In this issue: The response to the Ebola outbreak, the crises in the Central African Republic and Yemen, and WHO and the post-2015 Development Agenda

**Ebola outbreak: Guinea, Liberia, Sierra Leone**

**Situation highlights**

- As of 3 May 2014, the Ministry of Health (MOH) of Guinea has reported a cumulative total of 231 clinical cases of Ebola Virus Disease (EVD), including 155 deaths. There has been no change in the number of cases confirmed. Clinical cases have been reported from Conakry, Guekedou, Macenta, Kissidougou, Dabola and Djingaraye.
- In Liberia there has been no change in the epidemiological situation in Liberia. The Ministry of Health and Social Welfare (MOHSW) of Liberia has reported that there are no current alerts of viral haemorrhagic fever (VHF)-like illness in Liberia.
- As of 3 May, no cases of EVD have been confirmed in Sierra Leone. From 16 March to 2 May 2014, the Ministry of Health and Sanitation (MOHS) of Sierra Leone has tested 105 patients presenting with a VHF-like illness for EVD and Lassa fever.
- The numbers of cases and contacts remain subject to change due to consolidation of cases, contact and laboratory data, enhanced surveillance and contact tracing activities and the continuing laboratory investigations. As the incubation period for EVD can be up to three weeks, it is likely that health authorities will report new cases in the coming weeks and additional suspected cases may also be identified in neighbouring countries.

**Health priorities**

- If an outbreak is suspected, the premises should be quarantined immediately. Culling of infected animals, with close supervision of burial or incineration of carcasses, may be necessary to reduce the risk of animal-to-human transmission. Restricting or banning the movement of animals from infected farms to other areas can reduce the spread of the disease.
- In the absence of effective treatment and a human vaccine, raising awareness of the risk factors for Ebola infection and the protective measures individuals can take is the only way to reduce human infection and death.
- It is important that health-care workers apply standard precautions consistently with all patients – regardless of their diagnosis – in all work practices at all times. These include basic hand hygiene, respiratory hygiene, the use of personal protective equipment (according to the risk of splashes or other contact with infected materials), safe injection practices and safe burial practices.
- Severely ill patients require intensive supportive care. Patients are frequently dehydrated and require oral rehydration with solutions containing electrolytes or intravenous fluids. No specific treatment is available. New drug therapies are being evaluated.

WHO activities in response to the Ebola outbreak have been supported by Canada, ECHO, Estonia, Germany, Italy, Japan, Republic of Korea, Spain, United States, United Nations Central Emergency Response Fund, and the companies Rio Tinto and VIVO Energy.

For more information: http://www.who.int/csr/don/en/
Health response

- WHO provides expertise and documentation to support disease investigation and control. As of 5 May, 112 experts have been deployed to assist in the response. This includes 68 experts deployed through the global WHO surge mechanism, 33 international experts from among partner institutions of the Global Outbreak Alert and Response Network (GOARN) and 10 externally recruited consultants. Expertise has been mobilised in the areas of: coordination, medical anthropology, clinical case management, data management and health informatics, surveillance and epidemiology, infection prevention and control, laboratory services, logistics, risk communications, social mobilisation, finance and administration and resource mobilisation.

- Recommendations for infection control while providing care to patients with suspected or confirmed Ebola haemorrhagic fever are provided in: *Interim infection control recommendations for care of patients with suspected or confirmed Filovirus (Ebola, Marburg) haemorrhagic fever*, March 2008. This document is currently being updated.

- WHO has created an aide-memoire on standard precautions in health care (currently being updated). Standard precautions are meant to reduce the risk of transmission of bloodborne and other pathogens. If universally applied, the precautions would help prevent most transmission through exposure to blood and body fluids.

- WHO continues to support health care worker training in case management and infection prevention and control (ICP). ICP has been reinforced in the Kipé and Donka Hospitals, Conakry, and in the prefectural hospitals of Guekedou, Macenta and Kissidougou.

