

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

ASIA: SEVERE ACUTE RESPIRATORY SYNDROME (SARS) PREVENTION AND CONTROL

Appeal no: 11/03
07 May, 2003

The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in 178 countries. For more information: www.ifrc.org

IN BRIEF

THIS APPEAL SEEKS CHF 2,016,000

(USD 1,515,405 or EUR 1,330,467)

IN CASH TO PROVIDE ASSISTANCE FOR 10 MONTHS

Summary

Despite the fact that the Severe Acute Respiratory Syndrome (SARS) outbreak has had far reaching and unexpected global consequences, experience over the last several weeks has shown that the epidemic can be controlled by:

- early detection and the isolation of persons with SARS symptoms;
- improved communications and strict enforcement of control measures implemented by national authorities;
- activities to combat misinformation, and global stigmatisation and discrimination.

Acting within their capacities and mandates to respond as auxiliaries to the public authorities in the prevention and alleviation of human suffering, Red Cross and Red Crescent national societies in Asia are playing an important role in controlling the SARS outbreak, both at the country and international levels, particularly by contributing to disseminating information about behaviours, facilitating understanding, and acceptance by the community of infection control measures, and helping to prevent misinformation, rumours and panic. As the world's largest volunteer-based humanitarian network, the Red Cross and Red Crescent can play a unique role in reaching communities.

The Federation has put considerable effort and energy into a dialogue with national societies in Asia to address the need for and to facilitate the process of outlining a reasonable and rational Red Cross and Red Crescent response to SARS. This has resulted in an agreement to launch this Emergency Appeal (with a preliminary budget) which primarily aims to contribute to combating the national and international spread of SARS, enabling Red Cross and Red Crescent Societies in Asia to effectively engage in emergency response, while simultaneously increasing their capacity in long-term epidemic control and preparedness.

This Appeal is divided into the following two components:

- **Support to the DPRK Red Cross for barrier nursing care supplies procurement, distribution and associated information and training for health care workers.** There is an urgent need to support the

response in the DPRK. In a population particularly vulnerable due to chronic malnutrition, a high infectious disease burden, and a deteriorated health care system, the introduction of the SARS virus could be devastating. CHF 100,000 allocated from the Federation's Disaster Relief Emergency Fund (DREF) has enabled the procurement process to begin.

- **Mobilisation of emergency funding for national societies engaged in SARS/epidemic prevention and response activities in Asia including stigma reduction.** This short-term fund is a new approach to a unique situation which will allow the International Federation to respond quickly and flexibly to national society requests for assistance. National societies will be requested to submit proposals within days of the appeal launch. These will be reviewed by representatives from the Asia Pacific and Health Departments and concerned Regional delegations.

The situation

As of 5 May, a cumulative total of 6,583 probable SARS cases have been reported from 27 countries (including 13 countries from the Asia-Pacific region), with 461 deaths. This represents an increase of 364 new cases and 26 deaths when compared with the last report, issued on 3 May. New cases are reported from China (323 cases), Hong Kong Special Administrative Region (SAR) (16 cases) and Taiwan (16 cases). In China, Beijing and Guangdong Province have the highest number of cases, while Hong Kong SAR and Shanxi Provinces are also considered as having a high level of local transmission. Beijing has been reporting more than 100 new cases a day over the last couple of weeks. Nearly 14,000 people are under quarantine in that city alone. Entire buildings are under wraps, including 27 SARS designated hospitals, two building sites and three apartment buildings belonging to universities.

Other areas with local transmission (defined by WHO as a region where, within the last 20 days, one or more probable cases of SARS have acquired their infection locally) include Inner Mongolia, Tianjin, Taiwan, Mongolia, Singapore, and Toronto (Canada).

In the absence of drugs or a vaccine for SARS, control relies on the rapid identification of cases and their appropriate management, including the isolation of suspect and probable cases and the management of their close contacts. In the great majority of countries, these measures have prevented imported cases from spreading the disease to others.

WHO currently recommends postponing non-essential travel to Beijing, Guangdong Province, Hong Kong SAR and Shanxi Province, China. This recommendation does not apply to passengers transiting through international airports in these areas. WHO does not recommend the restriction of travel to any other areas.

