In this issue: The health response to the crises in South Sudan, the Central African Republic and Ukraine. WHO briefing to Member States on the WHO response to acute emergencies classified as Grade 3. WHO humanitarian funding requirements for 2015

**South Sudan**

**Situation highlights**

The armed conflict in South Sudan began with a political crisis at the end of 2013 and continues unabated until today. The conflict has resulted in large scale internal displacement and tens of thousands of deaths. WHO declared the humanitarian crisis in South Sudan a Grade 3 in February 2014.

Since December 2013, over 1.5 million civilians have been displaced by the conflict inside the country and 500 000 civilians have sought refuge in neighbouring countries. Of these displaced people, over 100 000 have sought protection from attacks in Protection of Civilians (PoC) sites inside UN camps. Over 6.4 million people are in need humanitarian assistance and 2.5 million people are expected to face an alarming level of food insecurity.

Humanitarian needs among displaced people and other vulnerable groups continue to grow, while the humanitarian operations in South Sudan remain complex and uncertain due to insecurity. The on-going clashes in Jonglei, Upper Nile and Unity have hindered the access and delivery of humanitarian assistance, although both government and opposition groups have committed to facilitating humanitarian response activities.

**Health Cluster Priorities**

Across the country, 6.4 million people will need humanitarian assistance in 2015. The Health Cluster is targeting 3.4 million people, including 706 000 children under five years and 840 000 women of child-bearing age.

- Expand primary health care services beyond the PoC areas to reach at least 80% of IDPs and host populations including case management of common illnesses, routine and emergency vaccination, hygiene promotion, awareness raising and distribution of mosquito nets, etc.
- Strengthen secondary health care services, especially surgical, reproductive health and mental health care in the conflict-affected areas.
- Enhance the early warning and disease surveillance network through the existing integrated disease surveillance system for epidemic prone diseases.
- Procure and preposition life-saving emergency drugs in the conflict-affected states including health emergency kits, trauma kits, etc.
- Monitor and supervise health services delivery.

**Health response**

WHO has played a critical role in providing Health Cluster leadership and life-saving interventions including:

- Developing a health strategic response plan in collaboration with partners to address the urgent health needs;
- Supporting the emergency response with 125 staff including 55 repurposed staff; 65 surge members and 18 CDC STOP members;
- Supporting emergency primary health care services in the IDP camps;
- Providing life-saving drugs to 36 partners and health authorities;
- Participating in Initial Rapid Needs Assessments to identify health needs;
- Establishing an early warning and disease surveillance system in IDP camps;
- Supporting the outbreak investigation and response activities;
- Supporting emergency vaccination campaigns (measles, polio, oral cholera vaccination, etc.);

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**Statistics**

<table>
<thead>
<tr>
<th>Population</th>
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<tbody>
<tr>
<td>Gross national income per capita*</td>
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<tr>
<td>Life expectancy at birth m/f (years)</td>
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<tr>
<td>Probability of dying between 15 and 60 years m/f **</td>
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<td>Total expenditure on health per capita* (2010)</td>
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</tr>
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<td>Total expenditure on health as % of GDP (2010)</td>
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* Purchasing power parity international $
** Per 1000 population

**Funding US$ 2015**

<table>
<thead>
<tr>
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<th>90 000 000</th>
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</thead>
<tbody>
<tr>
<td>Received</td>
<td>2 750 103</td>
</tr>
</tbody>
</table>

Source: WHO/GHO

WHO received funding support for health humanitarian activities in South Sudan in 2014 from the Central Emergency Response Fund, the European Commission Humanitarian Aid and Civil Protection, Finland, the United Nations Development Programme Common Humanitarian fund and the United States of America.

For more information:

http://www.who.int/hac/crises/ssd
Establishing referral mechanisms to facilitate medical evacuations to various secondary health care facilities;
Participating in the implementation of an integrated rapid response mechanism to reach inaccessible areas;
Supporting the establishment of the reference laboratory to confirm disease outbreaks; and
Deploying surgical teams to manage trauma cases in Juba, Bor, Malakal and Bentiu.

