

OPERATION UPDATE 3

Nigeria| Diphtheria Outbreak

<p>Emergency appeal No: MDRNG037 Emergency appeal launched: 09/10/2023 Operational Strategy published: 02/11/2023</p>	<p>Glide No: EP-2023-000034-NGA</p>
<p>Operation updates #3 Date of issue: 15/05/2024</p>	<p>The timeframe covered by this update: From 18/11/2023 to 20/03/2024</p>
<p>Operation timeframe: 09 months (11/10/2023 - 30/06/2024) Extension request: (11/10/2023 - 31/08/2024)</p>	<p>Number of people being assisted: 6,200,000</p>
<p>Funding requirements (CHF): CHF 5.4million through the IFRC Emergency Appeal CHF 6 million Federation-wide</p>	<p>DREF amount initially allocated: CHF 1Million</p>

To date, this Emergency Appeal, which seeks CHF 5.4million is 5per cent funded. Further funding contributions are needed to enable the Nigerian Red Cross society with the support of the IFRC, to continue with the operation.



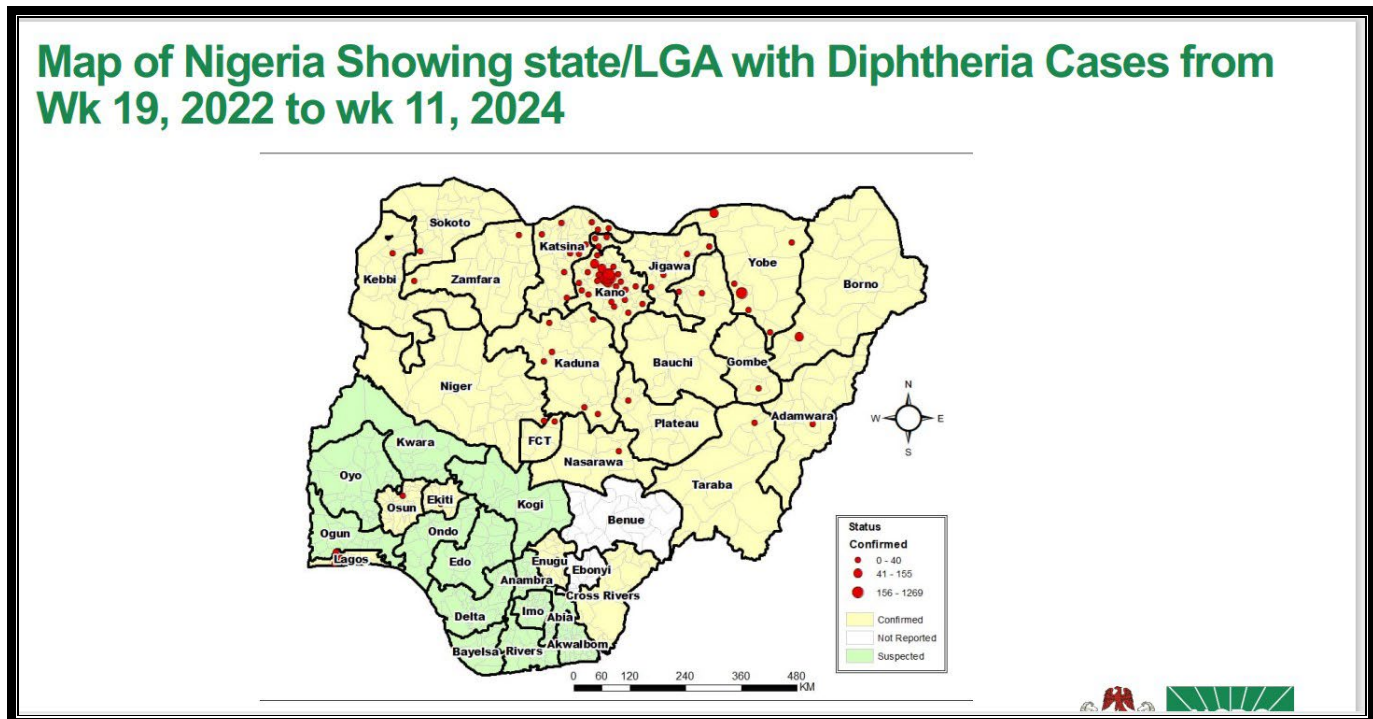
NRCS volunteers in Kano State, conducting Targeted Advocacies to Key Community Gatekeepers.