To further reduce the risk that travelers may carry the SARS virus to new areas, international travelers departing from areas with local transmission should be screened for possible SARS at the point of departure. Such screening involves answering two or three questions and may include a temperature check.

On Tuesday, April 29, the heads of Asian Governments met in Thailand and endorsed a set of procedures to jointly combat SARS. The procedures were drawn out by the respective countries' health ministers who had met in Kuala Lumpur, Malaysia, three days earlier. Asian leaders have adopted a six-point plan to try and control the outbreak of the deadly respiratory virus. The points are:

- the pre-departure and arrival screening of international travellers;
- establishment of an international emergency SARS hotline;
- exchange of information;
- cooperation on research and training;
- meetings to devise other countermeasures to combat SARS; and
- openness and transparency in dealing with the virus.

Individual countries in the region have introduced their own specific restrictions. Thailand is implementing strict quarantine rules for all residents returning from mainland China and Taiwan, Hong Kong Special Administrative Region and Singapore. Other countries in the region are introducing similar restrictions on residents as well as foreign visitors. A new 1,000 bed isolation camp for SARS victims located on Beijing's northern outskirts opened on May 1st.

Officials ordered schools in Beijing, which had been due to reopen on May 8 after a two-week suspension, to stay closed for another two weeks. The closure of many shops, restaurants, markets, bars, universities, schools and many other business is likely to have an impact on the economy. New travel restrictions on Beijing's 670,000 university students were also imposed. The rules require health checks for any who want to leave Beijing, and students are barred from rural and SARS-affected areas.

A large-scale public health plan has been launched nation-wide to contain SARS and prevent it from spreading to China's poorer western and northern provinces. Residents have been mobilized to clean residences, wash public facilities, and attend lectures on public health. SARS prevention booklets are being distributed with advice on SARS symptoms, modes of transmission, and prevention measures.

Outside mainland China, WHO has sent a team in Taiwan to investigate a sharp rise in probable SARS cases. Taiwan began enforcing a 10-day quarantine for visitors arriving from areas hit by SARS.

In the Democratic People's Republic of Korea (DPRK), although no cases of SARS have been reported, the government announced a number of harsh restrictions in a bid to prevent the respiratory disease entering the country. Incoming passengers from affected or non affected areas who display any SARS symptoms are hospitalized, or sent back, while those who do not are quarantined for 10 days in two specially designated hotels.

Red Cross and Red Crescent Action

The **Red Cross Society of China (RCSC)** is putting SARS prevention at the top of its agenda. The Chinese Government has called for the Red Cross Society of China to accept donations for combating SARS. The RCSC national office has opened a 24-hour hot line to receive donations and to answer inquiries. Cash and in-kind donations including disinfectant, anti-SARS medicine and medical equipment will be accepted by the National Society.

The Society Headquarters has so far received cash and in-kind donations in the range of CHF 400,000. On April 18, 1,000 boxes of disinfectant, donated by a medical corporation, were distributed to some 50 hospitals/clinics in Beijing. Red Cross branches in Beijing, Shanxi, Liaoning, Jilin, Jiangxi, Guangdong and Guangxi are also mobilized to provide the following services: collecting and distribution of public donations, spraying and disinfecting affected areas, and disseminating information on SARS.

The Hong Kong Red Cross (HK RC) continues its prevention campaign, targeting particularly vulnerable people in the community such as the elderly. As part of this effort, tens of thousands of SARS prevention hygiene packs have been prepared and distributed by volunteers. In addition the HK RC carried out a disease prevention campaign among the broader public through the distribution of "heart-to-heart" cards. Each card has on one side prevention tips against SARS, while the other half is open for sympathy messages that can be forwarded onto patients and medical staff by the Red Cross. Volunteers are also providing home cleaning service to elderly households.

The Taiwan Red Cross Organization (TRCO) has set up a service center at the Armed Forces Sung-Shan Hospital in downtown Taipei City for SARS quarantine patients. The service includes delivery of family messages as well as daily supplies. TRCO is assisting the hospital in collecting needed goods such as bottled water, medical protection dressings, masks and plastic gloves. The TRCO expanded its service to another hospital recently and have also started giving psychological support in cooperation with the professional psychotherapists from the army. The TRCO's activities to help SARS patients received very good media coverage and praise by the general public.

