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Lake Chad Basin crisis

Health response to ongoing crisis in the Lake Chad Basin severely hampered by lack of funding

Violence continues to devastate the lives and health of the millions of people in the Lake Chad Basin – an area covering north-east Nigeria and parts of Cameroon, Chad and Niger. The World Health Organization (WHO) and humanitarian partners are appealing for urgent funding to cope with profound health challenges in the sub-region.

One of the main health concerns is the risk of epidemics. More than 2.5 million people have fled their homes as a result of the Boko Haram-related conflict. Many displaced people now live in conditions favourable for spreading communicable diseases such as cholera, measles, meningitis and yellow fever. Additional concerns include conflict-related trauma, injuries and disabilities, and an increased need for mental health services.

“This crisis has largely disappeared from television screens, yet that doesn’t mean the suffering has ended. Innocent civilians who continue to fear brutal attacks now face the threat of disease outbreaks and epidemics,” explained Dr Ibrahima-Socé Fall, Director of the Health Security and Emergencies Cluster at the WHO Regional Office for Africa.

“Health systems in the region are already stretched and we are collectively doing all that we can but the financial resources to support and strengthen health systems and infrastructure is simply not there,” Dr Fall added.

United Nations agencies, including WHO, and non-governmental organizations active in the area have received only 13% of the monies needed to implement health aspects of humanitarian response plans across the four countries this year. For WHO the situation is particularly distressing – the Organization has received just 5% of required funds. This hinders WHO’s ability to carry out planned activities including support for primary health, disease surveillance and trauma care.

“Without funding, the health response is severely hampered as we are unable to support the local health authorities and the doctors, nurses and other health professionals who are working to minimize the suffering caused by this crisis,” continued Dr Fall.

“This must change. The international community must band together to ensure the people of the Lake Chad Basin, who have suffered so much already, can at least access health care, which is a fundamental human right.”
WHO prepares for the health impacts of El Niño

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

Health preparedness for El Niño event 2015-2016
National Oceanic and Atmospheric Administration

What is El Niño?

El Niño is a climate cycle in the Pacific Ocean which begins when warm water in the western tropical Pacific Ocean shifts eastward along the equator toward South America. This climate cycle can have a global impact on weather patterns.

The El Niño happens at irregular intervals of two to seven years, and can last from nine months to two years.

International climate experts report that a strong El Niño is present in the tropical Pacific Ocean, and predict that it will become one of the strongest El Niño events in the past 20 years. El Niño is a major global public health concern that WHO is monitoring closely because it has the potential to worsen health risks associated with extreme weather in different parts of the world.

El Niño affects rainfall patterns and temperatures in many parts of the world but most intensely in areas which are particularly vulnerable to natural hazards (the tropical regions of Africa, Asia-Pacific, and Latin America). The magnitude of health impacts associated with El Niño will vary depending on the intensity of the climate influences, local health vulnerabilities and preparedness and response capacities. However, health consequences can include:

• Droughts and flooding may trigger food insecurity, increase malnutrition and thus enhance vulnerability to infectious diseases;
• Damaged or flooded sanitation infrastructure can lead to increases in waterborne diseases;
• Extremely dry conditions may lead to wildfires and deteriorated air quality conditions;
• Droughts, flooding and intense rainfall, including associated with cyclones, can lead to population displacement as well as water and vector-borne disease outbreaks;
• Extensive rainfall and flooding may close health facilities and restrict regular service delivery activities, as well as trigger landslides, destroy roads, public health and other supportive infrastructure, therefore restricting access to healthcare well beyond the event.

What WHO is doing to support country and regional preparedness

Throughout countries expected to be affected by El Niño in the South Pacific, Latin America and Africa, WHO is working closely with Ministries of Health and other health partners to develop contingency plans, coordinate advocacy and awareness communication, perform risk assessments and prepare guidance notes.

Contingency planning includes measures for the coordination and monitoring of the health response, uninterrupted provision of essential drugs and medical supplies, health education and community mobilization, and epidemic preparedness and response.

WHO, the Food and Agriculture Organization and the Organization for Animal Health are developing joint awareness and preparedness advisories for Rift Valley Fever, and working together to support and assess human health and animal health preparedness.

The World Meteorological Organization and WHO have established a Joint Office for Climate and Health in Geneva for information sharing to support risk assessment, coordination, and communications.
WHO condemns the bombing of the Medécins Sans Frontières (MSF) supported hospital in Saada province in northern Yemen. MSF estimates that this will leave 200,000 people with no access to lifesaving medical care.

The attack violates International Humanitarian Law. It is the second attack on an MSF-run health facility in a month. On 3 October, 30 people were killed when the MSF-supported medical clinic in Kunduz, Afghanistan was bombed. Twenty-seven MSF staff were injured.

The bombing represents a serious setback for both MSF and the affected community and an additional challenge to humanitarian work in Yemen.

