Crisis in North Kivu

Current Health Situation

Since last August, around 250,000 people have fled the spiralling conflict in North Kivu in the east of the Democratic Republic of the Congo (DRC). The escalation of hostilities has worsened the difficult situation of more than one million people already living without clean water, food and access to health care. The impact of armed violence on the population goes much beyond the risk of injuries: it impacts on their access to all vital needs.

Communicable diseases are a major challenge throughout the DRC. The country has one of the world’s highest maternal and infant mortality rates. Diseases of immediate concern are measles, cholera and other diarrhoeas as well as acute respiratory infections. However, malaria accounts for 45% of infant mortality and other diseases known to be present include trypanosomiasis, yellow fever, tuberculosis and HIV/AIDS.

WHO’s main objectives are:
- to reduce the immediate risk of death and illness arising from violence, malnutrition, communicable diseases and lack of health care, and
- to expand outreach of health services and access to quality health care for the majority of the affected population, in the short- and medium-term, as security improves.

WHO Response to Date

WHO has eight staff in its office in the North Kivu provincial capital, Goma, and another six in Bukavu (South Kivu), including epidemiologists, public health experts and logisticians. WHO is deploying additional emergency staff to the area.

WHO is working in the following four areas:

1. Assessment and surveillance
   - On 5 November, WHO and its partners began a joint needs assessment in and around the town of Rutshuru in southern North Kivu. Rutshuru is currently under the control of the National Congress for the Defense of the People (CNDP). Merlin is examining the possibility of re-opening some of the health centres that it is supporting in the area.
   - The region’s surveillance and early warning systems have, in all likelihood, been affected following the violence. WHO has deployed an epidemiologist to help re-establish basic disease surveillance.

2. Addressing immediate threats
   - There is a serious risk of cholera outbreaks (the disease is endemic in the area) and at least a thousand cases have been reported since the beginning of October. Risk is increasing. On 8 November, 28 suspected cases were reported in
Goma, Kibati and Rutshuru. Oxfam-UK is supporting the chlorination of water supplies.

• WHO, UNICEF and the Government’s provincial inspection unit have started vaccinating children under five against measles in Kirotshe.

• Merlin and WHO are training health staff in Karisimbi on management of cholera cases.

• The International Medical Corps (IMC) and Merlin are carrying out medical screening of displaced people in Goma and surrounding areas.

3. Gap filling and capacity strengthening

• WHO is already distributing to health facilities and NGOs the supplies it has in the Kivus. Now, WHO has established a logistics base in Entebbe through which more than 60 additional metric tons of medical supplies are being shipped to Goma.

4. Coordination of health actors

• WHO will consolidate information on the health situation and capacities of health partners into a matrix (“Who is Doing What and Where”) for all partners.

• The Health Cluster Coordinator in Goma has initiated regular meetings of all partners, and will begin preparing Health Cluster bulletins. Inter-cluster coordination meetings are being established at capital level in Kinshasa.

Health Priorities and Needs

The Governments of Italy and Norway have already provided in-kind contributions of health supplies valued at more than US$ 1 million. Cash needs for the next three months are estimated at US$ 2.6 million. The Government of Australia has already provided Aus$ 500 000 of that amount.

WHO’s health priorities include:

• Organizing health assessments, deploying additional staff with greater outreach capacity, to identify groups and communities at higher risk and identifying life-saving solutions.

• Strengthening disease surveillance, analysing and disseminating data, and deploying additional epidemiologists to support an early warning system.

• Convening partners and coordinating health interventions to improve coverage, quality of care and results.

• Identifying and filling health gaps, making available expertise and supplies, e.g. to prevent/address cholera and dysentery, malaria, measles, acute malnutrition, maternal and newborn risks, physical and psychological trauma, HIV/AIDS and non-communicable diseases.

• Strengthening and repairing systems and building capacities of both the Government and of international partners, in turn aiming to address this crisis by means of a sustainable health systems approach, including disseminating national health guidance and protocols to partners.

• Ensuring a safe and strong WHO programme by deploying additional international staff and security equipment to reinforce its presence in North Kivu.