The **Singapore Red Cross** continues to provide an ambulance service for SARS cases and is providing assistance with temperature checks at public events. The national society has also joined the government's information/awareness campaign. A parallel campaign has been launched to support health care workers - doctors, nurses, laboratory technicians, with 300,000 ribbons distributed to the public as an outward, visible expression of Red Cross' support for health workers. This campaign was initiated following the deaths of two Singaporean doctors and a pastor who succumbed to SARS while working with SARS affected patients, and aims to stop discrimination and prejudice towards health care professionals who are on the front line. Funds

raised will be channelled towards a centralized national pool called the Courage Fund. The funds will go towards all those who are affected by SARS and health care workers. The Singapore Red Cross was also instrumental in the production of a CD with a special song dedicated to health care workers.

The **Japan Red Cross** has designated 12 hospitals with special ventilation systems as first-category medical institutions for serious infectious diseases. One of these institutions is the Red Cross hospital in Narita, near Tokyo International Airport, a possible entry point for new cases. Some 18 medical staff of the Red Cross hospital are ready to cope with SARS and have been provided with specialized protective clothing. Some 22 Red Cross hospitals in Japan are designated as second-category medical institutions for serious infectious diseases.

The **Democratic People's Republic of Korea Red Cross (DPRK RC)** is in close contact with the National SARS Committee and the International Federation Delegation in DPRK is liaising closely the local WHO and UNICEF offices. The Delegation has taken part in two SARS workshops organized by the WHO in Pyongyang and Anju, aimed at raising awareness of the disease and promoting good practices among health workers. The DPRK Red Cross and the Delegation have been working with the WHO, MoPH and UNICEF to design and plan a project involving the distribution of nursing care supplies to 240 health institutions in all 12 provinces and municipalities in DPRK.

The **Philippine National Red Cross**: The Society's Board of Governors has linked up with Ministry of Health and is launching an Information/Dissemination Campaign in 89 of its local Chapters. The Secretary General of the Society has also defined the need to support families of workers overseas who have been quarantined or passed away, as well as whole families and at least one entire village with 858 families placed under quarantine. The national society is also assessing the possibility of providing supplementary foods to strengthen the resistance of malnourished vulnerable groups.

The **Indonesia Red Cross** has sent SARS dissemination materials to its 30 chapters with information about SARS as their first prevention project. All headquarters staff have received 10 SARS flyers to give to their neighbours, asking each of them to copy and distribute these flyers to 10 new families in an effort to inform as many as possible about SARS. Between 5 May and 19 May the SARS community awareness campaign will be organised in nine branches and nine chapters. During this campaign Red Cross Volunteers will be distributing leaflets (100,000) in public places. Posters and banners will also be used.

The **Viet Nam Red Cross**: In Viet Nam, where the disease has been contained, the government's efforts were lead by the Vietnam Red Cross Secretary-General, who is also the vice-minister of health. The Society has been involved in an information campaign on SARS, giving the public instructions on the hygiene practices in health facilities, early detection of symptoms, liaison with MoH on potential response.

The **Thai Red Cross** is in close contact with the MoPH and prepared to deal with SARS cases if admitted to their two hospitals. Surveillance information of the Ministry of Public Health is being monitored through the MoPH web site and direct connection is maintained with the MoPH to report possible cases or exchange any urgent data. As part of the national SARS response system, Chulalongkorn hospital has disseminated the SARS response measures twice on 31 March and 2 April. Chulalongkorn hospital has established a SARS screening center with specialized physicians on infectious, paediatric and medicine. The hospital has prepared an isolation area to admit suspected cases. Personal protection equipment is also available, including N95 masks for medical personnel at SARS screening centers, P100 masks for medical personnel staffing the isolation area, and surgical masks for medical personnel at outpatient departments and laboratory room. Other equipment has been provided including surgical gowns, caps, eyeglasses, gloves, shoes, and disposable equipment. SARS symposiums have been held twice for medical personnel on 27 March and 4 April, with about 500 participants each. Thai Red Cross promotes public information about SARS through its hospitals and 12 health stations by counselling, poster and radio broadcasting. No cases of SARS have been identified so far.