A. SITUATION ANALYSIS

Description of the crisis

In Nigeria, the outbreak of Diphtheria became the biggest public health concern that affected many lives and children in 2023. This outbreak began in Kano State in December 2022 and spread to neighboring states, including Lagos and Osun, which have reported confirmed cases. The Nigeria Center for Disease Control and Prevention (NCDC) has declared this outbreak to be the worst in a decade, with the previous outbreak occurring in 2011 in Nigeria. As of December 2023, over 16,000 confirmed cases have already been reported across 35 states with the majority of people affected being children.

Diphtheria is a vaccine-preventable disease and severe bacterial infection that can affect a person's nose, throat, and occasionally skin. It is brought on by the *Corynebacterium* species. The people at the greatest risk of contracting diphtheria are among children and people who have not received any, or only a single dose of the vaccine (a diphtheria toxoid-containing vaccine). People at risk are communities residing in densely crowded places and unsanitary areas with poor environmental conditions. Also, healthcare professionals and hospital frontline workers who are working with or in close contact with people suffering from Diphtheria are at risk of contracting the disease. There is also a risk of contracting diphtheria if a person comes physically into contact with someone with diphtheria.



Map of Nigeria showing caseload of Diphtheria for EPI week 11, 2024 Source: NCDC

Diphtheria outbreak continues to pose a huge threat to at-risk communities in Nigeria. This deadly disease which began in week 19 of 2022 and has been spreading to other states as reported by the latest sitrep by the NCDC. Cumulatively from epi-week 19, 2022 – epi-week 11, 2024, Nigeria has recorded 28,975 suspected cases in 35 states and 317 LGAs; Kano, Yobe, Katsina, Bauchi, Borno, Kaduna, and Jigawa account for 96.4% of the cases. Total confirmed cases is 16,518 with 839 deaths and CFR of 5.0%. According to monitoring feedbacks from the field, there are now cases of diphtheria cases in being reported in Plateau and Ekiti States.

B. Summary of Response



NRCS Volunteers Conducting Road Show and Market Storm

Overview of the Host National Society and Ongoing Response

The Nigerian Red Cross Society (NRCS) is mandated by the Act of parliament in Nigeria to act as a leading organization in national preparedness and in the humanitarian response to circumstances including conflict crisis, epidemics, natural hazards, man-made disasters, and other emergencies in the country. Collaborating with the Nigeria Centre for Disease Control and the National Primary Health Care Development Agency (NPHCDA), the NRCS health team provides guidance to branch secretaries and health focal points in the 37 states and approximately 800,000 volunteers in the country. So far into the operation, the NRCS has worked with government agencies such as NCDC and NPHCDA in reducing the spread of the outbreak through many activities as follows:

