Mali

**Situation highlights**

Civil unrest has been ongoing since January 2012 with the country divided by a de facto line passing through Mopti. The North is under the control of Islamist armed groups and the South controlled by the Malian government. Mali’s interim President, Dioncounda Traore, declared a state of emergency across the country on 11 January and called for international support. As of 22 January, French and Malian troops have taken control of several towns: Diabali, Konna, Douentza, Hombori, Gao, and Tombouctou. The first African troops from the African-led International Support Mission to Mali (AFISMA) have arrived in Mali. The situation is compounded by three consecutive years of insufficient rains which have led to food insecurity.

- The conflict has affected 2,500,000 people. According to estimates from OCHA, there are over 227,000 internally displaced people (IDPs) and over 144,000 refugees in neighbouring countries. The population movements are expected to continue in the coming weeks and months, including the possibility of IDPs returning to their homes, when security improves.
- Due to the conflict, there is limited access to the affected population in the North for the provision of humanitarian assistance, including healthcare.
- At the end of 2012, WFP projected that 4.6 million people across Mali were at risk of food insecurity. CARE estimates that 660,000 children under five will suffer from acute malnutrition this year.

**Health situation**

- Fighting has resulted in many civilian and military casualties, many of which were treated at hospitals in Mopti, Segou and Bamako.
- The displacement of the population represents an additional risk for malaria, cholera and other communicable diseases. A localized outbreak of measles was reported in the Séguéla region which is already experiencing an outbreak of malaria. In Dié region (Timbouktu region). By mid-January, 1,519 cases of malaria were reported with 15 deaths. The districts of Niafunké and Gao are also reporting considerable number of cases.
- There is a need to improve access to treatment of severe acute malnutrition with complications. A WHO and UNICEF evaluation carried out in November found that there is an insufficient number of health centres treating severe acute malnutrition with complications and the health centres that are providing treatment lack medical supplies and equipment.
- In the South nutrition surveys conducted in the six southern regions of Mali in August-September indicate that malnutrition has stabilized. Mortality rates are below the emergency threshold in those regions.

**Health Cluster response**

- Following a measles outbreak in the Kidal region, 4,830 children between six months and 15 years of age (98% of the initial target population) were vaccinated against measles in December.
- Malaria medicines and insecticide-treated nets have been sent by the Ministry of Health and WHO to strengthen the response to the malaria outbreak in the three northern regions.
- To increase access to health care, in response to a request by the Ministry of Health WHO provided one trauma kit which provides supplies for 100 surgical interventions, a malaria module which provides for the needs of 1000 people for three months, and medicines for use in the hospital in Mopti and the health districts of the region. Four additional trauma kits A and B are pre-positioned for health facilities treating the wounded.
- Two Inter-Agency Emergency Health (IEH) kits were sent to the Mopti region (one to the hospital in Sévaré and one to three Community health Centres) to respond to the basic primary health care needs of people displaced by the recent clashes. Each kit benefits 10,000 people over a period of three months.
- An assessment of medical stocks and supplies is being compiled including projected needs for the coming weeks. WHO will support a health service assessment to support setting priorities for the restoration of health services, once access is re-established.
- Health Cluster teams will be deployed to Mopti and Ségué to coordinate health activities. A humanitarian mission of the College of Physicians in Mopti and Ségué has been deployed to support the medical team in place. WHO is coordinating the health component of the Inter-agency contingency plan.

**Statistics**

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* Source: WHO/GSHO

**Funding US$ 2012**

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Funding gap 89% 87.7%

Source: OCHA/FTS

For more information: [http://www.who.int/hac/crises/mli](http://www.who.int/hac/crises/mli)

WHO’s emergency activities in Mali in 2012 have been supported by the Central Emergency Response Fund and the International Fund for Agricultural Development.
Situation highlights

Insecurity remains a major factor in the Central African Republic as violent events continue to occur across the country. Most recently, a four-week military offensive in the north-centre triggered widespread displacement. It ended on 11 January with a ceasefire agreement between the Séléka coalition and the Government. It is estimated that around 787,800 people (17% of the total population of 4.6 million) are living in crisis regions and need assistance. Insecurity continues to hinder humanitarian access.

