WHO requires US$ 16.7 million to address the health needs of the population affected by the crisis in the Central African Republic

Situation

The security situation in the Central African Republic (CAR) remains highly unstable causing people to flee their homes and health workers to abandon their posts. There are some 639 000 internally displaced persons (IDPs) in the country (over three times as many as in March 2013), with some 214 000 in Bangui alone, as well as more than 68 000 refugees in surrounding countries (OCHA, 24 Dec). Half of the country’s 4.6 million people are in need of urgent humanitarian assistance.

The Inter-Agency Standing Committee graded the crisis Level 3 on 11 December, and on 16 December the crisis was graded G3 under WHO’s Emergency Response Framework. WHO has repurposed the 32 staff in the country office to focus on addressing the crisis and has begun deploying additional staff to expand operations (details below).

The security situation has not allowed the humanitarian community to perform the assessments necessary for a complete picture of the needs in many affected areas outside of Bangui. It is likely that the needs will be huge, given the patterns of the current crisis, including the targeting of civilians and cycles of retaliatory violence.

Health staff are, in some cases, returning to their posts and United Nations agencies are extending their operations outside Bangui, in support of the International Committee of the Red Cross (ICRC) and NGOs already operating across the country.

Operations to disarm people carrying weapons continue to be led by French forces and an African-led International Support Mission in the Central African Republic.

The security situation is very volatile. Clashes between anti-Balaka, ex-Seleka and international troops have increased in the last few days, restricting the movement and operations of humanitarians in the capital. Health care facilities are not safe havens, with yet again recent killings and looting. Two UN staff were killed.

Health situation

The already weak health system in the CAR has virtually collapsed. Even before the latest upsurge in violence, the country had some of the worst health indicators globally. For example, prior to the crisis CAR had the sixth-highest child mortality and the third-highest maternal mortality rates in the world. A child in CAR already has a 16% chance of dying before his/her fifth birthday.

Assessments among affected populations in recent days indicate that many people are in dire
need of health care, including IDPs living in displacement sites and with communities. Assessments have also revealed the following:

**Communicable diseases:**

- Malaria cases have reached their annual peak and there have been shortages of anti-malaria drugs. Malaria is one of the leading causes of death for children under five years of age, and recent surveillance in Bangui IDP sites shows that malaria is the reason for over 50% of consultations.
- Meningitis cases have been reported in Bangui paediatric centre.
- Routine vaccinations have been interrupted. CAR has very low immunization coverage; exposing children to diseases such as measles and yellow fever.
- The insufficiency of safe water and sanitation, and overcrowded conditions will increase the risk of diarrheal disease and other outbreaks.
- In November there were already shortages of anti-retroviral and anti-tuberculosis drugs, with treatment interruptions.

**Health system:**

- Health facilities have been looted of drugs, diagnostic tools, and furniture. Most clinical staff have left. Health officials from almost all rural districts are also reported to have departed their posts, seeking refuge in Bangui and elsewhere. The delivery of health services is almost entirely dependent on international NGO partners and the ICRC.
- Of the 117 health facilities assessed to date, 50% have been looted, 42% damaged, and 68% have a medicines/supply shortage.
- Of the four hospitals in Bangui, the Hôpital de l’Amitié was emptied following executions of patients and is still non-operational. The other three are only partly functioning, offering basic surgical care. Of the 20 health centres in Bangui, 6 are not functioning. Fourteen have restarted services last week, providing minimal services.
- Shortage of health care workers have been identified as one of the main impeding factors to maintain a functioning health system in and outside Bangui.

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**Strategic Response Plan and 100 day plan**

The 2014 Strategic Response Plan for the Central African Republic was launched by OCHA on 16 December. The need for a rapid scale-up of humanitarian capacity to respond to the rising needs was apparent before the latest attack on Bangui. It was therefore decided to supplement the Strategic Response Plan with a more specific, operational plan for the next 100 days. The 100-day plan has been launched on 24 December, and contains key deliverables and requirements for all clusters.