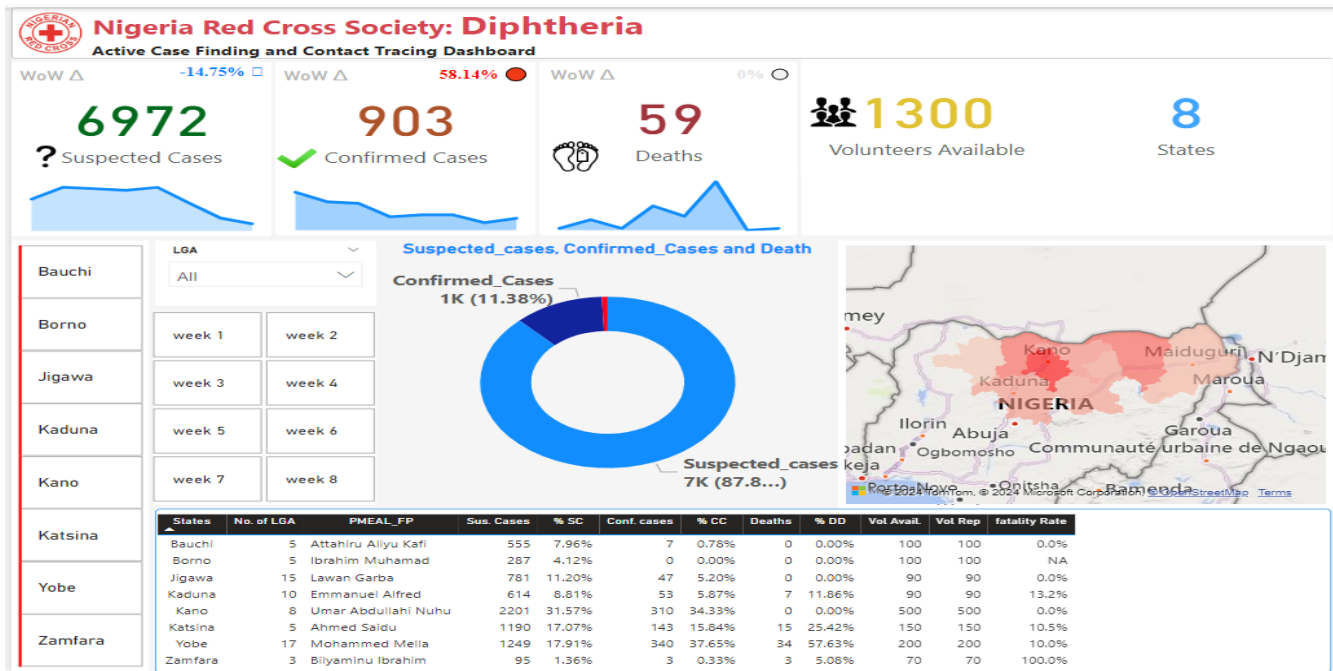
Coordination: The NRCS is an active member of the emergency taskforce set up by the coordinating ministry of health for Nigeria which coordinates the diphtheria response activities in Nigeria. NRCS continues working with MSF, UNICEF, WHO, NCDC, NPHCDA and other stakeholders in the emergency response to the diphtheria outbreak. Through strong engagement with NCDC, the NRCS was able to secure the opportunity to conduct community-based surveillance activity with the NRRT teams. Regular coordination meetings are being conducted to review weekly activities, provide operational support to issues as they arise and review weekly data collection, collation and validation.

Targeted Advocacies/Community Dialogues: NRCS staff and volunteers carried out advocacy visits to key stakeholders and opinion leaders to sensitize and mobilize them to support the diphtheria activities in their domains. Among those sensitized and advocated to were; Traditional/community leaders, religious leaders, school authorities, women leaders, youth leaders, markets unions, etc. A total of 448 advocacies were conducted during the reporting period. Community dialogue/town-hall meetings were conducted with relevant community groups like; women groups, youth groups, farmers' association, market unions, professional groups and community-based organizations.

Community-Based Surveillance (Active Case Search and Contact Tracing):

The NRCS Staff and volunteers were trained by the NCDC and State Primary Health Care Development Agencies/Managements Boards on surveillance and immunization key concepts related to the NRCS diphtheria operational strategies. Trained NRCS volunteers were deployed to conduct house-to-house active case search and contact tracing using the NCDC surveillance (IDSR reporting forms) in collaboration with health facility staff and LGA DSNOs. Cases found by the volunteers were reported to the DSNOs through the health facility surveillance focal points for investigation, sample collection, referral and treatment. A total of 1300 volunteers were deployed for

surveillance activities across the 12 States.