- According to the CAP 2013, an estimated 51,679 people are internally displaced (IDPs) and there are 47,213 returnees. The number of people with unmet health needs has been estimated at 601,510. There are six categories of people in need: IDPs, rural refugees living in camps, IDP returnees, refugee returnees, urban refugees and asylum seekers and the resident population.
- The country has a high prevalence of endemic diseases. Infant mortality is high (106 per 1,000 live births). Malaria is the leading cause of mortality among children, followed by pneumonia and diarrhoeal diseases.

Health cluster priorities

- Provision of routine primary health care in at least 17 public health facilities in five health regions.
- Reinforcement of integrated disease surveillance and response in at least 22 health districts and six of seven health regions with a focus on northern Central African Republic (meningitis belt) and southern Central African Republic (health prefectures at risk of cholera).
- Reinforcement of the local/regional health sub-cluster mechanism for information sharing, public health event tracking and prompt response to crises.

Beneficiaries include vulnerable people in five health regions and 14 districts. 
- Health region 2: Mambéré-Kadéï, Sangha-Mbaéré and Nana-Mambéré
- Health region 3: Ouham and Ouham-Pendé
- Health region 4: Ouaka, Kémo and Nana-Gribizi
- Health region 5: Vakaga, Haute-Kotto and Bamingui-Bangoran
- Health region 6: Base-Kotto, Mbomou and Haut-Mbomou.

Health Cluster response

In response to the violent events occurring across the country:

- Primary health care support has been provided to seven health centres in Bangui, including the donation of 840 malaria treatment and rapid diagnostic kits.
- Five Inter-agency Emergency Health Kits serving 50,000 persons for three months have been sent to Bangui. These kits take into account the need for mental health care in emergencies and the special needs of children.
- The Health Cluster has provided basic emergency health kits to Séléka controlled areas.

Health cluster on-going support focuses on:

- Vaccination campaigns such as the measles vaccination campaign in Ouandja in 2012 targeting children from six months to six years old.
- Rehabilitation of health care centres and provision of essential medicines and medical supplies for primary health care services in areas such as in Siki, Mele and Gordil.
- Support to neo natal and paediatric emergency care, including the provision of emergency health kits and obstetric emergency medical supplies to support reproductive health services.

WHO’s emergency activities in 2012 in the Central African Republic have been supported by the Central Emergency Response Fund, the Russian Federation, and Spain.
**Situation highlights**

Typhoon Bopha (locally referred to as “Pablo”) struck the Philippines in eastern Mindanao on 4 December causing heavy rains and flooding throughout Mindanao, Central Visayas, Western Visayas and Palawan. The National Disaster Risk Reduction and Management Council (NDRRMC) reported that 6203 991 people were affected by the typhoon. As of 21 January, there are at least 1146 deaths, 2956 injured and 834 missing.

- As of 21 January a total of 182 health facilities have been damaged (169 in Region XI and 13 in Region 13). Health staff in rural areas have also been touched by the disaster, leaving the vulnerable population in the affected communities in need of providers of specialized health care and medicines.
- Surveillance in Post Extreme Emergencies and Disaster (SPEED) system reports that acute respiratory infections, fever, acute watery diarrhea, high blood pressure, and skin disease are the most common cause of consultations.
- Sixty one percent of patients treated in those regions are female, 37% are under five and 8% are over 60.

**Health priorities**

- As the Typhoon disrupted health facilities and services, leaving many without access to health care, one of the main concerns is to re-establish basic health services for the affected population.
- Many typhoon-affected pregnant and lactating women lack access to reproductive health services, and youth and adolescents in affected municipalities need improved awareness to avoid early and teen pregnancy and sexually transmitted infections. There is an urgent need for the provision of pre-natal, postnatal check-up and supply of dignity kits for pregnant and lactating women, with special consideration for teenage mothers in affected communities.
- Communicable diseases are a major cause of mortality and morbidity in disaster situations where there is: population displacement; collapsing health services; lack of disease control programmes; poor access to health care; malnutrition; interrupted supplies and logistics; and a lack of coordination. A health priority is to support the disease surveillance and early warning system in affected areas through the SPEED system.
- Lack of communication means and access to some of the affected areas continue to hamper disease surveillance in the affected areas. It is important to strengthen the health information system to detect trends in diseases and track the provision of health services, monitor the health situation and monitor the health sector response.
- Strengthen the coordination of the health humanitarian response is crucial to gather support for damaged and non-functional health facilities.

