The Central African Republic

**Situation highlights**

The political crisis in the Central African Republic has triggered a dramatic deterioration in the humanitarian situation in the country. The entire population (4.4 million people) is affected and tens of thousands of people need emergency shelter, healthcare and food aid. The number of violent attacks dramatically increased in the first quarter of 2013 as a result of persisting insecurity in the country. Over 60% of these attacks are attributed to armed groups. At least one person has been attacked every day in the Central African Republic since the beginning of 2013 (OCHA 9 May).

OCHA reports that, between December 2012 and early May 2013, more than 206 000 people have been internally displaced and 49 000 have sought asylum in neighbouring countries. Even before this crisis, 3.2 million people had no access to healthcare and some 80 000 people were at risk of severe food insecurity; according to the UN Emergency Relief Coordinator, these figures are expected to increase. Insecurity is making it difficult to supply humanitarian aid. There is limited access to essential healthcare as health workers have fled the violence, leaving health facilities unable to provide healthcare. There is also a lack of medicines, medical supplies and emergency medical assistance equipment.

On 10 May, a joint UN rapid response assessment mission was organized to the southern towns of Damara and Sibut: the hospital in Sibut was functioning with nurses and health assistants, but no doctors.

**Health cluster priorities**

- Assessment of the health situation and response capacities, where security allows, to address gaps and provide support to health coordination as District health officials have not returned yet.
- Provision of supplies, including vaccines, for the continuation of basic care, emergency medical assistance and disease prevention and control
- Provision of basic health services in healthcare facilities through NGO partners.
- Strengthening local capacities and improving the infrastructure for primary and secondary healthcare facilities.
- Provision of logistic and financial support to humanitarian partners for staff deployment and training health care managers
- Response to the measles outbreak through vaccination campaigns

**Health Cluster response**

- WHO and Health Cluster partners provided technical support to the Ministry of Health for setting up a crisis unit to coordinate the health sector humanitarian response.
- WHO and Health Cluster partners initiated a joint initial rapid assessment of health services and inventory of health facilities (28 hospitals and 236 health centres) in 22 health districts at the end of March and beginning of April.
- In April, the Ministry of Health declared a measles outbreak in Bangui. WHO and Health Cluster partners conducted an emergency measles vaccination campaign in Bangui (22 - 27 May), targeting 125 000 children aged 6 to 59 months. The 50 000 measles vaccines available in the country were augmented by an emergency order for 250 000 more vaccines including 100 000 for routine vaccinations and 150 000 vaccines for the measles outbreak in Bangui. The Ministry of Health resumed routine measles vaccination on 22 May.
- Refresher courses were provided to health staff to support the response to the measles outbreak. Data collection templates were also distributed for monitoring purposes.
- A committee composed of the Ministry of Health, WHO, UNICEF and Merlin continues to coordinate the measles response.
- Since 24 March, health partners provided health coverage for three months for 141 000 people in hospitals and health centres in Bangui, Boali, Bimbo, Begua Batangafo, Kabo, Bossangoa, Sibut, Ndele, Carnot and Paoua.

---

**Statistics**

<table>
<thead>
<tr>
<th>Total population</th>
<th>4 401 000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross national income per capita*</td>
<td>810</td>
</tr>
<tr>
<td>Life expectancy at birth m/f (years)</td>
<td>47/50</td>
</tr>
<tr>
<td>Probability of dying between 15 and 60 years m/f **</td>
<td>466/420</td>
</tr>
<tr>
<td>Total expenditure on health per capita* (2010)</td>
<td>31</td>
</tr>
<tr>
<td>Total expenditure on health as % of GDP (2010)</td>
<td>3.8</td>
</tr>
</tbody>
</table>

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

**Funding US$ 2013**

<table>
<thead>
<tr>
<th>Health Cluster</th>
<th>WHO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requested 14 313 936</td>
<td>2 472 933</td>
</tr>
<tr>
<td>Received 2 301 367</td>
<td>875 000</td>
</tr>
</tbody>
</table>

WHO received US$ 1 537 642 in 2012, 42.1% of the funds requested.  
Source: OCHA/FTS.

WHO’s emergency activities in 2013 in the Central African Republic have been supported by the Central Emergency Response Fund.

For more information:  
http://www.who.int/hac/crises/caf
The Syrian Arab Republic

Situation highlights

As the crisis deepens in the Syrian Arab Republic, the number of affected people continues to increase. In May, the number of refugees exceeded the 1.3 million mark and an estimated 6.8 million Syrians now require urgent humanitarian assistance, of which 3.1 million are children.

Health needs are continuing to rise across the country. The recent escalation in the conflict is further impeding the provision of life-saving health care. Shortages remain critical for essential medicines such as insulin, oxygen, nitrogen gas, anaesthetics, serums and intravenous fluids. Access to health services is limited. Data as of 30 April shows that 37% of public hospitals and 8% of public health centres are out of service; and 20% of public hospitals and 12% of public health centres are damaged. For transport, 78% of ambulances are damaged and 52% are out of service.