Immunization: The NRCS is supporting routine immunization Vaccine Intensification in Kano, Katsina and Osun States with 120 vaccination teams of 6 persons each deployed and supported with stipends and logistics. The volunteers also mobilized parents and care givers to present eligible and zero dose children at health facilities and outreach centers for vaccination and catch-ups on missed opportunities.

RCCE and Awareness Creation: Volunteers conducted ACSM/RCCE activities on diphtheria case definition, signs symptoms, and preventive measure to increase community suspicion index and promote early reporting to reduce the spread of the disease. Community dialogue meetings were conducted with key opinion leaders such as; community leaders, religious leaders, trade unions, women leaders, youth leaders, etc. to sensitize them on the diphtheria epidemic.

Motorized Campaign (Road Shows and Market Storms): Government adopted IEC materials were adapted and customized to fit local contexts to ease understanding and compliance by the community members, distributed to the public during the public enlightenment rallies/motorized campaigns. Volunteers were provided with T-shirts and aprons for safe access, identification and visibility as they floated the streets with road shows and stormed the markets in the States, LGAs and Communities.

Media Engagement: NRCS in collaboration with NCDC and SPHDAs conducted live radio shows to interact with the public where people were able to phone-in and ask questions or give information to the team. Seventeen (17) live call-in radio shows have been conducted in the States. Flyers with key messages were all distributed to the public and also posted on all NRCS Social Media handles (Facebook, X, TikTok, etc.)

Infection Prevention and Control: NRCS volunteers were deployed to distribute Hygiene kits to households in 4 States – Katsina, Kano, Kaduna, and Osun to enhance the prevention and control of diphtheria in the communities. Hand sanitizers were also provided for the 500 volunteers engaged in the house-to-house distribution.

Supervision and Monitoring: The NDRTs have been supporting the Appeal implementation including step-down trainings of the 1,300 surveillance volunteers across the 7 implementing Branches.

Case Management Data Collection: NRCS supported the State government with the deployment of data collectors for retrospective case management data collection on Diphtheria from health facilities, going through HFs registers/patients' case notes to extract suspected and confirmed cases as well as diphtheria-related deaths.

C. Summary of Changes

Next Steps

The National Society (NS) has indicated some changes in operation **and the current target will be 6,200,000** with the addition of **Ekiti and Plateau States** to the targeted list of States. The inclusion of Ekiti and Plateau is in response to new outbreaks and the proactive request of the state diphtheria outbreak, aiming to mitigate and curb its spread, prompting a request for NRCS urgent action by the government of the respective states. The operations will continue with ASCM strategies deployed during the commencement of the appeal. As new cases continue to emerge, it is expedient to continue the diphtheria appeal operation by the NRCS as there remain huge concerns of possible undetected cases in some communities and hard-to-reach areas with poor access to testing and treatment facilities. The NRCS is expanding the diphtheria operation to the 2 new States in continued support to the Government towards reducing diphtheria incidence in the country.

Cerebrospinal Meningitis (CSM): Following the recent upsurge of Meningitis cases in 22 states in the country, the Federal Government has declared an Emergency with an Emergency Operations Centre activated on 14 March 2024 to coordinate the response. As of the time of this update, there have been 1,402 suspected meningitis cases recorded in 22/36 States plus FCT with 101 confirmed and 131 deaths giving a case fatality of 9.34%. The Government has planned a reactive vaccination campaign in 3 active States of Jigawa-3LGAs, Bauchi 1 LGA, and Yobe 2 LGAs.

Consequently, the NRCS seeks to integrate CSM RCCE and demand creation for the CSM reactive vaccination campaign into the diphtheria appeal. As a component of the Epidemic Control for Volunteers (ECV) training package, the NRCS volunteers were trained on the case definition, key messages, identification, and reporting of Meningitis, during the just concluded Diphtheria RCCE training in the diphtheria LGAs of the 3 States. The Nigerian Red Cross Society intends to support the Government in the ASCM pillar communities on the CSM disease and mobilize eligible populations for the CSM vaccination in 3 States and 6 LGAs-Jigawa, Bauchi and Yobe. NRCS will deploy ASCM strategies in line with the Government ASCM plan, to support the meningitis outbreak response, namely:

- Targeted Advocacies
- RCCE
- Sensitization in Schools/public enlightenment and
- Mobilization for CSM vaccination
- Roadshows and market storms and
- Community Feedback

These activities will be integrated into the work plan with limited cost implications in existing project areas.