**Health Cluster response**

- As Health Cluster lead agencies, WHO and the Department of Health (DOH) are working with other health agencies and NGOs in coordinating the health sector response to the affected communities. Weekly Health Cluster coordination meetings are being held in Davao.
- WHO is supporting the DOH surveillance teams at field level. A technical focal point was deployed to support the DOH with health assessments. In addition, twenty-five health staff from all local government units of the province of Davao Oriental received the SPEED training earlier this year and participated in the SPEED simulation exercise.
- SPEED is activated in Compostela, Monkayo, Montevista and New Bataan in Compostela Valley Province and in Baganga, Boston, and Cateel in Davao Oriental.
- A central pharmacy set up in Cateel covers three municipalities (100 000 people)
- One water treatment plant kit, five 5000-L water bladders, and 10 45sqm tents have been provided, as requested by DOH.

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**Statistics**

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<th></th>
<th>Total population</th>
<th>Gross national income per capita*</th>
<th>Life expectancy at birth m/f (years)</th>
<th>Probability of dying between 15 and 60 years m/f **</th>
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* Purchasing power parity international $
** per 1000 population

Source: WHO/GHO

**Funding US$ 2012**

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Source: OCHA/FTS

For more information:
http://www.who.int/hac/crises/phl

WHO’s 2012 emergency activities in the Philippines have been supported by Australia and the Central Emergency Response Fund.
Health emergency highlights

The Syrian Arab Republic

Situation highlights
The latest assessments estimate that over four million people have been affected by the conflict that has spread to all 14 governorates of the country. There are two million internally displaced people (IDPs) and over 660,000 Syrian refugees in neighbouring countries and North Africa. Both IDPs living in poorly insulated shelters and people living in homes who are unable to heat their houses due to shortages of fuel and electricity are suffering from the particularly harsh winter.

- Roughly half of those in need are located in the three most affected governorates: Aleppo (19.8% per cent); Homs (14.8% per cent) and Rural Damascus (14.8% per cent)
- Due to insecurity, a lack of health personnel, and shortages in basic medical equipment and medicines, basic health services are struggling to function. Almost 55% of public hospitals, approximately 10% of health centres and 58% of ambulances have been damaged or destroyed. At least 31% of public hospitals are out-of-service. The functioning hospitals are often overwhelmed with patients.
- Hospitals and health facilities are reporting shortages of vaccines and life-saving medicines, especially antibiotics, anaesthesia, trauma medicines, intravenous fluid and medicines for diabetes and hypertension.
- Communicable diseases being reported include influenza (93% of the cases reported), acute diarrhoea and hepatitis.

Health priorities

- Strengthen trauma and referral management including the provision of trauma medical supplies for primary and secondary health care, supporting field based first aid and training.
- Support delivery of primary health care including improving access to primary health care and providing essential medicines.
- Support delivery of secondary and tertiary health care including providing essential medicines, supplies and equipment and covering gaps in non-communicable disease care.
- Support health information management and coordination by providing a systematic approach for managing health information, mapping health risks and health resources and services available.
- Support mental health services including building the capacity of health care providers to identify, manage and refer mental health cases.
- Expand nutritional support services including strengthening the nutrition surveillance system, training health care providers on the management of severe acute malnutrition and conducting supplementation campaigns.
- Strengthen the capacity for health response by expanding the Early Warning and Reporting System (EWARS), training governorate health staff on surveillance, strengthening laboratory surveillance and prepositioning sampling equipment and medicines for rapid response.
- Rehabilitation and restoration of damaged/non-functional health facilities in affected areas to full operational capacity
- Restoration of water supply, sanitation, solid waste, hygiene and drainage services in out-of-service healthcare facilities and hospitals

WHO response

- On 11 January WHO designated the crisis in the Syrian Arab Republic and neighbouring countries as a Grade 3 emergency based on the criteria of scale, urgency, complexity and context of WHO’s Emergency Response Framework (ERF). On 12 January WHO established an emergency support team in Amman, Jordan, to provide technical and operational support to its offices in the Syrian Arab Republic and the neighbouring countries of Jordan, Lebanon, Iraq, Egypt and Turkey. The team is comprised of international experts in public health, epidemiology, information management and logistical support.
- Inside Syria WHO implements its programmes through 16 national NGOs and community organizations that have access to conflict areas through the Ministry of Health.
- WHO is supporting improved access to basic primary health care through the
procurement and distribution of medicines which are in short supply. In December, medicines, medical supplies and equipment to meet the needs of an estimated 735,000 beneficiaries were delivered to Damascus, Rural Damascus, Al Raqqa, Aleppo, Idlib, Hamah, Homs, Swieda and Quintera. Trauma surgery and emergency care supplies, intravenous nutrition fluid and intravenous supply were sent to hospitals in affected areas. Over 105,000 blood safety kits were provided to the National Blood Bank,