Central African Republic

Situation highlights
The political crisis and ensuing violence that started in 2013 continue to have significant humanitarian consequences in the Central African Republic. There has been a slight improvement in the security situation in Bangui and western areas of the country, but it remains extremely volatile in both rural and urban areas.

The number of internally displaced people (IDPs) has reduced since its peak in January 2014, but there are still some 438 538 IDPs (some in new sites) and an increasing number of refugees (424 707) in neighbouring countries.

More than 30% of the population suffer from food insecurity and do not have access to safe water and sanitation facilities. Nearly half of the country’s 4.6 million inhabitants depend on humanitarian assistance for one or more of their basic needs. The crisis has been a Grade 3 emergency since December 2013.

Health Cluster priorities
The main health sector needs include: the strengthening of the disease early warning, surveillance and response system; the management of the most common diseases in children under five; vaccination of children under one against preventable diseases; maternal and newborn health; the management of all life threatening gynaecological, surgical, and trauma emergencies; care for the victims of sexual violence and treatment of mental illness.

The Health Cluster will focus on:
- Strengthening information management to guide both the planning and monitoring of the humanitarian health response, and the restoration of services.
- Restoring basic health and emergency services, including:
  - primary health care,
  - management of common diseases,
  - management of severe malnutrition cases,
  - the revival of immunization (EPI/ polio, measles);
  - management of obstetric and surgical emergencies,
  - mental health care,
  - management of cases of sexual violence,
  - management and non-interruption of treatment for chronic diseases;
- Establishing a disease early warning and response system for high epidemic potential diseases in the most vulnerable areas; along with a strengthening of the Integrated Disease Surveillance and Response System.
- Strengthening Health Cluster coordination, including support for the resumption of health governance structures (most affected districts and health regions).
- Providing administrative and logistical support for health interventions, including security risk mitigation mechanisms for WHO and health sector partners.

Health response
WHO response at national level and in the three sub-national locations included:
Emergency Risk Management and Humanitarian Response

February 2015

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

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

**Ukraine**

**Situation highlights**

In the armed conflict in Ukraine, the fighting has intensified in 2015. There have been massive re-displacements as the Government implemented a strategy of moving the internally displaced population from the east to the west of the country.

As of 26 February, over 5700 people have been killed and over 14 000 wounded. There are 5 million people in need of humanitarian assistance including 1.1 million internally displaced people. Health facilities have been affected with 10 health facilities shelled from 3 – 14 February.

**Health Cluster priorities**

- Reduce gaps and enhance access to quality preventive and curative health services, including medication and health technology.
- Provide reliable health information for evidence-based emergency response, monitoring and policy decision-making,
- Strengthen the disease surveillance and early response systems, including laboratory capacities and technical guidance on priority public health issues and threats,
- Contribute to prevention of excessive nutrition-related morbidity and mortality of vulnerable groups.

**Health response**

WHO is coordinating the health sector response which includes:

- Supporting the delivery of essential health services through mobile clinics in the fields of communicable diseases (specifically tuberculosis, HIV and polio), noncommunicable diseases, reproductive health, child health, and environmental health.
- Supporting mother and child health services
- Supporting mental health services
- Supporting the health services to vulnerable populations, including Roma
- Delivering medical supplies and medicines have been delivered to treat hundreds of thousands of people
- Conducting health facility assessments for 33 health facilities.
- Developing a health information management system which will provide regular information on the health situation and the international response status (in real time) to partners, donors, and the Government.