WHO once again urges all parties in the conflict to respect the safety and neutrality of health workers and health facilities. Tragedies like this can and should be avoided, by warring parties consistently observing International Humanitarian Law and taking all necessary precautionary measures.

WHO is increasingly concerned by the continuous threats to health workers, facilities and transport, particularly in Iraq, Syria, and Yemen. WHO is working together with partners to protect patients, health infrastructure and supplies from violence and thus minimize disruptions to desperately needed health care.

World Humanitarian Summit: Global consultation

World Humanitarian Summit Global Consultation concludes with emphasis on health

The World Humanitarian Summit, scheduled for May 2016 in Istanbul, Turkey, will bring together Governments, UN agencies, NGOs, private companies, crisis-affected people and others to set the agenda for humanitarian action for years to come.

As part of an ongoing consultation process, thought leaders gathered in Geneva, Switzerland 14-16 October to catalyse discussion and help set the priorities for the Summit.

A cross-cutting message of this three-day World Humanitarian Summit Global Consultation was that all humanitarian action should focus first and foremost on the needs of people. Here are some of the key health-related points which emerged during the discussion:

1. We must address attacks on health.
   Despite special protections for health workers under international humanitarian law, health infrastructure and health workers are increasingly coming under attack. A key recommendation was the need for a strong political recommitment to the protection of health care.

2. There are lessons to be learned from the global community’s response to rapid-onset crises.
   The global community is becoming increasingly effective at responding to events like earthquakes and hurricanes which strike quickly and with very little warning. Participants discussed using the lessons learned from the response to rapid-onset emergencies to strengthen the health sector’s response to other kinds of crises, such as disease outbreaks and protracted conflict situations.

3. We need to rethink how we respond to protracted crises.
   Protracted conflict situations are among the greatest threats to health globally. Health facilities are often destroyed in the fighting, health workers flee and the overall health system crumbles. It can take less than a few months to destroy a healthcare system but decades to rebuild it. At the same time, there are fewer and fewer international responders available to address health and medical needs that arise during these types of crises.
   Discussions noted that neither traditional humanitarian nor development approaches are sufficient to deal with the health impacts of protracted crises. There is a need for a new approach to this type of emergency.

4. Non-traditional partners can play a role in humanitarian health.
   Medical students, private companies, and local organizations were among those who raised their hands during the consultation and stated their willingness to play a larger role in the response to the health consequences of emergencies. But how can they best be brought into the fold? Are existing coordination
mechanisms able to effectively engage such non-traditional actors? And how can more local actors be included without causing the international community to further disengage? These are key questions that were raised throughout the discussion and on which the World Humanitarian Summit needs to offer solutions.

5. **There is a need for greater investment in preparedness and stronger health systems.**

Strong health systems which are well prepared for potential crises respond better and bounce back faster when catastrophe does strike. When Ebola emerged in Nigeria, for example, their health system was well prepared and strong enough to put a rapid stop to the spread of the disease. Similarly, when a major earthquake struck Nepal earlier this year, major hospitals in Kathmandu continued to function and offer healthcare to patients, thanks in part to measures previously put in place to increase the health infrastructure’s resilience to hazards including earthquakes. More support should therefore be provided for preparedness and health system strengthening.

**Related links:**

- [Five points WHO would like to see reflected at the World Humanitarian Summit](#)

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**International Day for Disaster Reduction 2015: local knowledge saves lives**

**International Day for Disaster Reduction 2015 focuses on local knowledge to save lives**

The best formula for coping with a disaster – or preparing for one that may come – is to combine technical expertise with community knowledge. That is why this year’s International Day for Disaster Risk Reduction (13 October) focused on “Knowledge for Life” - embracing the role of traditional, indigenous and local knowledge, that complements modern science and adds to a community’s resilience.

WHO celebrated the day by asking on everyone to acknowledge the importance of community health workers as part of its #ThanksHealthHero campaign.

Community health workers play an important role in disasters and emergencies because they:

- know about local risks, including a community’s particular vulnerabilities and resources;
- provide information, education and social mobilization materials to mitigate health risks;
- know local actions to prevent risks at the source, and can avoid exposure to local hazards;
- are well-known, trusted and can promote appropriate disaster risk management approaches;
- can mobilize communities and provide first aid immediately after an emergency.

Please recognise the efforts of the community health workers through #ThanksHealthHero.

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**Learn more about WHO’s Humanitarian Health Action in recent emergencies**

- **Yemen:** [WHO scales up response in Yemen for cyclone Chapala](#)
- **Afghanistan and Pakistan:** [Health response to the 7.7 magnitude earthquake in Hindu Kush region](#)
- **Eastern Mediterranean and African Regions:** [WHO responds to cholera outbreaks in two regions](#)
- **Philippines:** [Typhoon- affected communities in the Philippines vulnerable to disease outbreaks](#)
- **Syrian Arab Republic:** [WHO’s remarks at the 27 October Member State briefing on the Syrian Arab Republic](#)

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