- A national vaccination campaign, managed by MoH was conducted in November and December which 1.3 million children under five were vaccinated against measles and 1.5 million children under five were vaccinated against polio across 13 governorates.
- WHO is supporting mobile health teams and clinics. Ten mobile teams (each serving 600-700 people per month) are providing basic health services in Damascus, Rural Damascus, Homs, Hamah and Aleppo. The mobile clinics reach between 1600 and 2000 patients per month.
- The EWARS was initiated in September 2012 and is now receiving regular reports from its sentinel sites (97 sites). Training workshops on surveillance for early epidemic preparedness and response were conducted in September and October to strengthen the capacity and network of national surveillance teams at health district level. A total of 46 health District Officers from 10 governorates have been trained.
- Regarding support to the functioning of health facilities in the country, WHO has and its partners conducted assessments for health facilities in all governorates to determine the accessibility and functionality of public hospitals, health centres and ambulances. This would contribute to the identification of needs and solutions to re-establish health services.
Situation highlights

Localised conflicts, particularly in the north and the south of Yemen, are a continuation of the civil unrest and political instability taking place in the country since March 2011. The population is living in an environment of conflict and extreme poverty along with volatile food and commodity prices. The provision of basic services, such as healthcare, remains at low levels, particularly in parts of the country where humanitarian needs are also high. Humanitarian access is limited in conflict areas due to insecurity.

- There are an estimated number of 385 000 people displaced.
- At least 100 000 vulnerable migrants pass through Yemen annually, and the country hosts over a quarter of a million refugees.
- Close to one million Yemeni girls and boys under five are suffering from acute malnutrition, of whom more than 250 000 have severe acute malnutrition.
- Epidemics are a significant concern as there were outbreaks of measles (including 170 deaths), dengue, chikungunya and cases of polio in 2012.
- Acute respiratory tract infections (ARI), diarrhoea and malaria are the key causes of illness. Children under five account for nearly 50% of all diarrhoea and ARI cases.

Health priorities

- Prevent excess maternal and child morbidity and mortality within priority districts, focusing on safe motherhood and child survival interventions.
- Improve access to primary and secondary (hospital) health care services including basic health and emergency referral services for vulnerable populations, through a health system strengthening approach.
- Strengthen local capacity to predict, prepare for, respond to, mitigate and manage health risk with a focus on communicable diseases and seasonal emergencies in priority districts.
- Promote effective intra-cluster and inter-cluster coordination, primarily between the Health, Nutrition and WASH Clusters with a focus on joint needs assessment, programming, monitoring and evaluation. This will support a more effective and efficient response to the humanitarian health needs of crisis-affected and other vulnerable populations, especially women and children within priority districts.

WHO response

- WHO is supporting the revitalization of primary and secondary health care services for IDPs, host communities, and other affected populations across Yemen. In Zinjibar District, in Abyan Governorate, WHO is supporting six mobile health teams.
- In the northern Sa’da Governorate, WHO supports 12 health centers, which provide assistance to approximately 8000 people each month.
- In addition, in order to allow immediate reintroduction of essential primary health care services, WHO is conducting basic emergency rehabilitation of health facilities and establishing ad hoc temporary health facilities.
- WHO is supporting mobile clinics with gender-sensitive services in areas with no access to health facilities.

WHO’s emergency activities in 2012 in Yemen have been supported by the Central Emergency Response fund, Emergency Response Fund (OCHA), Japan, the League of Arab States, Spain and the United States of America.
Global Health Cluster Meeting: Ensuring predictable service delivery in emergencies

WHO hosted the Biannual Global Health Cluster (GHC) Meeting which took place on 6 – 7 December 2012. The meeting brought together approximately 40 participants representing the different organizations that are part of the Global Health Cluster as well as two organizations with observer status. The theme of the meeting was “Ensuring predictable service delivery in large scale emergencies for improving health outcomes at country level”.

In the opening of the meeting, Dr Bruce Aylward, Assistant Director General for Polio Emergencies and Country Cooperation highlighted the crucial role of the Global Health Cluster in supporting countries to improve health outcomes during crises. He alluded to the Transformative Agenda as the model to follow to enhance leadership, promote effective coordination and improve accountability. Dr Rick Brennan, Director of Emergency Risk Management and Humanitarian Response of WHO, spoke about the achievements of 2012, such as the development of the GHC surge model, and the finalization of the cluster performance monitoring tool which is being rolled out in 2013.