Almost 4.25 million internally-displaced Syrians, who have relocated to less volatile areas, are mostly living in overcrowded, unsanitary conditions. The provision of safe drinking water and safe sanitation has been disrupted, and there are challenges in implementing vaccination campaigns and vector control programmes. As the health situation deteriorates and temperatures continue to rise, this increases the risk of epidemics. Measures to prevent and contain outbreaks are essential if the negative health impact on the most vulnerable in the Syrian Arab Republic and neighbouring countries is to be mitigated.

In a 3 June press release, WHO stated that new cases of vaccine-preventable diseases such as measles have reappeared in the Syrian Arab Republic due to a drop in national vaccination coverage from 95% in 2010 to an estimated 45% in 2013. In the first quarter of 2013, the number of laboratory-confirmed measles cases in Syria reached 139, compared to zero cases in 2010 and 2011, and 71% of these cases were shown to be not vaccinated. National campaigns to vaccinate children below the age of five have been hindered due to accessibility and security issues, resulting in high numbers of unvaccinated children in inaccessible areas.

WHO/UN agencies and health sector partners continued to provide basic health care, medicines and medical supplies to the affected population across the country. WHO has supported health partners in Deir-ez-Zor with Interagency Emergency Health Kits (Basic and Supplementary Kits) for 20 000 beneficiaries, one Surgical Kit for 100 surgical interventions and five Midwife Kits. In addition, life-saving and essential medicines were provided to treat more than 4100 beneficiaries.

- Drawing on supplies from the International Committee of the Red Cross and the Danish Red Cross, WHO and the Syrian Arab Red Crescent (SARC) provided to the Ministry of Health and local partners, emergency medical supplies and medicines for 80 000 people in affected areas in the north of the country. In addition, medical supplies for 1600 surgical interventions and medicines for more than 2500 patients were distributed.
- WHO supported the Ministry of Health with life-saving medicines for 4000 beneficiaries and the Ministry of Higher Education with two ventilators for the Intensive Care Burns Unit at al-Mowasat hospital.

Health Cluster priorities

- Trauma care
- Primary health care support
- Access to essential medicines
- Management of chronic diseases
- Disease and nutritional surveillance
- Health information management
- Mental health care
- Strengthening referral systems
- Health coordination
- Water, sanitation and hygiene.

Health sector response (April – May 2013)

WHO, UN agencies and health sector partners continued to provide basic health care, medicines and medical supplies to the affected population across the country. WHO has supported health partners in Deir-ez-Zor with Interagency Emergency Health Kits (Basic and Supplementary Kits) for 20 000 beneficiaries, one Surgical Kit for 100 surgical interventions and five Midwife Kits. In addition, life-saving and essential medicines were provided to treat more than 4100 beneficiaries.

- Drawing on supplies from the International Committee of the Red Cross and the Danish Red Cross, WHO and the Syrian Arab Red Crescent (SARC) provided to the Ministry of Health and local partners, emergency medical supplies and medicines for 80 000 people in affected areas in the north of the country. In addition, medical supplies for 1600 surgical interventions and medicines for more than 2500 patients were distributed.
- WHO supported the Ministry of Health with life-saving medicines for 4000 beneficiaries and the Ministry of Higher Education with two ventilators for the Intensive Care Burns Unit at al-Mowasat hospital.
May 2013

WHO's work in emergencies at the World Health Assembly

On Monday, 27 May, the World Health Assembly took note of the WHO Secretariat’s Progress Report on the implementation of its resolution 64.10 of 2011 entitled ‘Strengthening national health emergency and disaster management capacities and the resilience of health systems’.

In addition to highlighting the progress being made in national emergency and disaster risk management for health, most of the discussion on this agenda item pertained to the addendum to the Progress Report, which provided an overview of WHO’s work in emergency response during the period May 2012 to April 2013. The addendum showcased three humanitarian emergencies requiring the most substantial action from the relevant WHO country offices: the Central African Republic, Mali and the Syrian Arab Republic.

Delegates thanked the Director-General for the report and the addendum and expressed satisfaction with WHO’s emergency work, attributing recent progress to effective implementation of the Emergency Response Framework.

Several delegates took the floor to call on all parties involved in conflicts to respect and protect the neutrality of health workers and health facilities and to ensure humanitarian access for the delivery of essential health care to populations in need.

The Assembly requested WHO to continue responding to health needs in emergencies and report on WHO’s emergency activities to WHO governing bodies on an annual basis.

UN Interagency convoys

- WHO participated in four UN inter-agency convoys (crossing conflict lines), to Ter Mallah, al-Ghan and Talbiseh in Homs governorate to deliver emergency medical supplies for 79 000 people, and to front line areas in Aleppo with medical supplies and surgical kits for up to 172 000 people.