- Outreach clinical services to affected communities are also being provided by teams of clinicians from the Guinea Ministry of Health, Medecins sans Frontiers and WHO.
**Central African Republic**

### Situation highlights

Confrontations between armed groups and direct attacks against villages continue in the north-western part of the country. Hostilities in Ouaka, Kemo, Nana-Gribizi and Nana-Mambere regions claimed more lives and resulted in new displacements with related public health risks. On 26 April, an attack on a health facility led to 22 deaths including three staff from Médecins Sans Frontières Holland. In Bangui one UNHCR local staff was also killed. The humanitarian community, including WHO and the Health Cluster, condemned these attacks and is concerned about violence against civilians, humanitarian workers and attacks on health facilities. Insecurity is hampering the scaling up of health services outside Bangui, despite availability of technical and planning support through the WHO teams in three sub-offices. More than 48 experts and support staff have been deployed in five months.

The three leading causes of morbidity remain malaria (35%), watery and bloody diarrhoea (13%) and acute respiratory infections (9%). A cholera epidemic has been confirmed in northern Cameroon in a border health district of the Central African Republic. Cases of whooping cough and measles are under investigation in the area of Kaga Bandoro. Polio is also a threat as cases were reported in Cameroon.

### Health priorities

- Increasing the availability of and access to essential health services; mainly outside of Bangui.
  - An improvement in the security situation is required for mobile and fixed (including temporary structures) service delivery strategies.
  - Additional funding is needed for operational NGO partners; the recovery of government health services including the return of health workers and district authorities (salaries need to be paid, facilities need rehabilitation and facilities need equipment and medical supplies).
- Providing essential medicines and medical supplies (including drugs for chronic conditions). There is a particular need for the supply of reagents for HIV, malaria rapid diagnostic tests and tests for blood safety.
- Improving diseases surveillance by strengthening and expanding the disease early warning system to promptly detect and respond to any epidemic.
- Mapping of available health resources for planning early recovery interventions for the health system.

### WHO/Health Sector response

- WHO provided health kits with medical supplies to cover 230 000 people for three months. These supplies included blood transfusion kits, rapid malaria diagnosis tests and laboratory reagents. Ambulance services have also been supported in Bangui.
- Since December 2013, Health Cluster partners have supported 230 000 medical consultations; 3136 safe deliveries, and 3100 trauma surgeries in Bangui and surrounding districts.
- WHO, the Ministry of Health and health partners organized an intensified vaccination campaign in response to measles outbreaks (158 000 children immunized).
- Disease surveillance strengthened in Bangui and extended to sub localities.
- A WASH and Health Cluster mission to Bouar and Bocaranga assessed the vulnerability and level of preparation following notification of an outbreak of cholera in Cameroon. Diarrhoea kits have been prepositioned according to the contingency plan.
- WHO and health partners are implementing a new strategy for medical management of survivors of sexual and gender-based violence and mental health patients.
- Central Health Cluster coordination strengthened and two sub-offices in Kaga Bandoro and Bouar established.

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**Statistics**

- Total population: 4,525,000
- Gross national income per capita*: 1,080
- Life expectancy at birth m/f (years): 50/52
- Probability of dying between 15 and 60 years m/f **: 445/430
- Total expenditure on health per capita* (2010): 31
- Total expenditure on health as % of GDP (2010): 3.8

* purchasing power parity international $  ** per 1000 population

Source: [WHO/GOH](http://www.who.int/hac/crises/car)

**Funding US$ Health Cluster**

- 2014: 56,400,000
- Requested: 56,400,000
- Received: 12,603,327
- 2015: 16,100,000

Source: [OCHA/FTS (WHO request re-adjusted to project uploaded in OPS against the last SRP)](http://www.who.int/hac/crises/car)

WHO’s emergency activities in the Central African Republic in 2013 and 2014 have been supported by the Central Emergency Response fund, Finland, United Nations Development Programme Common Humanitarian Fund and the World Bank.

