Central African Republic

FACT SHEET
Emergency Risk and Crisis Management
March 2014

AFFFECTED

- 2.5 million people affected
- 206,000 internally displaced people
- 221,577 refugees

HEALTH FACILITIES

- 42% damaged
- 50% looted
- 68% shortage of medicines

HEALTH SECTOR RESPONSE

- 37 WHO staff in the country
- 16 Health Cluster partners
- 58,636 consultations
- 485 assisted deliveries
- 129,087 children vaccinated against measles
- 26,334 vaccinated against polio

Beneficiaries

- 180,000 people covered for 3 months by the medical supplies in WHO health kits

FUNDING NEEDS 2014

- WHO Funding
  - US$16.1 million requested
  - 28% funded
- Health Cluster Funding
  - US$ 56.4 million requested
  - 17.3% funded

PUBLIC HEALTH ASSESSMENT

25 DECEMBER 2013

Highlights

- Violence has increased in the country, leading to the internal displacement of 206,000 people
- Health facilities have been looted and medical staff have fled their posts.
- There are limited services for essential health care, reproductive health, infant and child health and nutrition.

Current situation

The Central African Republic is a country experiencing a protracted crisis. Violence increased within the country in 2013, following the overthrow of President Bozizé by the Seleka rebel coalition in March and the attack on the capital city, Bangui by anti-Balaka militias in December. The fighting has led to the internal displacement of 206,000 people. The Lord’s Resistance Army also continues its activities in the south-east of the country. The violence, including murders, rapes and the destruction of both public and private infrastructure, makes it impossible in some places for the population to access basic social services, including health services.
The health infrastructure and the premises of humanitarian organizations have been looted, including those of WHO, severely handicapping the potential for an effective humanitarian response.

The humanitarian community published a revised Strategic Response Plan in February 2014 with activities to cover up to December 2014. WHO, as leader of the Health Cluster, has contributed to this plan.

**Health situation**

Prior to the crisis, the Central African Republic had some of the worst global health indicators. For example, the country had the sixth-highest child mortality and the third-highest maternal mortality rates in the world. A child in the Central African Republic had a 16% chance of dying before his/her fifth birthday.

The already weak health system has virtually collapsed. During the conflict, health facilities have been looted and medical staff have fled their posts. The lack of essential medicines, supplies and health professionals has seriously impeded the provision of primary and secondary health care. There is limited support for essential health care, reproductive health, infant and child health and nutrition.

A Multi Cluster/Sector Initial Rapid Assessment (MIRA) conducted in January 2014 found:

- Health was reported as the most important need for 70% of those responding to the survey.
- The impact of the crisis on the health infrastructure is severe: 50% of the country’s health facilities have been looted, 42% damaged and 68% suffer from a shortage of medicines and essential supplies.
- Only 46% of people have access to health services.
- Malaria accounts for 40% of all medical consultations and is the leading cause of death among children under five.

**Health priorities**

The Health Cluster priorities are in line with the overall strategic objectives contained in the Strategic Response Plan related to the provision of integrated life-saving assistance and building resilience. They focus on: the provision of essential primary and secondary health services; improving government health infrastructure and capacity; and increasing community capacities for health promotion, disease prevention and communicable disease control.

**Priority 1:** Scaling up the provision of basic health service interventions for affected populations through the provision of free health care delivery. Provide supplies of essential medicines and improve laboratory capacity (including safe blood supply).

**Priority 2:** Establish and maintain an early warning and response system to detect and prevent communicable disease outbreaks.

**Priority 3:** Support an efficient and coordinated health response by providing health risk assessment and gap analysis, strengthening strategic development and expanding the capacity of local health partners.

