In response to the further deterioration of the humanitarian situation in the Central African Republic, WHO is stepping up its health response operations in the country. The Organization is appealing for US$ 5.4 million to support coordination, emergency health care, the reestablishment of basic health services and the emergency disease early warning and response system.

Current situation

As of 11 December 2013, the security and humanitarian situation in the Central African Republic (CAR) is continuing to deteriorate, with inter-communal violence on the rise. Grave human rights violations have become widespread across the country, but particularly in Bangui, Ouham-Pendé and Ouham, confirming fears of a descent into inter-communal and inter-religious violence, fuelled by the deep political crisis, lack of effective security forces and absence of the rule of law. Clashes between rival armed groups are reported to have led to some 450 deaths in recent days in Bangui alone.

The violence is having a devastating impact on the population: widespread human rights violations, including the killing of women and children, continue to be reported, along with recruitment of children into armed groups. Many people are responding by fleeing their homes, adding to the already large number of internally displaced persons (IDPs): there are now an estimated 127 000 IDPs in Bangui, gathered in over 20 sites, and some 533 000 IDPs in the country as a whole (OCHA, 9 Dec).

Bangui, where the situation was improving in previous months, has fallen into chaos and insecurity, including killings within the grounds of the Hôpital de l’Amitié and the absence of health staff from health facilities as a result of threats.

Humanitarian agencies, including NGOs and United Nations agencies, are providing medical assistance and supplies, shelter, potable water, sanitation, and food to IDPs and others (many suffering from gunshot and machete wounds). WHO, UNICEF and UNFPA are assisting NGOs and some public health facilities with medical supplies and operational support to deliver health services.

A Crisis Cell has been established, consisting of IOM, UNHCR, OCHA, WHO and FAO. An inter-cluster meeting was held on 7 December, after which rapid assessment missions were deployed to different zones in Bangui.

Health situation

Even before the latest upsurge in violence, the health situation in the country was precarious, with some of the worst health indicators of the region.

According to WHO data (2010), CAR has the world’s fifth highest death rate from infectious and parasitic diseases, and is among the countries with the lowest life expectancy (47.3 years) and worst mortality indicators: infant mortality rate of 173 per 1,000 live births; under-five mortality rate of 159 per 1,000 live births; and maternal mortality ratio of 890 per 100,000 live births. Among under-fives, malaria is the leading cause...
of death (28%), followed by pneumonia (17%) and diarrhoea (14%).

Recent health assessments conducted by the Ministry of Health and Health Cluster partners between June and August 2013 showed a drastic reduction of access to health care with:

- Shortages of medical supplies due to insecurity affecting supply chains
- Health workers fleeing insecurity and leaving health facilities non-functional
- Looting of health facilities by armed groups (more than 50% of health units had been vandalized or looted and lacked essential medicines)
- Weak disease surveillance in a context of poor living conditions and a high burden of communicable diseases

In the crisis-affected zones, many nutritional centres had been closed or were not functioning normally. There are pockets of severe malnutrition such as in Sangha-Mbaéré: Marathe (Global Acute Malnutrition: 13.7%) and in Lobaye: Boda (Global Acute Malnutrition: 10.9%).

The routine Expanded Programme on Immunization (EPI) coverage is poor. In some health districts, almost 80% of the immunization centres are not functional, as demonstrated by the recurrent outbreaks of measles, and yellow fever. According to epidemiological trends in the sub-region, CAR is at high risk of Poliovirus reintroduction.

Priority high-burden communicable diseases include malaria, acute lower respiratory tract infections, diarrhoeal diseases, measles, meningitis, poliomyelitis, hepatitis E, HIV/AIDS and tuberculosis. MSF reported that in 2013, some 40% of consultations at MSF-run health facilities were for malaria.

WHO is concerned that the current lack of access to safe water is increasing the risk of diarrhoeal diseases such as cholera, typhoid fever and dysentery.

