

# OPERATIONS UPDATE



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

## SEVERE ACUTE RESPIRATORY SYNDROME

28 May 2004

Appeal No. 11/03; Operations Update no. 04

Appeal launched on 7 May 2003 for CHF 1,236,000 for 10 months. The programme is being extended by 02 months to end of July 2004.

Disaster Relief Emergency Funds (DREF) allocated: CHF 100,000;

Period covered: December 2003 to March 2004

*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 180 countries. For more information: [www.ifrc.org](http://www.ifrc.org)*

### In Brief

Appeal coverage: 102%; [Click here to go to the Contributions List on the Federation's website.](#)

Outstanding needs: NA

Related Emergency or Annual Appeals: NA

**Operational Summary:** Although some new confirmed SARS patients in Asia and many suspected cases were found during the winter months, there was no clear symptom of widespread outbreak of SARS and most programmes of this appeal drew to a close. This Operation Update seeks to extend the operations in Southeast Asia, in particular, the Philippines by the end of July, 2004. A final narrative and financial report for all countries and regions receiving funding under this appeal will be completed by the end of October.

### Operational developments

There were a total of 8,098 reported cases of severe acute respiratory syndrome (SARS), in 29 countries and special administrative regions, for the period 1 November, 2002 to 31 July, 2003. The majority of the cases were reported in China where there were a reported 5,327 cases and 349 deaths; with 1,002 of cases among health care workers. Although the majority of the reported cases were concentrated in Asia, a significant number of cases were reported in Canada (151) and the United States (14).

On 5 July 2003, the World Health Organization (WHO) declared that outbreaks of SARS were contained worldwide. On 8 September, one new case was diagnosed in Singapore. The route of transmission has been attributed to accidental laboratory contamination and the WHO considers this to be a single isolated case, with no public health implications. Similarly, a Taiwanese Senior Research Scientist diagnosed mid-December, is seen as an isolated event. A new case confirmed on 5 January in Guangdong Province, however, has no clear source of infection. He became ill in December 2003 and is in isolation receiving treatment in Guangzhou, the capital of Guangdong Province. None of his contacts have developed symptoms. The Government of China took precautions by sacrificing 10,000 civet cats; civet cats are thought to be linked to SARS although "no animal reservoir of the SARS coronavirus have been conclusively identified to date" (WHO SARS update 2, 5 January 2004). WHO did not put forward recommendations concerning travel or other restrictions.

The Red Cross Society of China (RCSC) with support from the Federation responded to SARS through a series of activities intended to educate the public, quell fears and improve hygiene practices in low income communities which are described in further detail within this report.

This being said, there remains available funding which is to date unspent as it was received after SARS response activities in China had commenced. Keeping in mind that the importance of educating the general public about health and hygiene was one of the key lessons learned as a result of the outbreak of SARS, and building upon the momentum of the RCSC's Federation supported community based health education initiatives that are being implemented by Provincial branches in Guangxi and Hunan the RCSC and the Federation would like to reallocate the remaining funds to the Health and HIV/AIDS Programme, and apply them to the health, hygiene and sanitation activities in Guangxi and Hunan. SARS had a tremendous impact on the public's psyche. With little information about the disease people resorted to drastic measures such as not opening their windows for fear of breathing contaminated air. It was only through outreach conducted by individuals and public education initiatives that people were able to take appropriate measures. Discussions with RCSC branch representatives at the conclusion of the SARS epidemic confirmed the important role volunteers played and can play in regard to the sudden outbreak of an epidemic. RCSC volunteers provided assistance to quarantined families with routine tasks such as getting groceries and encouraging individuals to go outdoors which contributed both to the general health and morale of SARS affected communities. The community based health activities that will be carried out in Guangxi and Hunan, with remaining funds will be:

- Support and training for volunteers;
- Community based health workshops and related expenses;
- Production of IEC materials; and,
- Increased publicity and advocacy in regard to public health issues.

## **Red Cross and Red Crescent action - objectives, progress, impact**

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

**Progress/Achievements (activities implemented within this objective)**

### **Red Cross Society of China**

Follow up monitoring visits were conducted over the period 25 -29 December by the Federation's HIV/AIDS - Health delegate and representatives of the RCSC's National headquarters to RCSC branches in Beijing, Tianjin and Guangzhou. The team for selected visits also included the Federation's China floods relief coordinator and reporting delegate.

Although there has been a lot of publicity surrounding China's economic progress and the urban skyline is increasing exponentially on a daily basis, awareness among the general population regarding public hygiene and health habits especially in highly populated areas remains to be improved. To a certain extent there is a great deal of work to do regarding educating the public about the threats to the public's health due to habits such as spitting. Improving the overall hygiene practice in China will not only help in the prevention of high profile epidemics such as SARS but will also have a powerful effect in curbing the outbreak of other common diseases in China such as tuberculosis.

