In this issue: The health response to the humanitarian crises in the Central African Republic and Somalia. The World Humanitarian Day campaign provides an opportunity to say thanks to humanitarian health workers.

**Central African Republic**

**Situation highlights**

Security issues have recently increased in the western and north-western parts of the country. On the main supply road (Cameroon-Bouar), convoys have been experiencing violent attacks. Recently in Bambari, violent clashes led to the death of a dozen internally displaced people (IDPs).

Almost 400 000 people remain in IDP camps, including 30 186 in Bangui. The IDPs are among the 2.7 million Central Africans, more than half of the population, who depend on humanitarian aid to survive, including 1.2 million people who are food insecure.

Neighbouring countries still host more than 461 000 Central African refugees. Cameroon is now home to more than 53% of refugees from the Central African Republic (244 819), while the Democratic Republic of the Congo hosts 98 281, Chad 91 211 and the Republic of Congo 27 654.

In May 2015, OCHA projected that an estimated 32 000 children may experience severe acute malnutrition and approximately 78 000 will exhibit moderate acute malnutrition.

Over the last three months, measles outbreaks were reported in Birao (Vakaga prefecture, close the Sudanese border), Bangassou (Mbomou prefecture) and Kaga Bandoro (Nana Gribizi prefecture). At the end of July, 583 cases including six deaths were reported in those localities.

Malaria remains the primary cause of mortality. An epidemic of rubella, lasting 24 weeks, affected 1611 people, mostly children under five. From April to June, four deaths related to rabies were reported in Bouar (Nana Mambere prefecture).

**Health Objectives and response priorities**

- Provide emergency health services (preventative and curative) to people affected by the crisis, including management of chronic illnesses, reproductive health care and trauma care
- Increase access to health services for people affected by the crisis and/or protracted displacement, including host families
- Prevent and control outbreaks of epidemic-prone diseases in areas at risk

**Health Cluster response**

- WHO, Ministry of Health and other health partners (UNICEF, IMC) participated in the planning and implementation of a measles immunization campaign in the entire Vakaga prefecture. The campaign vaccinated 24 413 children aged 6 months to 10 years within a target of 26 172.
- In response to measles outbreaks in Bangassou, MSF Belgique in collaboration with the Ministry of Health started implementing a measles immunization campaign 3 days ago in Bangassou and Rafai subprefecture. WHO, Ministry of Health partners are planning a measles immunization campaign in Kaga Bandoro suprefecture.
- Polio immunization campaigns vaccinated 62 211 children under five (of a targeted 73 340) in Bamingui-Bangoran, Haute Kotto and Vakaga between April and July.
- The Health Cluster has revised the cholera preparedness and response contingency plan.

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**Statistics**

- Population: 4 616 000
- Gross national income per capita: 600
- Life expectancy at birth m/f: 50/52
- Probability of dying between 15 and 60 years m/f**: 433/412
- Total expenditure on health per capita (2010): 24
- Total expenditure on health as % of GDP (2010): 3.9

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

**Funding US$**  

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<th>Health Cluster</th>
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| Requested      | 63 200 000 | 9 393 161  
| Received       | 23 533 344 | 1 153 002  

Source: OCHA/FTS and WHO

WHO received 2015 funding support for humanitarian health activities in the Central African Republic from Italy.

For more information: [http://www.who.int/hac/crises/car](http://www.who.int/hac/crises/car)

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• Emergency health care is being provided in some critical areas (45 out of 80 sub-prefectures) of the country by Health Cluster partners.
• WHO provided rabies vaccines to health facilities in Bouar and to Institut Pasteur de Bangui to prevent rabies cases.
• The health response in the Central African Republic continues to be hampered by both security challenges and a funding gap. The health sector has only received 37.2% of the requirement funding as of 26/08/15 (OCHA -FTS). The national capacity is still weak and support from humanitarian partners is still needed.
Situation highlights

Conflict continues to cause displacement in southern and central Somalia. In June, at least 93 violent attacks were reported, with 197 fatalities. Aid delivery is restricted by threats against humanitarian workers and ongoing military offensives.

Conflict-affected areas are also likely to face serious food insecurity when vital supply roads are blocked by armed groups. Currently, 2.3 million people are in food security stress. A short-term deterioration of the food security situation is projected between July and December, mainly in southern and central zones.

Currently, 1.1 million people are internally displaced and a further 1 million are living as refugees in neighbouring countries.

Furthermore, the volatile situation in Yemen has led to an influx of people to Somalia in May and June. As of 3 July, about 22 000 people had arrived in Somalia from Yemen to escape the ongoing crisis, 20 000 of whom are Somalis and 2000 are refugees.