The NRCS also seeks a no-cost extension of the appeal by 2 months. Currently, the appeal will end on 30 June 2024, and we would require 02 months to wrap up volunteers' payments and other outstanding activities such the Lessons learned workshop and implement exit strategies with the government and line departments that we are working with in the designated areas.

The operation will end however EOC meetings at National level will continue. This process requires an additional two months to ensure a smooth process. The expected end date would then be 31 August 2024.



NRCs Volunteers Conducting Active Case Search for Diphtheria

Needs analysis

Trend in Diphtheria cases

Transmission and prevention:

Diphtheria is easily transmitted from person to person through direct contact with infected people; droplets from coughing or sneezing come into contact with contaminated clothing and objects and is then passed on to the person touching those contaminated items. Symptoms and signs typically appear 2-10 days after being exposed to the bacteria. The best medical indication is immunization. Meaning that a person who is not vaccinated may have the disease of Diphtheria before showing any major symptoms and hence increasing the likelihood of infection and transmission of the diseases to others. Fever, runny nose, sore throat, cough, red eyes (conjunctivitis), and swelling of the neck are all symptoms of diphtheria. In severe cases, a thick gray or white patch appears on the tonsils and/or at the back of the throat, accompanied by difficulty breathing.

At risk and affected group: The confirmed cases are distributed across 22 states with Kano (12,364), Yobe (1,328), Bauchi (1,146), Borno (837), Katsina (672), Jigawa (51), Kaduna (32), Plateau (31) and FCT (15) accounting for 99% of confirmed cases reported. A total of 839 deaths (CFR: 5.0%) have been recorded among confirmed cases. According to monitoring feedbacks from the field, there are now cases of diphtheria cases in being reported in Plateau and Ekiti States.

Immunization Gaps: The historical gap in vaccination coverage is a driver of the outbreak given the most affected age group (5–14year-olds) and results of the nationwide diphtheria immunity survey that shows only 42% of children

under 15 years old are fully protected from diphtheria. According to the recent WHO Disease outbreak report. Of the 4,717 confirmed cases, only 1,074 (22.8%) of the confirmed cases were fully vaccinated against diphtheria, 299 (6.3%) were partially vaccinated. More than half of the cases (2,801; 59.4%) were unvaccinated. The National Immunization Coverage Survey 2021 reported that at least 64% of Nigerian children between the ages of 12 and 23 months did not obtain all the required vaccinations in the previous five years. Forty-six (46) percent of children were reported to have only received a partial immunization between 2016 and 2021 according to the study, from the 2021 Multiple Indicator Cluster Survey (MICS) and National Immunization Coverage Survey (NICS).

In general, the routine vaccination provided in country does not reach enough the population. Many people have not been vaccinated. There is a huge challenge in the population immunity gaps taking into account the low vaccination coverage limited waning of immunity. However, it was identified that overall, the available vaccines are not sufficient to cover the at-risk population. NRCS aims to promote the safe and adequate uptake of Routine Immunization (RI) among the most at risk and exposed population in the various hotspot areas. The need of advocacy with MoH institution to deliver in the concerns LGAs in priority is also considered by the NRCS and in this DREF operation.

This operation is giving attention to zero dose children in hard to reach and/or security compromised settlements and ensuring that the eligible children have access to the vaccine. NRCS will provide logistics support to vaccination teams to provide immunization services to the rural hard to reach areas, including IDPs and Refugees settlements.