**Health sector priorities and beneficiaries**

1. **Access to health services:**
   a) Restore/rehabilitate priority health facilities (primary care facilities and hospitals) for the provision of emergency and essential surgical, medical and obstetric care, through support for free healthcare and establishing referral mechanisms.
   b) Support the return/replacement of Ministry of Health personnel through the provision of temporary incentives and targeted capacity-building.
   c) Re-stock priority primary and hospital health facilities with life-saving and essential medicines and supplies, laboratory reagents for safe transfusion and universal precautions materials for infection prevention and control.

2. **Prevention and control of communicable diseases:**
   a) Increase population awareness through health risk communication.
   b) Strengthen/re-establish an early warning disease surveillance system for the early detection, laboratory confirmation and rapid response to outbreaks of communicable diseases.
   c) Support immunization against vaccine-preventable diseases with priority for
measles vaccination and vitamin A supplementation for children aged between 6 months and 15 years.

3. Coordinated needs-based response:
   a) Strengthen and decentralize cluster coordination teams in Bangui and establish up to 5 sub-national hubs.
   b) Conduct joint needs assessments to develop and implement related response strategies.
   c) Provide information on the health status and needs regularly through health cluster and Early Warning And Response Network bulletins.
   d) Improve coverage of services, monitor effectiveness and address gaps, including through engagement of additional international operational health partners.

Health Cluster activities

Health service delivery

Despite on-going insecurity, humanitarian agencies, including the ICRC, NGOs and the UN, are operating in Bangui, Bouar, Paoua, Zemio, Kaga Bandoro, Batalimo, Bambari and Bossangoa. Throughout the country, Health Cluster partners (listed below by areas covered) are carrying out trauma and obstetric surgery, and are providing medicines and medical supplies to hospitals, health centres and dispensaries, including surgical kits, malaria kits, individual delivery kits, delivery beds, condoms and dignity kits. There still remains a gap in hospital care for conditions other than trauma and caesareans in Bangui, and there are gaps in geographical coverage of primary and hospital services throughout the country, especially in the north-centre and south-east of the country.

In Bangui, in response to the recent escalation in crisis, all 37 IDP sites have been covered by health partners with a primary health package. Médecins Sans Frontières (MSF), the ICRC and the Central African Red Cross are carrying out trauma and general surgery in the Hôpital Communautaire, but service availability in other public health facilities (primary and hospital) is still insufficient to cover the non-displaced population and patients referred from IDP sites. Four ambulances have been deployed to support the referral of patients with the support of MSF and a “green” phone number has been disseminated by the Ministry of Health and Central African Red Cross for patient referrals.

Apart from the services provided by partners, government health services are fee-paying under the national cost recovery programme, which has limited access to care. Health partners are working with the Ministry of Health and donors to find a short-term solution for free care for life-saving interventions.

Drugs and medical supplies for 200 000 people were provided by Health Cluster partners to IDP sites and health facilities in the two months prior to the recent escalation in crisis.

In response to the increase in violence in early December, in Bangui, WHO provided sufficient medicines and medical equipment (Trauma kits, Reproductive Health kits, Interagency Emergency Health Kit (IEHK) Basic Units, Surgical Supply kits, IEHK malaria modules) to treat a total of 36 000 patients for one month for common diseases, including malaria, and to ensure 600 surgical interventions for trauma, at the following six IDP sites in Bangui: Saint Paul dispensary, Saint Jean de Galabadja health centre, the Red Cross dispensary, the Castor, Notre Dame de Fatima and the Grand Seminaire health centre. UNICEF provided medical supplies and medicines to cover the needs of an additional 10 000 people as well as providing 7000 consultation kits to the Paediatric Hospital, and the St Jean de Galabadja and St Paul dispensaries. From 8 to 11 December, UNFPA distributed medical supplies consisting of individual delivery kits, delivery bed, condoms, medications and dignity kits to the following additional four IDP sites: St Paul, St Bernard, Airport and the Monastère.