When SARS first broke out the public, especially those people living in areas with reported cases, withdrew. The streets were empty as most people barricaded themselves in their houses with the windows shut for fear that the disease could be contracted simply by being outdoors. One of the first tasks for China's public health officials and the RCSC was to address the public's fears of carrying on with ordinary activities, as well as encouraging the public to get fresh air since remaining indoors and abstaining from exercise would only create greater susceptibility to illnesses.

The significance of the RCSC's and the Federations response to SARS goes beyond responding to the outbreak of the disease, the response also functioned as an important step by the RCSC and the Federation in developing a joint approach for addressing public health emergencies. Lessons learned from the effectiveness of the response to SARS will be incorporated into formulating future strategies for addressing emergency threats to public health.

## **Mongolia Red Cross**

### **SARS prevention train campaign**

SARS prevention train campaign was carried out, targeting the community living along the rail line from and to China. This awareness campaign taken place inside the train and train station in the part of Trans Siberian railway line, crossing Mongolia to China. MRCS youth was the main force on implementation of the project. In accordance with an agreement signed with the Ministry of Health on co-operation, a number of qualified health workers were assigned to assist Mongolian in conducting SARS mitigation training for targeted community. Two medical practitioners who had first hand experience of attending to suspected cases of SARS in May 2003 were involved in SARS train campaign and other trainings. Doctors have been sharing their experiences with the medical staff of the stations along the rail line to and from China. Trainings for the local community have been conducted in each station accompanying with public event show in the evenings. Prevention messages have been spread inside the train through train radio targeting the passengers.

Considering the number of passengers and people involved in trainings, public show events and number of copies of promotional materials distributed to the community SARS prevention messages spread more six thousand of people in the targeting areas.

SARS public awareness materials in the form of posters, cards and brochures were printed and distributed by MRCS district branches operatives in the most populated urban areas of the country and to every railway station. Members of the Red Cross Youth were participated in half-day training on SARS awareness and got involved in the SARS awareness campaign.

*Activity: Prevention trainings in urban areas*

The project gave an opportunity for MRCS district Branches to run anti SARS activities among the most vulnerable group in urban areas.. Red Cross targeted the people living in urban slam, who has practically no access to the mass media and information. Training attendees were provided with SARS prevention kits each, containing masks, thermometers, vitamins and number of promotional and educational materials on SARS.

Prevention trainings were conducted in nine districts of Ulaanbaatar city, involved a total number of 200 people. The number of beneficiaries would be bigger if we may consider the knowledge passed it on to the their family members and neighbors of the training attended people.

## **Democratic Peoples Republic of Korea (DPRK)**

All the planned activities were completed. There was no further action since the previous Operations Update in December.

## **Cambodian Red Cross (CRC)**

No new activities since Dec 2003. There is still a balance of approximately USD 5,000. The delegation requested a permission to utilise these funds for other public health in emergencies activities and it was approved by the donor.

## **Lao Red Cross (LRC)**

No further action.

## **Indonesian Red Cross (PMI)**

At the end of December 2003, 150 first aid kits and 1500 masks were procured and distributed to chapters in large cities, to be used by volunteers involved in SARS information activities. No further activities in 2004.

## **Philippine National Red Cross (PNRC)**

One of the main activities for implementing the Philippine National Red Cross (PNRC) SARS prevention and control project is training. The training is aimed at preventing and controlling the spread of SARS, as well as the other infectious diseases, by strengthening the public health emergency preparedness and response. This can be attained through effective information and dissemination activities and proper training and education in infection control for Red Cross staff and volunteers.

Various activities were undertaken in preparing for the national and regional training programme, including, coordination meetings with health partners, developing and printing IEC materials, conceptualising training design and materials needed for the sessions, and selection of participants from the PNRC Key Staff at the NHQ and local chapters.

A total of 36 participants from different units of the NHQ joined the national training workshop on SARS prevention and control. Resource speakers were invited from Department of Health, WHO – Country office and University of the Philippines. Inputs included:

- Introduction to Public Health Emergencies and the Red Cross Roles and responsibilities
- Global SARS Situation
- Philippine SARS Situation and the Government response
- Epidemiology of SARS – its Clinical Management and infection control
- Health Education Strategies
- Advocacy in Public Health Emergency preparedness and response
- Establishing Inter and Intrasectoral Linkages
- Community Mobilisation for Public Health Emergency Response and Information on National Measles Campaign Information

One of the highlights of the training was that the workshop participants identified areas for strengthening PNRC's health in emergencies preparedness and response. It also served as a reminder of the need for clear policies, guidelines, structure and systems, proper coordination, delineation of roles and functions of units as well as for the staff and volunteers in line with the disaster management directions and actions of the organization. The result of the workshop also served as a reference and provided inputs for strengthening the health emergency programming of the PNRC.