Health needs and gaps: Some states are struggling with logistics support with vaccine delivery, due to many reasons such as high cost of transportation fare and reaching children's who may be at risk of (VPD) Vaccine preventable diseases such as Diphtheria in marginalized communities and hard to reach areas.

The health care system is still experiencing different challenges like poor staffing levels and shortages of health professionals and affecting the quality of care they provide to patients and members of the public. Most of these gaps in health care and public health crisis are being linked to poor community' engagement, poor environmental conditions, poor communication of public health messages and low vaccination coverage.

Other challenges include

- Difficulty in accessing some communities due to security concerns.
- Poor latrines and toilets with good sanitary conditions.
- Lack of potable drinking water in some rural areas and urban slums and sheltered communities.
- Inadequate vaccines to cover all LGAs, wards and settlements.
- Inadequate health facility and diagnostics centers for management of patients.
- Health professionals and front-line workers not vaccinated or under vaccinated.
- Lack of trained professionals for Diphtheria outbreak, detection, investigation, and management.
- Poor and inconsistent reporting from states.

Infection Prevention & control (IPC)

As the new cases of diphtheria continues to emerge, there is need to engage more health care professionals to contain the spread of the disease. To address this, a two-day training of trainers (ToT) was conducted for NRCS health and care department staff members at branch and NHQ as well as NDRTs across the Country. Staff and capacity on IPC were enhanced by the training which was provided by the Swedish Red Cross and the IFRC.



NRCDS/IFRC, NDRT Infection Prevention & control (IPC) training session at Bolton White Hotel, Abuja.

Operational risk assessment

Security assessment and safer access protocols are being observed by both staff and volunteers in the course of the operation. Also, volunteers are guided by the Fundamental Principles and “do no harm” principle. The volunteers and staff were provided with on the need PPEs during the diphtheria operation to keep safe in the course of discharging their duties.

D. OPERATIONAL STRATEGY

Update on the strategy

The activities in the operation complement the emergency response of the government and the NCDC has highlighted the need to intensify surveillance activities (active case search and contact tracing) The NRCS is providing human resource to strengthen the surveillance pillar in the epidemic response in the 12 targeted States.

The operational strategies include the following:

- Train and deploy volunteers in the 02 additional states (Approximately 100 per State)
- Continue support to RI intensification campaigns in the 12 and 2 newly added Ekiti and Plateau (14) States.


- Continue support to the Government on reactive vaccination campaigns in branches of affected states
- Continue RCCE and ACSM activities to address increase public awareness on Diphtheria and vaccine hesitancy and improve vaccine uptake
- Support radio and TV activities, jingles, and public announcements in targeted states
- Continue active case search and contact tracing activities – NRCS volunteers will continue active case search in communities and wards, working closely with PHCs and DSNOs
- Continue case management data collection in affected States
- Continue the motorized campaigns (road shows and market storms)
- Continue active case search and contact tracing activities




Nigerian Red Cross team present IEC Materials to the state primary health care and Surveillance team in Borno @NRCS

E. DETAILED OPERATIONAL REPORT

STRATEGIC SECTORS OF INTERVENTION

 Health & Care <i>(Surveillance/Mental health and psychosocial support / Community Health / Medical Services)</i>	Total Target	6,200,000	
	Females >18: 949,050	Females <18: 1,615,950	
	Males >18: 1,048,950	Males <18: 1,786,080	
Objective:	<i>Strengthening holistic individual and community health of the population impacted through community level interventions and health system strengthening</i>		
Key indicators:	Indicator	Actual	Target
	# of IEC Materials designed and published	429,570	2,500,000
	Total number of volunteers trained on ECV/CBHFA (RCCE PFA)	1,940	2,700
	Total number of volunteers deployed for RCCE on Diphtheria and Meningitis	1,940	2,000
	Total number of volunteers trained on Community based surveillance and contact tracing	1,500	2,700
	# of suspected cases of diphtheria in Community based surveillance activity identified by Red Cross	6,972	-
	# of suspected cases of Meningitis in Community based surveillance activity identified by Red Cross		500
	# of people vaccinated for Meningitis as result of Red Cross social mobilization/RCCE activities		500
	# of laboratories confirmed cases of diphtheria identified by the Red Cross Volunteers	903	-
	# of deaths of diphtheria confirmed by NCDC	35	-
	% of listed contacts successfully followed up during the previous 24 hours	NA	95%