**Statistics**

Population 45 239 000
Gross national income per capita* 8960
Life expectancy at birth m/f (years) 66/76
Probability of dying between 15 and 60 years m/f** 297/116
Total expenditure on health per capita* (2012) 562
Total expenditure on health as % of GDP (2012) 7.6

* purchasing power parity international $
** per 1000 population
Source: WHO/GHO

Typhoon Haiyan funding:

<table>
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<tr>
<th>Funding US$ 2015</th>
<th>Health Cluster</th>
<th>WHO</th>
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<tr>
<td>Received</td>
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<td>56 689</td>
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Source: OCHA/FTS

WHO’s emergency activities in response to the crisis in Ukraine were supported in 2014 by Canada, the Central Emergency Response Fund, the European Commission Humanitarian Aid and Civil Protection, Estonia, Israel, the United Nations Office for the Coordination of Humanitarian Affairs and Japan.
Member State briefing on WHO response to Grade 3 emergencies

Raging conflict and beleaguered health services are threatening the health of tens of millions of people across the Central African Republic, Iraq, South Sudan and Syrian Arab Republic. WHO held a Member States briefing on 24 February and called on the international community to provide US$ 1 billion to support its on-going efforts – and those of partners – to treat, immunize and provide the wide range of life-saving health services needed to populations in need. This special session held at the WHO Geneva headquarters was attended by more than 50 donor countries and other Member States.

WHO has classified the emergencies in each of the four countries as being “Grade 3” (G3) category crises, which require the highest-level of response that the entire Organization can deliver.

“This unprecedented number of humanitarian emergencies, combined with the Ebola outbreak response in West Africa, have demonstrated WHO’s ability to respond to major health emergencies,” according to Dr Bruce Aylward, Special Representative of the Director-General for Ebola Response and Assistant Director-General for Emergencies. “But the huge stresses they pose also underscore the great needs – and funding gaps – that WHO, and our health partners, from NGOs to sister United Nations agencies, face.”

Overall, the Health Cluster group of humanitarian organizations needs US$1 billion (including US$322.7 million by WHO and US$687 million for partners of the Cluster) to deliver health services to 25 million people in the major crises, the majority women and children.

Key details include:

- **Central African Republic**: 1.4 million people in need of humanitarian health support; with US$48 million needed by the health sector (including US$15 million by WHO);
- **Iraq**: 4 million people need humanitarian health support; US$218.7 million needed by the health sector (including US$134 million by WHO);
- **South Sudan**: 3.3 million people need humanitarian health support; US$90 million required by the health sector (including US$16.7 million by WHO);
- **Syrian Arab Republic**: 16.4 million people need humanitarian health support; US$687 million required by the health sector (including US$157 million by WHO) in the Syrian Arab Republic and neighbouring countries.

In each crisis, needs range from basic health care such as childhood vaccinations to surgical care for severely wounded patients caught up in the conflicts. In Iraq and the Central African Republic, for example, around one-quarter of hospitals, clinics and other health facilities have been damaged in their respective conflicts, or are not functioning. The sheer scale of humanitarian needs in 2014, coupled with insufficient funding levels, have stretched the capacity of the entire humanitarian system, including WHO, to the limit.

Despite these challenges, WHO and partners have provided care to millions of people across each country. This has occurred through routine immunization programmes against measles, polio and other vaccine-preventable diseases, delivering medical and health services ranging from surgical care, treating non-communicable diseases like cancers, diabetes, heart and lung diseases, and providing primary health care support to remote and besieged communities.

WHO also plays a central role in leading, coordinating, and supporting the health sector response in more than 30 other emergencies worldwide, and is leading Health Clusters in more than 20 countries.

“Despite these great challenges, WHO is well placed to lead the delivery of required health care in major emergencies,” says Dr Rick Brennan, WHO’s Director of Emergency Risk Management and Humanitarian Response. “Through our in-country presence in each affected nation, and leadership in global health, WHO has the authority and expertise needed to guide the services needed. But, to continue doing so effectively, increased international support is necessary.”
### WHO Funding Requested and Received for 2015 Strategic Response Plan Appeals

<table>
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<tr>
<th>Country</th>
<th>WHO Funding Requested</th>
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<td>Yemen</td>
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<td>Ukraine</td>
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<td>Central African Republic</td>
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<td>Afghanistan</td>
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Funding figures in US$.  
As of 6 March 2015

*This monthly report, which is not exhaustive, is designed for operational use and does not reflect any official position of the WHO Secretariat. The designations employed and the presentation of the material do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.*