**For more information:**

[http://www.who.int/hac/crises/car](http://www.who.int/hac/crises/car)
Health emergency highlights

Yemen

Statistics

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<tbody>
<tr>
<td>Total population</td>
<td>23,852,000</td>
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<td>Gross national income per capita*</td>
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<td>Life expectancy at birth m/f (years)</td>
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<td>Probability of dying between 15 and 60 years m/f **</td>
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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

Source: WHO/GHO

Funding US$ 2014

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<td>Health</td>
<td>21,797,771</td>
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Source: OCHA/FTS

WHO’s emergency activities in 2013 and 2014 in Yemen have been supported by the Central Emergency Response Fund, Finland, Japan, the United Nations Organization for the Coordination of Humanitarian Affairs

Situation highlights

Fighting between militants and Government forces intensified in Al Dhale‘e and other villages in February, with unconfirmed reports of indiscriminate shelling that damaged civilian infrastructure such as health, education and water facilities. Civilian deaths were also reported, including women and children. By the end of February over 3,000 people had been displaced, which exacerbated pre-existing needs in one of Yemen’s most impoverished areas.

The conflict in Al Dhale‘e governorate reportedly subsided in March and in Amran, the situation stabilized, but tension remains high. (OCHA 6 April)

Yemen is one of the most water-stressed countries in the world, and available water resources are declining rapidly. Prior to the 2011 unrest, 4.5 million children were estimated to live in households without access to improved water, and over 5.5 million in households without adequate sanitation. The 2012 Preliminary Rural Water Sector Survey found that more than half the people lack access to improved water sources and adequate sanitation.

The water, sanitation and hygiene emergency in Yemen, along with threats of disease outbreaks (including cholera and acute watery diarrhoea) will continue to contribute to morbidity and mortality, and worsen malnutrition, according to UNICEF. Yemen has one of the highest malnutrition levels globally, with more than one million acutely malnourished children. High malnutrition is often linked to poor access to improved water and sanitation. In Al Hudaydah Governorate, which has the highest levels of malnutrition, a recent assessment found that 50% of children suffered from diarrhoea. People in need of assistance:

- People without access to safe water, sanitation: 13.1 million
- Food insecure people: 10.5 million
- People without access to health care: 8.6 million
- Acutely malnourished children: 1 million
- Internally displaced people: 309,823

Health priorities

- Prevention, control and provision of a public health response to communicable disease outbreaks.
- Ensure the provision of essential package of life-saving health care services, including essential Reproductive Health (RH) and the Minimum Initial Service Package (MISP).
- Ensure maximum level of vaccine coverage through boosting the routine immunization and launching of immunization mass campaigns.
- Support the recovery of the Yemeni health system, at both the national and local levels, with a focus on conflict and instability affected areas.

Health Cluster response

WHO and health partners have activated three sub-national clusters in Aden,
WHO and the post-2015 Development Agenda

A central place for health in the post-2015 framework for disaster risk management

WHO is working with Ministries of Health and other partners to advocate for a central place for health in the new global framework on disaster risk management which will be finalized at the World Conference on Disaster Risk Reduction in Sendai, Japan (March 2015). The main focus is on making health an explicit outcome of the framework, with appropriate health-related indicators and targets; and to recognize actions to improve health and the role of the health sector as priorities in the new framework.

In April, WHO’s Country Office in Tajikistan secured references to health in the report of the first regional conference on disaster risk reduction in Almaty. Member States and WHO Regional Offices for Africa, the Americas, the Eastern Mediterranean, Europe, South-East Asia and the Western Pacific will lead health sector advocacy at the regional platform meetings taking place in May and June. The Preparatory Committee meetings, where the negotiation of the new framework began, will take place from 14-15 July and 17-18 November in Geneva. The process will conclude at the World Conference on Disaster Risk Reduction from 14-18 March, 2015 in Sendai, Japan.

The development of the post-2015 framework for disaster risk management is closely linked with the disaster-related dimensions of the Sustainable Development Goals (SDGs) and global agreements on climate change.

For further information about health and the discourse on the new framework, please contact Jonathan Abrahams (e-mail: abrahamsj@who.int ).

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