

MINOR EMERGENCY



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

ANGOLA: MARBURG HAEMORRHAGIC FEVER OUTBREAK

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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 over 181 countries.

In Brief

A TOTAL OF CHF 252,000 HAS BEEN ALLOCATED TO DATE FROM THE FEDERATION'S DISASTER RELIEF EMERGENCY FUND (DREF) TO RESPOND TO THIS OPERATION: CHF 65,000 (5 APRIL) AND CHF 187,000 (22 APRIL 2005).

UN earmarked funds to repay DREF are encouraged in support of the national society activities in non-food relief, disaster preparedness and social mobilization.

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All International Federation assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organisations (NGO's) in Disaster Relief and is committed to the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

For longer-term programmes in this or other countries or regions, please refer to the Federation's Annual Appeal. For support to or for further information concerning Federation programmes or operations in this or other countries, or for national society profiles, please also access the Federation's website at <http://www.ifrc.org>

The Situation

Angola is currently experiencing an outbreak of Marburg haemorrhagic fever (MHF) with the first cases reported in Uige province in October 2004. Since then, the number of reported cases has steadily increased to 266. Children under fourteen years of age represent nearly half the total, though the incident is falling. There is currently no known cure against the virus.



Findings from a joint WHO-CDC-MSF assessment argued against the temporary closure of Uige provincial hospital and recommended a series of measures to be immediately implemented to reduce the risk of infection in the hospital. The closure was proposed in order to reduce the risk of MHF transmission at the hospital. The assessment made a series of for example; cleaning and disinfecting thoroughly performed and personal protection equipment supplied in adequate quantities. Provided that the recommended set of measures is implemented promptly, the hospital is to be kept functional. WHO will be supporting the management of the hospital with a new team of specialist which travelled to Angola the week beginning 17 April 2005.

Social mobilization and interpersonal communication teams are now active and have access to the communities. The TV and radio spots are being broadcast nationwide. In Uige, 18,000 leaflets are being distributed by trained teams from the government and the Angola Red Cross¹. An additional one million brochures will be printed and then distributed in Luanda, and all provinces at risk. The highly effective scouts have been mobilized to the province and in Luanda.

A surveillance mobile team encountered resistance from the community in one neighbourhood in Uige city, with stones reportedly being thrown at the specialists. A meeting between traditional community leaders, Sobas, the governor of the province and partners was organized in order to improve understanding of the teams' activities and activities are now continuing normally.

The Disaster

The main symptoms of MHF observed are fever (100% of cases) and haemorrhage - presence of blood in vomit, stools, urine, from gums, eyes or skin (98%). Other symptoms include vomiting (64%), diarrhoea (42%) and cough (38%). The virus is transmitted by direct contact with the blood, urine, excrement, semen and organs of infected persons who are in an advance stage, at the onset of symptoms. Transmission does not take place during the incubation period (2-21 days). As of 14 April, only 44 cases have been confirmed on the basis of laboratory analysis of blood specimens. Blood specimens from the deceased Cuban doctor of Meditex clinic in Luanda tested negative for Marburg virus. The test was also negative for the second alert from the same facility. Groups particularly at risk are health workers not wearing personal protective equipment and in-patients in hospitals, persons caring for ill and preparing bodies for funerals and persons manipulating bush meat of primate origin. Early reporting of suspected cases can contribute to prevent further spread.

As of 20 April, MINSA report has 266 cases with 244 fatalities. The cases of MHF have now been identified in Uige, Luanda, Cabinda, M'lanje, and Kuanza Norte provinces of Angola. Uige remains the epicentre of the outbreak and to date; all cases detected in other provinces are thought to have originated in Uige. (Source: WHO, Marburg hemorrhagic fever in Angola, Update 15). See table 1 on the following page.