Vaccination campaigns

- WHO supported the Ministry of Health in delivering vaccines to affected governorates including Aleppo, Idleb, al-Hassakah and Ar-Raqa.
- UNICEF and WHO continued to support the Ministry of Health in implementing the 2013 National Vaccination Campaign against measles and polio (11 March to 11 April). The governorates reported that 702 281 schools students (from grade 1 to grade 4) and 82 412 children in IDP shelters between the age of 6-months and 15-years were vaccinated against measles. This included, 620 031 children under five being vaccinated against polio and 193 566 children under five being vaccinated against measles in health facilities.

Outbreak preparedness and response measures:

- WHO is supporting the Ministry of Health to further expand the disease early warning and response system (EWARS) to cover more affected areas, as well as procuring medicines that will be distributed in four regions for rapid response to outbreaks.
- WHO is reinforcing the EWARS system by establishing a system for monitoring water quality to determine risks of water-borne disease outbreaks in different regions across the country.
- WHO has developed a plan for prevention and treatment of leishmaniasis. Over the last few years, despite vector control efforts, the Syrian Arab Republic has seen a steady increase in the number of cutaneous leishmaniasis cases. The plan includes (i) early diagnosis (i.e. active case finding in case of epidemic), early treatment and other vector control measures; (ii) procurement and distribution of insecticide-treated bed-nets; (iii) training of doctors and nurses on treatment of cutaneous leishmaniasis; and (iv) raising public awareness on disease prevention and control.

Training of health workers:

- WHO trained 90 nurses and medical doctors on classification and case management of diarrhoeal diseases among children under five.
World Health Assembly Side Event: Emergency Risk Management for Public Health

The Ministry of Health of Singapore hosted a high-level side event on 20 May 2013 at the World Health Assembly which was attended by more than 200 delegates. The Special Representative of the Secretary General for Disaster Risk Reduction, Margareta Wahlström stressed the need for health to be better positioned in all aspects of disaster risk management, for improved reporting on widespread health risks and effects of disasters, and for senior health actors to be more active in the dialogues on the post-2015 Framework for Disaster Risk Reduction. Speakers from Chile, Nigeria, Oman, Singapore, Spain and the United States of America shared country experiences of how health systems and partners have managed health risks associated with emergencies, such as cyclones, earthquakes, floods, mining incidents, Severe Acute Respiratory Syndrome and food contamination. They reflected the multiple dimensions of emergency risk management across many health disciplines and the utmost importance of coordinated multisectoral action to achieve better health outcomes.

Dr Margaret Chan, Director-General WHO, spoke of WHO’s commitment to this issue, reflecting on the need to ensure that health systems and health infrastructure were resilient to future events. Dr Shin Young-soo, Regional Director WHO Regional Office for the Western Pacific, and WHO Assistant Director-General Dr Keiji Fukuda expressed the health imperative for effectively dealing with risks of emergencies and stressed the important role played by the International Health Regulations. WHO Assistant Director-General Dr Bruce Aylward gave a progress report on the development of the global framework on emergency risk management for health, and the key principles and capacities needed by countries to manage health risks. Dr Aylward sought the guidance and inputs from Member States for finalizing the framework which is expected to be submitted to the World Health Assembly in 2014.

Global Platform for Disaster Risk Reduction results in increased focus on health

The 4th Session of the Global Platform for Disaster Risk Reduction, the world’s foremost gathering of stakeholders committed to reducing disaster risk and building the resilience of communities and nations, was held from 19-23 May 2013. Over 3500 delegates reported on progress on implementing the Hyogo Framework for Action and gave their inputs for a new framework for disaster risk reduction to be adopted in 2015. Major outputs of the conference, including the Chair’s summary and the High Level Communiqué, as well as the closing remarks from the Special Representative to the Secretary-General, Ms Margareta Wahlström, reflected an increasing emphasis on actions to improve health outcomes for communities at risk of emergencies.

Three major health events were organized by WHO and partners: 1) Thematic Platform on Emergency and Disaster Risk Management for Health which had more than 25 speakers, 2) the Feature Event on The Health Imperative for Safer and Resilient Communities, and the 3) Side Event on Safer Hospitals - Essential Priorities for Disaster Risk Management and Community Resilience. Specific actions directly arising from these sessions include a revised action plan for the thematic platform and an updated action plan for the safe hospitals initiative. WHO also presented a statement and 10 key messages for enhancing the post-2015 framework for disaster risk reduction, and invited input from all partners to strengthen the health inputs to the ongoing dialogues on the future of Disaster Risk Reduction. Progress reports and resource materials made available by WHO at the Global Platform can be found at: http://www.who.int/hac/techguidance/preparedness/. A wide spectrum of resources, including Global Platform reports and presentations for each of the sessions, are available at: http://www.preventionweb.net/globalplatform/2013/. Please contact Jonathan Abrahams (abrahamsj@who.int) for more information.