# of alerts submitted to MOH through the DSNO	903	TBD
# of people provided with PFA	NA	TBD
% of alerts raised by RCRC verified as confirmed cases by NCDC and MOH	13%	80%
# of street campaigns (road walks) conducted	33	50
# of peer support groups established and actively engaged in structured team meetings	443	30
# of well-being cards and PFA handbooks produced for volunteers	NA	3,000
# of MHPSS service centers identified with clear linkages for referrals	NA	13
Total number of PPE procured for the operation	7,000	185,000
# Beneficiaries reached through health promotion and social Mobilization)	5,357,164	5,400,000
# of NDRTS trained on Diphtheria response	20	10
# of NDRTS deployed to monitor the response	20	10
# of vaccination teams supported for vaccine intensification campaigns	240	2,620
		-

 Water, Sanitation and Hygiene	Total target:	12,000 people
	Males >18: 3,000	Females >18: 9,000

Objective: *Ensure safe drinking water, proper sanitation, and adequate hygiene awareness of the communities during relief and recovery phases of the Emergency Operation, through community interventions*

Key indicators:	Indicator	Actual	Target
	# of hygiene promotion sessions conducted in communities	1,585,080	4,000


Disseminate Hygiene promotional messages to community members and at-risk populations	1,585,080	650,000
# of affected persons reached with disinfectants	2,000	12,000
# of families benefitting from multipurpose soap for personal hygiene	0	12,000
# of states that receive IPC support for vaccinators and health workers (facemasks, gloves, gowns, etc.)	0	10

 Protection, Gender and Inclusion	Total target:	265,000 people
	Males: 66,250	Females: 198,750

Objective: *Communities identify the needs of the most at risk and particularly disadvantaged and marginalized groups, due to inequality, discrimination and other non-respect of their human rights and address their distinct needs*

Key indicators:	Indicator	Actual	Target
	# of people receiving psychosocial support for Diphtheria	0	TBD
	# of PWD reached with RCCE and vaccination activities	19,200	265,000
	Number of people trained on MPHSS	0	TBD
	# of PGI booklets reproduced and distributed to volunteers	0	2,700
	# of state-level PGI/PSEA training sessions for volunteers and staff	0	13

IFRC is providing technical support to Nigerian red cross on MPHSS. A separate training will be conducted on MPHSS for the Nigerian red cross volunteers and the NDRTs integrated with PGI. Psychosocial support sessions will be provided by the NRCS volunteers specifically for families who have lost someone to diphtheria disease and recovering from the disease.

Community Engagement and Accountability		
	Females >18: 949,050	Females <18: 1,615,950
	Males >18: 1,048,950	Males <18: 1,786,080

Objective:			
Key indicators:	Indicator	Actual	Target
	# of community engagement meetings held	453	TBD

	# of community influencers mobilized	0	TBD
	# of staff and volunteers working on the operation who have been trained in community engagement and accountability	1,940	2,700
	% of queries/feedback received through feedback mechanisms established that were responded to and the feedback loop closed	0	80%
	% of sampled community members who say they are satisfied with the support received from RCRC	0	80%
	# of live call-in radio sessions conducted	45	62
	# of radio and TV slots for jingles	450	5,000
	# of targeted advocacy spots conducted	453	37
	# of paid media adverts engaged	0	13

NRCS is collecting the feedback from the communities using the IFRC CEA tool.