¹ Angola Red Cross – <http://www.ifrc.org/where/country/check.asp?countryid=18>
CDC – U.S. Centres for Disease Control and Prevention (under U.S. Department of Health and Human Services)

Table 1: Reported cases of Marburg hemorrhagic fever (October 2004 to 20 April 2005)

Month Year	Cases reported	Death reported
October 2004	3	3
November 2004	4	4
December 2004	7	7
January 2005	20	20
February 2005	31	30
March 2005	53	47
April 2005 -> 20 April	148	133
Total	266	244

Note: This represents a fatality rate of 91.7%

Individuals that were in contact with suspected or confirmed cases are defined as "Contacts" (they must have been in physical contact with a case, with clothing and bed clothing or have slept in the same house for a month). They do not necessarily become infected but require monitoring. The complete identification and follow up of all contacts will allow stopping the spread of the virus. Sources from MINSA indicates that so far 518 contacts are being closely monitored, 406 in Uige province alone, 93 in Kwanza Sul, 4 in Luanda, 5 in Kwanza Norte, and 10 in Zaire. Surveillance mobile teams of the MINSA, WHO and MSF are actively searching remaining contacts to complete the epidemiological tree, a picture of the virus spread.

Support is urgently needed to bring this current epidemic under control. Immediate actions are required to care for the sick, activities related to epidemiological surveillance will have to be increased while the current disaster awareness activities will be scaled up. The capacities of Angola Red Cross for disaster response to future MHF outbreaks will also need to be increased.

The Response so far

Red Cross and Red Crescent Action

The Angola Red Cross established an emergency commission at the headquarters to coordinate all the daily activities in cases of MHF outbreak. The emergency commission also maintains permanent radio communication with Uige branches. In Uige more than 45 volunteer are working together with MINSA staff and volunteers in disseminating information about the fever and prevention. The provincial secretary of Angola Red Cross is part of the inter-sectorial emergency commission and participated in all coordination meeting in Uige. The national society provided gloves, masks, used clothes and shoes to the affected households and medical supplies for support to the provincial hospital.

The emergency commission started coordination the morning of 14 April and the group includes provincial secretaries from Malange, Kwanza Norte, Kwanza Sul, Zaire, Cabinda and Bengo provinces. At least 20 volunteers for each province are working in collaboration with MINSA local authority in social mobilization activities and dissemination of information, education and communication (IEC) material. In Bengo provinces, Spanish Red Cross Society is providing a vehicle to transport 10 volunteers once a week to conduct social mobilization activities. The Federation health delegate in Angola has been working closely with the national society to ensure consistent support to volunteers in their prevention activities at national level and to coordinate the relations with Federation Harare Regional Delegation and Geneva Secretariat.

The Uige branch/delegation president is working with the sub-commission of mobilization at provincial level on sensitization and prevention. Most of the volunteers from Uige branch were part of the more than 500 activists trained and mobilized by MINSA to conduct an interpersonal, door-to-door campaign in Uige. MINSA's training aims to ensure that effective messages on prevention reach all areas of the province, including remote and inaccessible regions. At this moment more than 1,778 door-to-door visits had been conducted reaching more than 14,230 beneficiaries.

The Uige Red Cross branch reported that three Red Cross volunteers and another one from Help Health Committee, a local NGO in Uige, died on 14 April. The volunteers have been working on social mobilization activities in the Cametery neighbourhood (in the city of Uige) where lightning struck a tree they were hiding from heavy rains,

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killing them instantly. The Federation received the news with shock and sympathizes with the families. The head of southern Africa regional delegation has also conveyed her condolence message to the national society and the volunteer's families.

The regional disaster management support team sent alert messages to the national societies in the region, especially those neighbouring and doing business with Angola. Feedback has been received from Namibia and South African Red Cross Societies in relation to their contingency plans and their strategic branches at the borders are on alert.

The regional disaster management technical manager visited Angola on 16 April to provide technical support. The main objectives of the support visit include:

- to ensure that volunteers are mobilized and trained in social mobilization and health education,
- to support the branches with some disaster management on-the-job training until the RDRT team is deployed, and
- to provide branch, local authorities and beneficiaries with coping mechanisms through social mobilization and protection awareness.