Around 3 million people are in need of emergency health services, particularly in Bay, Bakool, Galgaduud, Middle Juba and parts of Gedo. An estimated 1.3 million people are in need of nutritional support. The situation is significantly worse in Dhobley in the southern region, and Doolow and Gaalkacyo in the central region, with global acute malnutrition levels above the WHO’s 15% emergency threshold.

As of 31 May close to 1000 cases of acute watery diarrhoea (AWD) and suspected cholera have been reported including four deaths in Dhobley.

Lack of funding for the 2015 Humanitarian Response Plan, as well as the lack of prioritization of secondary health service provision, has left more than 1.5 million people cut off from primary or secondary health care services.

Health Cluster objectives and activities

- Prevent (including through immunization) and control epidemic-prone and communicable diseases.
- Ensure crisis-affected people have access to primary and secondary health care

The Health Cluster will focus on four priority activities:

1. Pre-position emergency supplies in high-risk-areas prone to natural disasters and epidemics and settlements where displaced people reside. Provide medical supplies to primary and secondary health facilities
2. Investigate, survey and respond to disease outbreaks
3. Support the establishment of health care facilities to cover gaps and provide quality primary health care services to the most vulnerable people, including women and children
4. Increase the number of fixed sites providing routine immunization (including measles and polio) to children under five years of age and mothers

Humanitarian health response

As of 20 August it is reported that over 100 000 children under age five have been treated for acute malnutrition, and acute malnutrition levels were lowered from 14.9 to 12 per cent. An estimated 555 000 Somalis received basic health services and over 4 million people across the country received polio vaccination. There has not been a polio case reported in the last 12 months. The country can be deemed polio-free if no more cases occur in the next two years. Measles caseloads have reduced from 7000 to 3000. (OCHA)

Due to a lack of funding and limited or no access to certain areas, there are significant challenges for achieving the strategic humanitarian objectives.
Say thanks to humanitarian health workers

Between World Humanitarian Day and the World Humanitarian Summit, the #ThanksHealthHero campaign is shining a spotlight on the doctors, nurses, paramedics and other health workers who selflessly serve their communities, often with very little access to resources and sometimes at great risk to their own lives.

A report compiled by WHO using secondary data found that 603 health care workers died, and 958 were injured, from violent attacks during humanitarian emergencies in 32 countries in 2014. In addition, at least 37 health workers and accompanying personnel have been deliberately targeted and killed for their role in polio eradication, and more than 510 health workers have died fighting Ebola.

Yet polio workers continue to vaccinate door-to-door, doctors and nurses continue to treat Ebola patients, and health workers continue to provide basic health services in conflict zones across the globe.

Send a message of thanks to these health heroes: http://who.int/mediacentre/events/2015/world-humanitarian-day/en/

Spotlight on recent WHO work for emergencies

Uzbekistan strengthens the safety and resilience of its hospitals

Uninterrupted functioning of health services is of the highest importance in emergencies and disasters. Continuing functioning of hospitals depends on a range of factors, including the safety of its buildings, critical systems and equipment, the availability of supplies, and the emergency and disaster management capacity of the hospital.

WHO/Europe is assisting the Ministry of Health in Uzbekistan to train national experts in applying the Hospital Safety Index (2nd edition), which is a tool for assessing the safety and preparedness of hospitals to remain operational in emergencies and disasters. Read the full story.

WHO strengthening national health emergency and disaster management capacities and resilience of health systems

The World Health Organization (WHO) African Region continues to be challenged by frequent natural and man-made emergencies as well as large-scale disease outbreaks that cause injuries, deaths, population displacements, destruction of health facilities and disruption of health care services. The WHO Regional Office for Africa participated in the 7th Africa Working Group Meeting on Disaster Risk Reduction which took place from 21-23 July 2015 in Yaoundé, Cameroon. The meeting explored the practical implications of the Sendai Framework for Disaster Risk Reduction on the implementation of the Africa Regional Strategy and its Programme of Action (POA). Read the full story.

Donor Update 2015 (Q2) - World Health Organization Syrian Arab Republic

Humanitarian access to some parts of the country shrank as a result of intense fighting. Population displacements continued, especially in Dar’a, where over 24 000 people were displaced in June 2015 alone. Another 60 000 were displaced in Al Hassakeh, and thousands of Kurds were displaced in Ar Raqq a. The number of people living in areas that are difficult or impossible for aid agencies to reach has almost doubled over the past two years (from 2.5 million in 2013 to 4.8 million at the start of 2015). Presently, UN agencies and partners are reaching only one third of people in need in hard-to-reach and besieged areas. Read the full Donor Update.