Dr Jorge Castilla, ECHO Health Sector Advisor, outlined some of the products and services in which the GHC should invest in 2013 to translate health cluster functions into outcomes. He highlighted the importance of having timely information bulletins, mapping of who does what where early on in the crisis and guidelines and policies that are easily accessible.

Other participants presented on issues such as information management at country level, needs assessment tools, surge capacity, recommendations from evaluations of the Health Cluster in Mali and the Sahel, and the role of the Health Cluster in national preparedness and resilience.

The recommendations of the meeting will inform the GHC strategy for 2013.

WHO Progress Report on Implementation of WHA Resolution: Strengthening national health emergency and disaster management capacities and resilience of health systems

The WHO Executive Board, at its 132nd meeting in January 2103, considered a progress report on the implementation of the World Health Assembly Resolution 64.10. The Resolution, which was adopted in 2011, urged Member States, to strengthen all-hazards health emergency and disaster risk-management programmes; called on Member States, donors and development cooperation partners to allocate sufficient resources for this purpose; and requested the Director-General to ensure that WHO had enhanced capacity to provide the necessary technical guidance and support.

Highlights from the report include:
- In 2011, more than 130 Member States reported having national plans on emergency preparedness, while 46 had active programmes for reducing the vulnerability of health facilities.
- As of 1 November 2012, 40 States Parties to the International Health Regulations (2005) are understood to have established the necessary core capacities.
- In 2012, health emergency and disaster risk management has been on the agendas of the regional committees for Africa, the Americas and South-East Asia. Notably, the Regional Committee for Africa has adopted a resolution on the African Regional Strategy on Disaster Risk Management for the Health Sector.
- Health was incorporated into WHO regional disaster risk-reduction strategies for Africa, Arab States, Asia and the Americas, while health emergency risk management has been included in WHO submissions to the UN Conference on Sustainable Development and in the Global Framework for Climate Services.
- The WHO Secretariat has provided support to Member States in all regions with assessments of national capacity for health emergency risk management and related action plans, and has supported action on safer hospitals in more than 40 countries.
- A new WHO all-hazards health emergency risk-management framework is under development to serve as a basis: (i) for providing guidance on relevant policy, assessments, planning, development and implementation; (ii) for prioritizing the work of WHO in this area; and (iii) for monitoring emergency risk-management capacities and activities at national and international levels.
- Regional hazard atlases have been developed for the African, European and Eastern Mediterranean regions in order to facilitate country-level risk assessments.
The report points to the increasing evidence in support of investing in prevention and preparedness. However, preparedness continues to receive less than 5% of humanitarian funding. For example, in the 20 countries that receive the most humanitarian assistance, of every US$ 100 provided, only 62 cents have gone to preparedness.

Continued action is needed to establish stronger partnerships for health emergency risk management at national and international levels; to ensure that health emergency risk management is recognized as an essential public health function and integrated into multisectoral emergency risk-management policies and plans; to address the shortage of expertise in this area; and to increase investment in developing the necessary core capacities in all countries.

### 4th Session of the Global Platform for Disaster Risk Reduction, Geneva, 19-23 May 2013

The Global Platform for Disaster Risk Reduction brings together stakeholders from all sectors, governments, NGOs and civil society, international agencies and organizations, academic and technical institutions, and the private sector who are committed to reducing disaster risk and building the resilience of communities and nations. WHO is co-organising a series of events at the Global Platform to address health dimensions, including a Feature Event on the Health Imperative for Community Safety and Resilience and meetings of the Thematic Platform on Disaster Risk Management for Health. The Global Platform provides the forum to review progress on implementing the Hyogo Framework for Action (HFA) as well as articulating the vital health inputs to the on-going dialogue on the successor framework to the current HFA.

The Fourth Session of the Global Platform will be held in Geneva at the International Conference Centre from Sunday 19 May to Thursday 23 May 2013. Please consult the Global Platform website for instructions on registration ([http://www.preventionweb.net/globalplatform/2013/registration/](http://www.preventionweb.net/globalplatform/2013/registration/)). For further information on the health aspects of the Global Platform, contact Jonathan Abrahams (abrahamsj@who.int) in the ERM Department.