The Federation has engaged a medical technician, who arrived in Angola on 16 April. The medical technician will:

- Assess the general situation in collaboration with the health delegate attached to Angola Red Cross and the regional disaster management technical manager.
- Support the health delegate in liaising with government and other stakeholders and positioning of the Angola Red Cross and the Federation in the field as required.
- Provide technical advice about the Marburg virus disease and support Red Cross staff, volunteers and those from the local authorities.

Government Action

Owing to the rarity of Marburg, MINSA following international standards formally declared an epidemic situation. Coordination meetings are being organised by the Angolan government with relevant partners to work out a plan of action to respond to the disaster. The coordination is orchestrated by the national technical commission composed by the MINSA, WHO, MSF, UNICEF and CDC. The commission and sub-commissions of epidemiological surveillance, logistics and social mobilisation meet daily to discuss issues related to the epidemic. Angola sanitation authorities, in collaboration with WHO and CDC, have established a surveillance system in Luanda, Cabinda and Zaire provinces. The epidemiological surveillance systems in Bengo, Malange and Kwanza-Norte have been put on high alert; these are considered high risk areas due to their proximity to Uige province. There is more intensive involvement of Angolans in the outbreak teams which is essential both to obtain compliance of the local communities to make sure that knowledge and skills for outbreak control and preparedness are transferred.

Other Agencies' Action

The WFP air passenger service is operating a twice-weekly flight to Uige. As well, the air service is being used to transport much needed equipment and materials to the province. Within the UN system, WHO will continue to closely monitor the situation and for laboratory work, the WHO has established an international network of expert laboratories for the diagnosis of Marburg and other viral haemorrhagic fever. Within this network, laboratories in Canada, Germany, South Africa, and the USA are providing diagnostic support for this outbreak. The UNICEF in collaboration with Red Cross volunteers are responsible for social mobilization and provision for preventative provisions to traditional healers such as gloves and soap.

A total of 17 medical technicians including doctors, nurses, epidemiologists, logisticians and water and sanitation specialists are responsible for this operation in Luanda and Uige province. Their activities include; contacting the community to detect new cases, separating suspected cases and confirmation of patients; palliative treatment of patients in the isolation unit and the burials.

In response to the UN flash appeal for USD 3.5 million launched on 7 April, pledges announced by donors in Luanda amount so far to over USD 1.7 million. Additionally, bilateral supply of equipment was made by USAID and the Italian, Portuguese and Spanish embassies. WHO and UNICEF will both send five international social mobilization specialists to Uige to support ongoing activities throughout the province; two of them are fluent in local languages and will adapt messages to specific communities.

Coordination

In Angola, MINSA is responsible for coordinating the national response to the Marburg epidemic. MINSA and Angola Red Cross are operating under a cooperation agreement, signed in 1996 which stipulates priority areas for coordination; the assistance and protection of the population during an epidemic caused by natural disaster is one such priority area. The medical staff in the affected areas plays a significant role in influencing community behaviour and attitudes towards the epidemic. Angola Red Cross is also a member of the National Civil Protection Commission, which has finalized a plan of action to control the spread of MHF.

The national technical commission has strengthened coordination mechanisms in the areas of logistics, epidemiology, and social mobilization to prevent the further spread of the epidemic, and to direct isolation and treatment interventions in Uige, Luanda, and other locations where there are now confirmed or suspected cases. At national level, the Angola Red Cross is a member of the social mobilization sub-commissions; two national society's staff is permanent members and participates in all meetings.

WHO is working with the MINSA to finalize a national plan of action for control of the outbreak, including sustained technical and operational support from other partners. WHO anticipates that implementation of this plan will require significant assistance from the international community. The UN has pledge funds to support the families of the four national society volunteers who died while serving in this operation.