**Priority 4:** Support the early recovery of the health system through the rehabilitation of damaged health facilities/infrastructures and the provision of a minimum package of services for primary and secondary health care.
**WHO/ Health Cluster response**

**Access to essential health care**
- Provide community health services in sites for internally displaced people (IDPs)
- Improve access to primary health care including the treatment of common diseases (e.g. malaria, diarrhoeal diseases, respiratory infections), the treatment of cases of severe malnutrition among children under five, and boosting immunization (routine Expanded Program of Immunization - EPI/PE)
- Support the provision of obstetric and surgical emergency care (including care for trauma and injuries related to conflicts)
- Provide mental health care and psychosocial support services
- Provide medical treatment for sexual violence cases
- Improve the management of chronic non-communicable diseases (diabetes, hypertension, cancer, chronic respiratory diseases) and chronic communicable diseases (tuberculosis, HIV/AIDS)
- Provide free health care services in 42 health centres and seven hospitals in priority areas

**Early reconstruction of the health system:**
- Support the restoration of facilities for basic and emergency health services.
- Establish a mechanism for free health care for the most vulnerable (women, children, surgical emergencies) by providing: medical supplies and equipment; incentives for health personnel through performance bonuses; and running costs to compensate for the loss caused by the non-recovery policy

**Early Warning and Response System (EWARS) for the detection and prompt response to disease outbreaks:**
- Establish and maintain an early warning and response system for diseases with high epidemic potential (measles, cholera, meningitis, polio, yellow fever) and other public health events
- Develop contingency planning and preparedness for major public health threats linked the lack of public health infrastructure and the living conditions of the crisis-affected populations. This includes the strategic stockpiling of medicines and the development of both standard operating procedures and guidelines for the response.

**Information Management**
- Provide rapid and regular assessments of the health status and the response capacity, including the availability and condition of services
- Establish a Health Resource Availability Mapping System (HeRAMS) to guide early recovery and as a basis for a comprehensive rehabilitation plan
- Develop mechanisms for monitoring and evaluation
- Strengthen communication for the transmission of epidemiological data

**Coordination of health sector interventions**
- Improve the functioning of the Health Cluster and support the resumption of governance structures (districts and regions most affected) to facilitate the recovery of health services and public health activities.

**WHO/Health Cluster achievements**
- The Early Warning and Response System (EWARS) for disease surveillance was established in Bangui and Ombella Mpoko, with 36 IDP sites currently reporting. This covers 67% of the displaced population in Bangui.
- WHO has provided medical supplies to health facilities and Nongovernmental Organizations which contributed to the provision of medical consultations for 58 636 persons from 5 December 2013 to
27 January 2014. In addition, supplies were provided to support 4408 prenatal care consultations, 485 normal and 25 C-section deliveries. A total of 275 HIV patients under anti-retroviral treatment and 71 tuberculosis patients have received their medication. Treatment has been provided for 69 gender-based violence cases.

- WHO and other health partners launched a measles vaccination campaign on 3 January, which is still ongoing in 70 sites and IDP camps in Bangui. As of the end of January, 129 087 children (from 6 months to 15 years) had been vaccinated against measles and 26 334 children under five had received oral polio vaccine. Ongoing support is being provided to respond to the measles outbreak in Bria (Northeast) and IDP sites, and to the whooping cough outbreak in Nana-Grebizi Health Prefectures.

- WHO has re-opened two hubs in Bouar and Kaga Bandoro. These two hubs are providing medicines to health facilities and NGOs, supporting the referral of severe cases and wounded patients, and organizing Health Cluster coordination meetings. A third hub will be opened in Bambari by mid-March.

- WHO and Health Cluster partners are currently preparing a comprehensive Health Resource Availability Mapping System (HeRAMS) after developing a mapping of needs, coverage and gaps in and outside Bangui (4 Ws - who is doing what, where and when).

**Funding requirements**

The Strategic Health Cluster Response Plan (19 January) calls for US$56.4 million to cover the most urgent health needs. WHO requires US $16.1 million to cover its health response activities through December 2014.

In 2012-2013 WHO received financial contributions to support its health humanitarian work in the Central African Republic from the African Development Bank, Spain, the Central Emergency Response Fund and the United Nations Development Program Common Humanitarian Fund.