In addition, WHO has (received in country or has in the pipeline to arrive by 2 January), medicines and supplies to treat an additional 200 000 patients for common diseases for three months (or 600 000 people for one month), up to 2800 diarrhoea cases and ensure 400 surgical interventions (through four complete IEHKs, 140 IEHK basic units, two IEHK supplementary units, four Diarrhoeal Disease Kits, four trauma A and four trauma B kits).
The National Voluntary Testing and Counselling service opened on 10 December. Patients can now receive antiretroviral drugs and treatment for tuberculosis. The main gaps are pouches for blood donations.

**Communicable disease prevention and control**

Surveillance has been set up through health partners in Bangui to monitor disease trends. Surveillance in the rest of country has collapsed, and requires urgent strengthening.

Mass vaccination campaigns against measles have been halted with the recent crisis and need to be urgently resumed as measles outbreaks are still on-going: 500,000 children were vaccinated in recent months and given vitamin A and deworming tablets.

**Coordination**

The national Health Cluster in Bangui has been strengthened with the arrival in-country of a Level 3 capable Health Cluster Coordinator and the creation of a crisis committee focussing specifically on the needs and response in Bangui.

Rapid assessments had been conducted by health partners previous the recent escalation with plans to redo assessments in other parts of the country as soon as security and funds allow. WHO and health partners are participating to the multi-sector/cluster initial rapid assessment (MIRA) in Bangui that started earlier this week and the same should be conducted next week outside Bangui. Health facility damage and stock mapping had been conducted in 8 out 16 Regions previously.

37 spontaneous IDP settlements have been mapped in Bangui and Health Cluster partners allocated at each site to ensure health services and referrals. Mapping of partners and gaps in the rest of the country is on-going.

International partners are being approached to scale-up or start health service delivery operations to address service delivery gaps.

Advocacy and solutions for the protection of health care workers and facilities against violence and looting is on-going through inter-cluster coordination mechanisms as well as through the Government.

**Scaling up WHO operational capacity**

Following the grading of the crisis as G3 on 16 December 2013, WHO has mobilized organization-wide support for the country. Emergency operations centres across the three levels of the organization have been activated and performance monitored against WHO’s Emergency Response Framework.

Initial deployments to the Country Office have already commenced to strengthen WHO’s leadership, coordination, assessment, information, logistics, programming and communications capacities. WHO has repurposed its 32 staff in the Central African Republic and established an Emergency Response Team under the direct supervision of the WHO Country Representative. Approximately 40 additional experienced francophone staff are also being mobilized through the WHO regional and global surge mechanisms, as part of a 3-month initial staffing plan that will be regularly reviewed. As of 18 December 2013, nine of the surge team staff were already in country, including a Level 3 capable Health Emergency Leader, Health Cluster Coordinator and Information/Assessment Officer. An additional six staff arrived on 24 December for public health and logistics functions.

An Emergency Support Team has been established in the WHO Regional Office for Africa in Brazzaville to coordinate WHO technical and operational support, with further support provided by a team established at WHO Headquarters.

Staff recently evacuated from the two subnational health cluster hubs in Bouar/Bossangoa and Kaga Bandoro will be redeployed as soon as security allows and these hubs further strengthened. Additional Health Cluster hubs will be established in Bambari and two other potential sites.

Rapid Response Funds have been released from the WHO Regional Office for Africa and WHO headquarters to initiate operations.
**Health partners:**

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**Funding requirements**

Prior to the recent crisis and within the framework of the Strategic Response Plan for 2014, the Health Cluster requested US$ 5.4 million for immediate support to restoration of critical health services, implementation of a disease early warning surveillance and response system, and health cluster coordination.

With the recent escalation of the crisis, the Health Cluster is requesting US$ 16.7 Million to be able to restore access to health services, support the prevention and control of communicable diseases, and provide a coordinated, needs-based response. On 20 December, WHO submitted a US$ 1.5 million proposal to the Central Emergency Response Fund.