The needs

Assessment of the needs

The Federation, Angola Red Cross, WHO and with the support of the national technical commission carried out an assessment and evaluation of the situation and needs. The Red Cross through assistance of the regional disaster management technical manager and medical technician are working closely to identify technical and material support in epidemiology, social mobilisation and logistics. A further 35 volunteer will be identified and offered training in community sensitization, social mobilization, and preventive health to enhance the capacity of the national society to contribute to the fight against the epidemic.

Over 95% of cases have been identified in Uige and the need is to implement a major social mobilization campaign in the municipality where the majority of the cases are. All partners have been requested to put a major thrust in social mobilization in the municipality.

Immediate needs

As the Marburg outbreak continues unabated and the reluctance of communities to use the provided health facilities, there is an urgent need to intensify community social mobilization, increase involvement of local community leaders and facilitate relations between families, health structure and health workers. The Federation seeks donor support to assist the Angola Red Cross to provide social mobilization to approximately 100,000 beneficiaries and non-food relief item assistance to 400 victim families. This is intended to cover the period April to July 2005, but may be extended as dictated by needs.

The immediate needs and actions include;

- Recruitment and training of more volunteer (from 45-80) according to need.
- work in collaboration with MINSA to intensify social mobilization, awareness creation, and health education on safe behaviour to avoid infection, focusing in municipalities of Songo, Quitexe, Puri, Negaje and Uige (all in Uige province)
- Through symptoms inquiry assist in case finding and making referrals to the health facilities
- Provision of material support inclusive of disinfectant material to the general public and those families affected by the disease.
- Provision of psychological support to affected people and their families
- Reinforcement of logistic means through provision of transport support (bicycles , motorbikes, fuels etc)
- Provision of materials such as bedding and clothing to families whose household material may have been destroyed as a move to limit further infection

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- Develop a volunteer service at the hospital
- Building the disaster response capacity and volunteer management for the Angola Red Cross

Anticipated later needs

The MHF might continue to affect a greater number of people in Uige and surrounding provinces if measures are not taken. The situation is exacerbated by the population's reluctance to apply the protection and prevention measures. There is therefore a need to reinforce the local disaster preparedness capacity of Angola Red Cross branches for a rapid epidemic response. To control the spread of the disease to other area preventive strategies and messages need to be out in place. These include:

- Maintaining emergency stock of disaster response materials such as haemorrhagic disease response kits, disinfections and sanitation materials
- Refresher courses for Red Cross regional disaster response team (RDRT) mainly on epidemic surveillance and reporting, emergency needs assessment
- Support risk mapping and disaster planning activities of the regional government authorities and local partners.
- Strengthening the capacity of branches on human resources and disaster response material.

The proposed operation

The Red Cross operations are planned to last three months to allow time to efficiently and effectively respond to the epidemic. The proposed Angola Red Cross operation which is according to the plan of action of MINSA, will also address the fundamental principles of the Movement. The operation envisages reinforcing local disaster response capacities, supporting health authorities and Red Cross committees through visits and sensitization in the affected communities. Other important actions will include the supply of protective clothing, dissemination of social mobilization materials, and provision of psychological and material support to affected families.

The operation will need to mobilize more volunteers and to increase logistic support. Most of the remote areas in Angola are inaccessible due to landmines. The Red Cross volunteers are not involved in any exposed activity such as destruction, burning of contaminated effects and burying of bodies. The Red Cross operation will apply a community social mobilization and participatory approach and focus on areas where problem for the control of the Marburg outbreak exist. The Red Cross volunteers will report daily to MINSA local coordination body while the content of social mobilization messages and materials will be prepared in collaboration and under authority of the national MINSA. The Angola health delegate will provide liaison between Red Cross and partners in Angola and with Federation and partners outside.

The material assistance to the families victim of Marburg virus has been defined in agreement with the other partners, WHO for the tools, WFP for the food, UNICEF for the educational materiel and Red Cross for the non-food assistance.

