



WORLD HEALTH ORGANIZATION
LIBERIA UPDATE
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General Situation

The atmosphere in Monrovia is characterized by insecurity and tension. Streets are crowded with hundreds of people leaving the capital's refugee and internally displaced persons camps in order to return to their home towns. Yet, there are still thousands of people living inside churches, schools, sports facilities and other places which were set up as emergency camps.

Lawlessness remains a problem, with reports of shooting in the streets. Private houses and NGO warehouses are being looted. So far, WHO warehouses have been spared.

There is no running water in the entire city. Humanitarian aid agencies continue to provide water and food to the refugees in the camps. However, the quantities available are small. In a camp in St. Joseph's High School, for example, each person gets about two litres of water every day for cooking, drinking and hygiene. In many other camps the water situation is worse. Food distribution in the camps is also ongoing through the World Food Programme which distributes rice and high energy biscuits in the camps.

Monrovia has not been reconnected to electricity either and the city depends entirely on generators. Hospitals save electricity wherever they can. In the St Joseph's Hospital, between 1.30pm and 6.30pm there is no electricity. In case of urgent surgery, the generators are switched back on.

Health Problems

The most pressing health problem remains the cholera outbreak. Cholera is a diarrhoeal disease caused by infection of the intestine with the bacterium *Vibrio cholerae*. Infection is transmitted via the consumption of drinking water or food contaminated by the bacterium. The disease causes the loss of massive amounts of liquids from the body, resulting in death if left untreated.

Since the port was reopened last weekend, and people have felt more comfortable leaving their houses and shelter in order to come to the cholera treatment centers in Monrovia, a more precise number of cases can be established. WHO estimates that there are at least 260 new cholera cases per week, as compared to fewer than 25 cases per week last year. However, these figures are reported by NGOs and do not represent the full picture which is believed to be much higher. This

week, for example, Médecins Sans Frontières (MSF) France has already reported more than 300 new cholera cases.

Since January 2003, WHO has registered more than 3,890 cholera cases, of which 2,460 became ill after the beginning of June. According to MSF France, 2,600 cholera patients are currently being treated in their clinics. Bloody diarrhoea has been found in some patients and WHO will start to collect stool samples, in order to identify the germ causing this.

WHO is working to establish a disease surveillance system. So far, all health partners have agreed on a common case reporting form for priority epidemic prone diseases. A system of active surveillance and case finding is being initiated by the WHO team.

There is a high risk of a measles outbreak because routine immunization services have collapsed and many children have not received vaccinations. Reports from NGOs also indicate a high incidence of malaria among the population. This situation is predicted to worsen in the coming weeks with increasing rainfall and rising humidity.

Malnutrition also counts among the key health concerns. 30% of children in Monrovia are suffering from acute malnutrition (low weight for height) since the crisis began and 90% of children suffer from chronic malnutrition (low height for age).

Hospital Situation

Four hospitals are still partly operational in Monrovia, the JFK hospital, a hospital that belongs to the catholic community, and two hospitals run by MSF France and MSF Belgium. The JFK hospital is only partly functioning. ICRC and MSF converted the maternity section of the JFK into a surgical block.

All hospitals treat internally displaced persons and refugees free of charge. The costs are shared among the international NGOs who are keeping the hospitals operational.

National Drug Service (NDS)

WHO visited the national drug and material stores. The stores were closed during the crisis and have only just been reopened. According to the WHO team, current stocks will be sufficient for a further 1-2 months. Since July the NDS has provided health facilities with drugs free of charge. Prior to the crisis, a cost-recovery scheme was operated with 50% contribution by health facilities (25% recovered through patients). The remaining amount was provided by donors.

National Expanded Program on Immunization Cold Chain Center

WHO also visited EPI cold chain facilities - fridges and freezers which are vital to keeping vaccine stocks from being spoilt. The generators were able to function throughout the crisis owing to donations of fuel from ICRC and Merlin. The generators require 75 gallons of fuel per day. There are 78 functioning refrigerators and freezers and very few cold boxes for transport. Currently, various NGOs have requested vaccines to perform mass measles vaccination campaigns in IDP camps.

Outside Monrovia

It is still difficult to assess the situation outside Monrovia since most areas are not yet accessible. MSF France has opened a cholera treatment camp in Bong County, in the north of the country. Up to now, more than 150 cholera cases are being treated. They were identified in three different refugee camps in the area.

WHO's Response and Urgent Needs

WHO is coordinating health activities of all NGOs working on the ground. Coordination is vital in order to respond quickly and to avoid duplication. To carry out its coordination function more efficiently, WHO is also conducting a rapid health assessment to get more information on the health status of the population and to identify their most urgent needs in terms of medication and supplies. Together with other health partners, WHO will visit Tubmanburg in Bomi County and probably Bo-Waterside at the Sierra Leonean Border. Other assessments will be carried out in the coming days.

With regard to medication and medical supplies, WHO has distributed essential medicines, including antibiotics, antimalarials, analgesics and deworming drugs, to NGOs working in the camps, including Merlin and MSF (France and Belgium). WHO has also provided hospitals with emergency health kits, medical supplies and oral rehydration salts.

A task of special importance is a city-wide chlorination campaign that will be carried out by WHO and other health partners, starting on Monday. There are more than 5,000 wells in the capital. WHO will coordinate a network of water and sanitation specialists who will start chlorinating the 1,000 biggest wells in Monrovia. 27 buckets, each containing 50 kg of concentrated chlorine, will be diluted in water to purify the wells. One bucket of chlorine can serve the needs of 25,000 people for one month. WHO considers the chlorination an emergency measure and fears a more serious cholera outbreak in the coming months if water purification is not undertaken in a more sustainable way. Monrovia's streets are extremely polluted. With the rainy season just beginning, garbage can easily enter the wells and re-pollute them. WHO sees a risk of a cholera epidemic with devastating impact in the near future, given the huge population movements in the city, still overcrowded refugee camps with extremely poor hygiene, and heavy rainfalls.

WHO is also preparing a health education campaign to inform the population about the risks of unclean water. Health workers will disseminate education messages and booklets to inform the community about what to do when using unsafe water and where to go in case of diarrhoea. Health workers will also explain to the local population that water needs to be boiled before drinking and that containers for water storage have to be clean.

For further information please contact Melanie Zipperer, Communication Officer, Health Action in Crisis, WHO, Tel: +41 79 477 1722; email: zippererm@who.int

For more information on Liberia please go to: <http://www.who.int/disasters/>