Enabling approaches



National Society Strengthening

Objective:			
	Indicator	Actual	Target
Key indicators:	Community-based volunteers trained and mobilized	1,940	TBD
	Number of staff in the National society supporting	10	TBD
	# of external partnership meetings attended supporting the National Society in the response.	3	5
	# of regular coordination mechanisms conducted with all Movement partners	5	9
	# of volunteers working on the project with health, accident and death insurance	0	3,000
	# of states that conducted a perception survey	0	5



Coordination and Partnerships

Objective:			
Key indicators:	Indicator	Actual	Target
	Stakeholder and partner engagement meetings conducted	5	37
	Engagement meetings and partnership with government	7	41



Secretariat Services

Objective:			
Key indicators:	Indicator	Actual	Target
	# of IFRC staff supporting NS	4	4
	# of monitoring activities completed	5	15
	# of trainings & lessons learnt workshop completed	1	4
	# of updated security assessments by state	0	13

IFRC is supporting the NS with review of financial documents and technical support to the health team. IFRC is also providing technical support to the NRCS Health and PMER for the data analysis and management of surveillance, vaccination, and situational report.

IFRC will continue to support the NRCS in conducting field activities and projecting accurate communication on the diphtheria outbreak to the global media.

Communications and Links to media

<https://independent.ng/diphtheria-nigerian-red-cross-society-ifrc-vow-to-eradicate-outbreak-amid-rising-misinformation/>

<https://reliefweb.int/report/nigeria/nigeria-diphtheria-emergency-appeal-update-december-5-2023>

<https://www.ifrc.org/article/nigeria-community-response-saving-lives>

<https://punchng.com/32-states-battling-diphtheria-says-red-cross/>

<https://www.youtube.com/watch?v=aHt-gcKt5Dc>

https://www.eeas.europa.eu/delegations/nigeria/european-union-allocates-n75-million-prevent-spread-diphtheria-nigeria_en?s=114

<https://reliefweb.int/report/nigeria/speech-secretary-general-nigerian-red-cross-society-countermeasures-against-diphtheria-outbreak-nigeria>

Tweets:

<https://twitter.com/IFRCAfrica/status/1714945484681261301>

<https://twitter.com/ifrc/status/1714554013008470277>

<https://twitter.com/IFRCAfrica/status/1728025100056728048?s=20>
<https://twitter.com/IFRCAfrica/status/1718942284752789970>
<https://twitter.com/ifrc/status/1734669483841651189?t=vXqdFf6VLbe9YT-UQdv-Ww&s=09>
<https://twitter.com/IFRCAfrica/status/1687010916376698881?s=20>
<https://twitter.com/IFRCAfrica/status/1727604536770961872>

F. FUNDING

To date, this Emergency Appeal, which seeks CHF 5.4million is 5per cent funded. Further funding contributions are needed to enable the Nigerian Red Cross society with the support of the IFRC, to continue with the operation.

The current funding situation of the emergency appeal is 248,218 CHF. More information on contributors list can be found on the [IFRC's website landing page](#) for the diphtheria emergency appeal.

Contact information

For further information, specifically related to this operation please contact:

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At IFRC Geneva

- Santiago Luengo, Senior Officer, Operations Coordination, santiago.luengo@ifrc.org

For IFRC Resource Mobilization and Pledges support:

- Louise Daintrey, Regional Head of Strategic Engagement and Partnerships; Email: louise.DAINTREY@ifrc.org

For In-Kind donations and Mobilization table support:

- Allan Masavah, Head, Global Humanitarian Services & Supply Chain Management, Africa Region, allan.masavah@ifrc.org

For Performance and Accountability support (planning, monitoring, evaluation, and reporting enquiries)

- Beatrice Atieno OKEYO, Head of PMER &QA, beatrice.okeyo@ifrc.org, phone: +254 721 48 69 53

Reference documents



Click here for:

- [Emergency Appeal](#)
- [Operational Information](#)

How we work

All IFRC assistance seeks to adhere the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief, the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable, to **Principles of Humanitarian Action** and **IFRC policies and procedures**. The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, to prevent and alleviate human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.