Objectives and activities planned

Objective 1: Increased community awareness through social mobilization

This objective will be achieved through the following activities

- In collaboration with MINSA, WHO and other technical partners train and support volunteers to work on education, disease awareness and social mobilization
- Mobilize and train more volunteers to focus on problem areas by increasing RC volunteers from 45 to 80 according to need
- Awareness campaigns within communities are increased and include faith/traditional healers
- Sensitise other Red Cross branches to ensure preparedness should the disease spread
- Participate in interagency activities towards controlling the disease
- Continue the general social mobilization with coordination team

Objective 2: Provide affected families/communities with psychological support

This objective will be achieved through the following activities

- Provide a once off non-food item distribution to affected families according to a set criteria.

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- Conduct campaigns within communities, including traditional healers, to reduce stigmatisation of affected families and medical facilities
- Develop a First Aid assistance program for the affected families
- Conduct regular visits to affected families for moral and psychological support
- Provide information and psychological support that helps the survivors to be accepted back in their communities.
- **Provide material support to replace destroyed household items.**

Objective 3: Angola Red Cross has an appropriate, affordable organizational structure at provincial and branch level, well equipped with both equipment and skilled staff and volunteers.

This objective will be achieved through the following activities

- Conduct two provincial programme management meetings in each of the 18 provinces earmarked for strengthening communication, volunteer base and branch development.
- Ensure the availability of minimum disaster response equipment and materials are purchased and positioned at all provincial offices

National Society/Federation Plan of Action

April/May 2005

- Continue with social mobilization activities in the affected areas
- Finalize the recruitment of Federation field coordinator and liaison person for three months
- Recruit and train 35 more volunteers
- Organize and refresher course for the 45 trained volunteers
- Procure protection equipment for volunteers for social mobilization activities
- Procure and provide material support to replace destroyed household items
- Participate in daily coordination meetings

May/June 2005

- Provide psychological support to volunteers
- Conduct regular visit to affected families for moral and psychological support
- Provide material support to replace destroyed household items
- Give training to volunteers on social mobilization and disaster management

July 2005

Evaluate the project and prepare the final report

Communications – Advocacy and Public information

Since the identification of MHF outbreak in Uige, the International Federation has been supporting the response efforts by Angola Red Cross, Uige branch in social mobilization activities. It is proposed to conduct a technical mission to document this outbreak and profile the national society actions. The objectives would include providing material for the web news pages, Federation press releases, photographing and audio-visual material for training and other purposes. This material would be made available for use by national society information departments and the media.

Capacity of the National Society

The Angola Red Cross Society has a sufficient volunteer base, however requires appropriate training in social mobilization. The national society has 20 volunteers trained in HIV and AIDS awareness and prevention and 25 in social mobilization. In total, Angola Red Cross needs 80 volunteers to conduct social mobilization during the three month's operation. To strengthen the local branch a technical delegate and an RDRT-trained staff are being proposed to offer assistance to the local branch for at least three months.

Capacity of the Federation

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In November 2002, the Federation re-established its country delegation in Angola. Since then, the Federation has been working with the Angola Red Cross, specifically in the areas of organizational development with emphasis on finance development, health and care. Focus was on improving planning, coordination and partnerships government departments, partner national societies and other humanitarian organizations. With a small team composed of locally-contracted administrative, finance and support staff and a few *ad hoc* international technical advisers, the delegation in Angola is focusing its support to Angola Red Cross on human resource capacity and performance and finance development in an integrated framework.

Monitoring and evaluation

The Red Cross provincial secretary will be responsible for the day to day management of the social mobilization Red Cross team whilst the national Red Cross disaster management officer will oversee the coordination at national level. The provincial secretary will ensure effective communication between the branches and he headquarters.

Budget

The following is an indicative budget for this four-month operation.

Description	CHF
Supplies	109,800
Capital Expenditure	10,700
Transport and Vehicle	11,200
Personnel (International)	27,700
Personnel (National Staff)	30,800
Training / Workshops	12,600
Travel	15,900
Information	10,300
Other General Expenses	3,500
Communications	1,900
Financial Charges	1,200
Programme Support Recovery	16,400
TOTAL	252,000

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