The **Mongolia Red Cross** has produced 1,000 pocket size calendars containing information about SARS. These are being distributed in nine districts of Ulaanbaatar and soums along the railway. Red Cross Volunteers have been mobilized for person-to-person communication, targeting the elderly, children and youths in Ulaanbaatar secondary schools and aimags along the railway. A radio programme on prevention has also been arranged by the National Society.

The **Laos Red Cross** is involved in health promotion activities.

The **Cambodia Red Cross** is liaising with the government with a view to developing a complementary role to that of the MoH and WHO.

While the reach of the SARS epidemic in South Asia is not as extensive as in other parts of Asia, national societies are gearing up for strong prevention and control campaigns.

The International Federation Secretariat, is in close contact with the World Health Organisation in Geneva, and has produced guidelines for national societies and delegations based on WHO's SARS guidelines and recommendations. The Federation's Health Department has also prepared a 'catalogue of options' on what the Red Cross and Red Crescent can do to support governments and health authorities in combating the spread of the epidemic. This catalogue has been forwarded to all Red Cross and Red Crescent Societies in the Asia and Pacific Region. Four Information Bulletins have been issued and posted on the Federation's website. The Federation's Disaster Management Information System (DMIS) contains all necessary background material on SARS, and this is updated on a daily basis. More than 20 health delegates are present in the Asia region and are providing information and support to National Societies based on the Secretariat's guidelines for SARS. Regular teleconferences involving the Asia & Pacific Regional, Human Resource and Health Departments in Geneva and Asia and Pacific Regional Delegations have been established for monitoring and co-ordination purposes.

Immediate Needs w

Support to Red Cross and Red Crescent Societies in Asia:

National Societies in Asia engaged in SARS prevention and care will be invited to apply for support in the following areas:

- Involved as partners in social mobilisation/health education committees or working groups and participating in the development, production and dissemination of Information-Education-Communication (IEC) materials reflecting national policies and WHO messages and recommendations.
- Information dissemination for reducing SARS related stigma and discrimination.
- Person-to-person communication - dissemination of information about the detection of symptoms and cases, tracing of contacts, and appropriate responses to individual situations (referral, isolation etc).
- Operation of service centres where patients or suspects are isolated; providing community services to families such as delivery of messages, delivery of daily supplies etc.
- Identification of families or individuals with special needs (elderly, disabled, persons stranded by travel restrictions, etc) and providing support as needed (psychological, material, home visits...).
- Providing assistance and mediation in case of conflicts or tensions arising as a result of necessary control measures.
- Informing travellers before departure, and screening incoming travellers at point of departure; and in providing information to incoming travellers as to policies in effect in the country.
- Material support to health facilities involved with management of cases and suspects (protective equipment, delivery of food and supplies).

Support to the Democratic People's Republic of Korea:

The International Federation of Red Cross and Red Crescent Societies, in cooperation with the DPRK Red Cross Society, WHO and UNICEF DPRK have designed a joint project aimed at strengthening the preparedness and response capacity of the DPRK Ministry of Health for an eventual SARS outbreak in DPRK. The SARS epidemic is of particular concern in the DPRK context. The economic constraints over the past decade have reduced the Government's ability to respond to the severe health and nutrition problems facing the country. There has not been sufficient investment in health service infrastructure for many years. Health facilities are not designed for modern nursing techniques, they frequently lack modern medicines, functioning equipment, heating and water. Very limited resources have been given to health services at the community level. After many years of little exposure to contemporary international developments in modern medicine and nutritional science, the knowledge of health workers needs to be updated.

In a population already at risk due to chronic malnutrition, a high infectious disease burden, and a deteriorated health care system, the introduction of the SARS virus could be devastating. The only means of controlling SARS is to prevent the spread of the disease. Proper hygiene procedures and isolation of infected persons and barrier nursing care are the primary techniques to control the spread of SARS in DPRK. Bordered by China (the most affected country in the world and through which most travel occurs and goods transit), the risk of imported cases is very real. The DPRK government has reduced all border traffic to a minimum and in addition has mandated the quarantine of affected patients in segregated wards in identified hospitals.

As a second line of defence, the WHO has recommended that at least one hospital in each county and, in addition, general provincial, maternity and paediatric hospitals establish a certain level of preparedness to be able to treat and isolate patients with suspected or probable SARS. Currently these institutions lack the basic hygiene and medical protective supplies required for such a response.