WHO/Health Cluster activities

Coordination:

- Establishing the Emergency Response Team within the WHO Country Office under the supervision of the WHO Representative, and re-purposing current staff; supporting the response at regional and headquarters level, including through mobilization of additional surge staff
- Initiating recruitment of key emergency response staff to strengthen coordination capacity
- WHO is setting up three hubs in Bouar, Kaga Bandoro and Bambari to support coordination
- Participating in intersectoral coordination mechanisms

Assessment and information:

- Carrying out rapid assessment of the health needs at affected sites, where the security situation permits, such as the airport and the Hôpital communautaire, the Emergency paediatric hospital, and Castor health centre, and providing technical and logistics support for further health assessments
- Coordinating with Health Cluster partners on needs assessments, gap analysis, mapping interventions, joint planning, collection and dissemination of health information (including detection and response to a possible outbreak)

Health service delivery:

- Providing health facilities with essential medical supplies and equipment (e.g. Trauma and Reproductive Health Kits to the Hôpital communautaire in Bangui), and supporting their functioning costs; supporting the deployment of medical staff for health care, including primary health care and surgery; supporting rehabilitation of damaged health facilities; providing incentives to national health care workers
- Redeployment and strengthening the capacity of health personnel

Disease prevention and control:

- Interventions to ensure safety of drinking water, including purchase of water quality testing kits, drinking water quality surveillance as well as water treatment at the point of use
- Providing 100 CAR Red Cross volunteers carrying out sanitary work in Bangui with masks, gloves and disinfectant for infection prevention
- Increasing capacity of communities for disease prevention, health promotion and disease control, including through training on key health practices and awareness raising
• Support for vaccination campaigns against polio and measles, deworming and vitamin supplementation
• Integration of nutritional screening in the minimum package health-care training activities

The main organizations currently delivering health support in CAR include the ICRC, MSF, IMC, CSSI, JUPEDEC, MERLIN, VITALITE PLUS, PU-AMI, COHEB, IRC, SCI, CORDAID, ACF, AHA, and ACTED; these organizations are operating in Bangui, Bamingui, Bangoram, Basse Kotto, Haut Mbomou, Haute Kotto, Kemo, Lobaye, Mambere Kadei, Mbomou, Nana Gribizi, Nana Mambere, Ombella Mpoko, Ouham-Pendé, Ouham, Ouaka, Sangha Baere and Vakaga Prefectures.

Health sector priorities and beneficiaries

In this context the main health priorities are:

• The immediate provision of trauma care and surgery for persons with injuries from gunfire and machetes and the management of dead bodies
• Restoration of basic and emergency health services through the redeployment of health staff, emergency rehabilitation and equipment of health facilities and the provision of medical supplies to respond to needs in the following areas: common diseases (malaria, diarrhoea, respiratory infections); severe malnutrition; chronic diseases (noncommunicable diseases and diseases such as tuberculosis and HIV/AIDS); immunization (EPI/polio); obstetric care; consequences of gender based violence and mental health
• Coordination with health partners to ensure joint planning and priority setting in the response
• Strengthening information management, including needs and capacity assessments, to guide the planning and monitoring of the health response and to guide the restoration of services
• Strengthening of a disease early warning and response system for diseases with epidemic potential (cholera, meningitis, polio, measles, yellow fever, etc.)
• Logistics support for health interventions, including security risk mitigation mechanisms and deployments to affected areas

The target beneficiaries include:

• The entire population (4.6 million) will benefit from the restoration of health services, with the most vulnerable (1.8 million) being specially targeted, including children under five years of age, pregnant women and women of childbearing age, vulnerable people including survivors of sexual and gender-based violence, and people living with HIV/AIDS

Constraints

Due to lack of funding, WHO has not been able to scale up operations in CAR to the level required to address the situation, mainly effective field presence to fill the gaps of non-functional local Health Bureaus. However, L3-capable staff will be deployed in the next 72 hours for health leadership, coordination and information management.

Funding requirements

In the framework of the Strategic Response Plan for 2014, WHO is requesting US$ 5.4 million for immediate support to emergency health care, restoration of critical health services, and implementation of disease early warning and response system and health cluster coordination. Funding support is urgently needed to scale up operations immediately.

Due to the evolving situation health priorities and needs may be reassessed in the coming weeks as new areas become accessible.