budget details.

For further details please contact: Anne Kirsti Vartdal or Terry Carney, Federation Desk Officers, Phone: 41 22 730 4485 or 4298; Fax: 41 22 733 0395; email: vartdal@ifrc.org or carney@ifrc.org.

All International Federation Assistance Operations seek to adhere to the Code of Conduct and are committed to the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE Project) in delivering assistance to the most vulnerable.

In line with the Minimum Reporting Standards, the first operations update on this appeal will be issued within 30-days of the launch and the second will be issued over the course of the operation; a final narrative and financial report will be issued no later than 90 days after the end of the operation.

This operation seeks to administer to the immediate requirements of the victims of this disaster. Subsequent operations to promote sustainable development or longer-term capacity building will require additional support and these programmes are outlined on the Federation website.

For support to or for further information concerning Federation operations in this or other countries, please access the Federation website at <http://www.ifrc.org>

Jean Ayoub
Director
Disaster Management and Coordination

Didier J. Cherpitel
Secretary General

| | | ANNEX 1 |
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| <u>BUDGET SUMMARY</u> | | APPEAL No. 14/2001 |
| Meningitis in West and Central Africa | | |
| TYPE | | VALUE |
| | | IN CHF |
| RELIEF NEEDS | | |
| Vaccines: 400,000 doses (for Burkina Faso only) | | 132,000 |
| Chloranphenicol oil: 15,000 vials | | 30,750 |
| Teaching materials: brochures | | 29,800 |
| Syringes: 15,000 | | 2,550 |
| Other relief supplies | | 2,000 |
| TOTAL RELIEF NEEDS | | 197,100 |
| <u>PROGRAMME SUPPORT</u> | | |
| Programme management | | 32,368 |
| Technical support | | 9,689 |
| Professional services | | 10,745 |
| <u>TRANSPORT STORAGE & VEHICLE COSTS</u> | | 13,125 |
| <u>PERSONNEL</u> | | |
| Expatriate staff (2 delegates / 3 months) | | 60,000 |
| National staff | | 54,000 |
| Training | | 43,000 |
| <u>ADMINISTRATIVE & GENERAL SERVICES</u> | | |
| Travel & related expenses | | 5,000 |
| Information expenses | | 5,000 |
| Administrative & general expenses | | 10,000 |
| External workshops & seminars | | 40,000 |
| TOTAL OPERATIONAL NEEDS | | 282,928 |
| TOTAL APPEAL CASH, KIND, SERVICES | | 480,028 |
| LESS AVAILABLE RESOURCES (-) | | 0 |
| NET REQUEST | | 480,028 |