The proposed operation

Objectives and activities planned to reach the objectives w

Health and Carew

Overall Goal: Contribute to combating the national and international spread of SARS and enable Red Cross and Red Crescent Societies in Asia to engage in emergency response, while simultaneously increasing national society capacity in long-term epidemic control preparedness.

Objective 1: To support Asia national societies to implement emergency epidemic prevention and response projects, including stigma reduction and anti-discrimination activities.

Expected results

- Increased awareness and knowledge of participating national societies regarding epidemic prevention and control in favour of the affected population.
- Increased national profile of national societies in epidemic prevention and control.
- Increased advocacy by national societies to encourage Governments' to recognise national societies as key players in epidemic prevention and control.
- Government demonstrates increased appreciation of the value of the mobilisation of Red Cross and Red Crescent volunteers for epidemic prevention and control.

Activities

- ✓ Funding criteria established for SARS/epidemic prevention and response projects, including capacity building.
- ✓ National societies invited to apply for funding.
- ✓ Proposals assessed and selection of projects completed.
- ✓ Funds disbursed.
- ✓ Project implemented and monitored.
- ✓ Participatory project evaluations.

Objective 1 - Verifiable indicators

- 100% of participating Asia national societies are members of the national committees combating SARS or are in close contact with these committees, in those countries where a committee has been established.
- All proposed projects submitted by national societies reflect MoPH/government mandated role and/or close alignment to government epidemic prevention and response plans.
- Number of volunteers/local branches engaged in epidemic prevention and control in each national society.
- At least two national societies sign official agreements with their government on their longer term role in epidemic prevention and control.

Objective 2: To reduce the vulnerability of DPRK health care staff in 240 institutions caring for SARS suspected and affected cases.

Expected result: prevention of the transmission of SARS from patients to health care staff through the appropriate utilization of the barrier care supplies.

Activities

- ✓ Effective hygiene and barrier care supplies identified according to WHO standards.
- ✓ Federation releases DREF to commence procurement.
- ✓ Procurement and transport of supplies to DPRK by the International Federation.
- ✓ Distributions, monitoring and training support to MoPH by the Red Cross in Kaesong Municipality and Jagang, North and South Pyongan Provinces
- ✓ Distributions, monitoring and training by UNICEF/MoPH throughout the rest of the provinces/municipalities.
- ✓ MoPH and WHO continue to monitor the incidence of SARS suspected and affected cases.

Objective 2 - Verifiable indicators

- All concerned health staff have access to barrier nursing care supplies in 60 institutions in 51 counties including provincial hospitals in provincial capitals.
- All concerned health staff have access to WHO/MoPH SARS information and training package in 60 institutions

Monitoring and Evaluation w

The logical framework will be the main reference tool for monitoring and evaluation. The objectives, expected results, activities and verifiable indicators outlined in this appeal and individual national society proposals will provide a base for monitoring, reporting, and evaluating.

Budget summary

See Annex 1 for preliminary budget details.

For further details please contact:

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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>

Director

Secretary General

		ANNEX 1
<u>PRELIMINARY BUDGET SUMMARY</u>	APPEAL No. 11/2003	
SARS in Asia		
TYPE	VALUE	
RELIEF NEEDS	IN CHF	
Medical & first aid	300'000	
Teaching materials	150'000	
Utensils & tools	470'000	
Other relief supplies	250'000	
TOTAL RELIEF NEEDS		1'170'000
<u>PROGRAMME SUPPORT</u>		
Programme support (6.5% of total)	131'000	
<u>TRANSPORT STORAGE & VEHICLE COSTS</u>		
Transport and storage	100'000	
Vehicle costs	50'000	
<u>PERSONNEL</u>		
National staff	200'000	
<u>ADMINISTRATIVE & GENERAL SERVICES</u>		
Travel & related expenses	15'000	
Information expenses	150'000	
Administrative & general expenses	50'000	
External workshops & seminars	150'000	
TOTAL OPERATIONAL NEEDS		846'000
TOTAL APPEAL CASH, KIND, SERVICES		2'016'000
LESS AVAILABLE RESOURCES (-)		0
NET REQUEST		2'016'000