The regional training on SARS prevention and control was entitled Regional Training on Public Health Emergency Preparedness and Response, with SARS as an entry point. This was done to introduce the concept nationwide by organising a public health emergency response team coming from different services in the national headquarters and the local chapters. The approach is suitable because it allowed PNRC to introduce other infectious diseases, such as dengue haemorrhagic fever and measles. The trained volunteers will be mobilised also to other programs and activities of the PNRC.

In August 2003, PNRC, through the RCSC hired a project coordinator who is responsible for coordinating meetings and activities with the different PNRC health partners, ensuring timely implementation of the approved planned of activities and preparing project progress and final reports. The programme is extensive, and with limited staff to support a wide range of activities, there have been some delays in implementation. However, some impacts are already visible. PNRC visibility and active participation in health emergency preparedness activities has enhanced the image of the organisation and PNRC is now considered an important partner in public health emergencies. Responding to other public health emergencies is now possible in terms of generic interventions. Technical considerations, however, should be taken into account, and PNRC response to SARS and other public health emergencies should focus on its core competencies. Areas that PNRC can play a significant role include health promotion and education, community organising or social mobilisation, and identification and referral of cases and other supportive services.

## Myanmar Red Cross (MRCS)

There has been no activity after December update, however a lecture on SARS continues to be included in community-based first aid. MRCS health adviser participated SARS Lessons learned workshop in Bangkok. A SARS lessons learnt forum will be held in June as a part of ongoing country health programme while they completed and finished the SARS project.

## Southeast Asia Regional Delegation – Regional Health Unit

In February 2004, 19 health-in-emergency managers from 10 national societies and the Federation met in Bangkok to discuss lessons learnt from the RCRC response to SARS in 2003, and to discuss preparedness to future epidemics, especially the Avian flu, which was prevalent in Asia at that time. The purpose of the four-day workshop was to strengthen the capacity of national societies to respond to and manage future public health emergencies.

Presentations from all the national societies that had been involved in SARS prevention and control activities highlighted some of the constraints faced and achievements made in dealing with SARS. First of all, it was a very difficult and complex situation, not only for RCRC, but also for other agencies, such as ministries of health, WHO, etc. SARS was a new disease, its mode of transmission, clinical features, and epidemiological patterns were all unknown, though it soon became clear that the world was facing a potentially devastating pandemic. For many national societies it was also the first time in decades that they witnessed the emergence of a new epidemic disease, and most did not have either preparedness plans or structures in place to deal with such a situation. Because of these factors, the RCRC decision to act, and determining how to act, was somewhat delayed, with the international appeal being launched in May 2003.

In view of these constraints it is commendable that national societies throughout the region developed and implemented SARS prevention and control programmes, featuring a large variety of activities according to the needs and priorities of each country and adjusted to the capacity and mandate of each national society. With particular focus on health information and other prevention activities, and with the ability of RCRC to access vulnerable groups including remote and/or marginalised populations, there is no doubt that the RCRC efforts contributed to the detention of the disease. Some countries even reported seeing long-lasting impacts of their activities in terms of improved health and hygiene behaviour.

SARS led many national societies to realise the need for improved preparedness for dealing with such epidemics and most are now working in that direction, establishing necessary internal as well as external structures for dealing with future public health emergencies. The workshop led to the formulation of set of generic RCRC guidelines for health-in-emergency preparedness and response:

- establish national society steering committee and formulate plan
- establish contact with ministry of health (prevention and control)
- integrate into CBFA and other programmes (incl., tool kit)
- Organise training (NHQ + Chapters – volunteers)
  - o Volunteers
  - o Epidemiology
  - o Prevention methods
  - o Early detection and referral
  - o Hygiene promotion and environmental sanitation
- Issue guidelines for chapters
- Support for families affected
  - o Food items
  - o Money from the community
  - o Psychological support
- Mass media campaign
- Information, Education, and Communication

## **Severe Acute Respiratory Syndrome (SARS); Appeal no. 11/03; Operations Update no. 04**

- Utilization of NS website, publications
- Coordinate with MoH and other agencies and improve on it
- Support from IFRC – IEC materials production, training and facilities (funding)
- Sharing of information with PNSs and IFRC
- Project proposal development and resource mobilization

A workshop report is currently being prepared and will be widely distributed once finalised.

### **Outstanding needs**

There are no outstanding needs. All the country and regional projects except for the Philippines are closed now. The remaining balance of non-earmarked funds received from the donors allocated to each country will be reallocated to country health programmes.