



## WHO FUNDING US\$



REQUESTED	RECEIVED	FUNDING GAP
16.1 MILLION	11.8 MILLION	4.3 MILLION

## HEALTH SECTOR FUNDING US\$



REQUESTED	RECEIVED	FUNDING GAP
64.3 MILLION	23.2 MILLION	41.1 MILLION

## CURRENT SITUATION (14 SEPT)



2.5 MILLION AFFECTED



509 000 DISPLACED  
84 000 IN BANGUI



358 327 REFUGEES IN NEIGHBORING  
COUNTRIES



7136 INJURED

## HIGHLIGHTS

- The crisis in the Central African Republic has been graded at Level 3 since 11 December 2014. Health partners have scaled up their interventions but have not reached all the population in need due to security and financial challenges.
- The security situation in the Central African Republic remains volatile and unpredictable, which continues to hinder humanitarian access. Since January, more than 890 security incidents have been recorded.
- 45% of health facilities, mainly outside of Bangui, are still not functional to provide basic health services according to WHO's Health Resource Availability Mapping System (HeRAMS) completed in May 2014.
- WHO is working with the Ministry of Health to develop a transition plan for early restoration of health facilities and services to fill critical gaps identified by the HeRAMS.
- In addition to the security challenges, the low funding level of the health sector (only 36% of the US\$ 64 million required has been funded so far) is hampering scale up of health services outside the capital city. The coming transition plan would require more resources to help scaling up essential health services.
- There is a need for continued advocacy for more protection of health facilities and workers, which is the main prerequisite to restore the health system.
- Strengthening disease surveillance including polio outside of Bangui is essential with the on-going rainy season that increases risks for water and vector borne diseases (malaria, diarrhoeas) with poor living conditions of IDPs.
- Getting prepared for an eventual Ebola outbreak is a very high priority for health partners.

## HEALTH CAPACITY



64	HEALTH CLUSTER PARTNERS
62	WHO STAFF IN THE COUNTRY
815	TOTAL NUMBER OF FACILITIES
450	FACILITIES FUNCTIONING (55, 2 %)
365	NOT FUNCTIONING (44, 8%)
147/21	DAMAGED/DESTROYED

## BENEFICIARIES



342 000	PEOPLE COVERED BY SUPPLIES
106 000	TONNES OF MEDICINE

## HEALTH ACTION IN BANGUI



1-2	CONSULTATIONS/YEAR/PERSON IN IDP SITES STANDARD (1 - 4)
50%	EXPECTED BIRTH DELIVERIES ASSISTED
748	RAPE CASES ASSISTED
7136	INJURY CASES ASSISTED

## COVERAGE BY MASS VACCINATION



41%	POLIO VPO 3 IN CAR
85 %	MEASLES (BANGUI, BRIA, CARNOT & BEBERATI)

## EWARN



28	SENTINEL SITES IN BANGUI
3	SENTINEL SITES IN KAGA BANDORO

## Situation update

The security situation continues to be precarious across the Central African Republic. State institutions, rule of law and public services are barely functioning. Sporadic attacks are still occurring in Bangui, with tensions remaining high in the 3<sup>rd</sup> and 5<sup>th</sup> district. Outside Bangui, clashes between the international forces and either the ex-Seleka or Anti-balaka groups led to more displacements and new IDP sites (e.g. Yaloke, Bambari, Kaga Bandoro, Mbres and the ongoing crisis in Bantangafo), as well as to the withdrawal of some NGOs due to increased insecurity and attacks made on health facilities by armed groups.

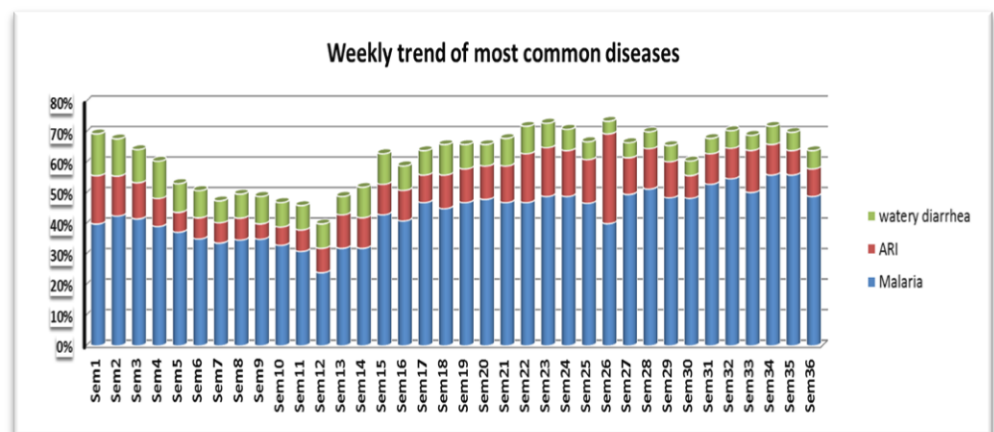
The insecurity and funding gaps continue to hamper the work of WHO and all other humanitarian partners, affecting effective scale up of operations outside Bangui: 2.5 million people are still in urgent humanitarian need.

The results of the HeRAMS revealed that, while access to basic services has improved mainly in Bangui and surrounding districts, the provision of advanced health services for life threatening conditions is still weak due to the lack of health workers, medical equipment (including source of power) and supplies that were looted. Only 55% of the health facilities are functioning and most of them provide only basic health services. At the regional level of referral, 33% of district hospitals are partially destroyed and not able to provide emergency services; only 35% of the immunization services are operational, and referral services (ambulances) have collapsed due to lootings (26 % operational, mainly supported by partners).

## Public health concerns

According to the latest epidemiological report produced by the Ministry of Health supported by WHO's emergency response team, malaria, respiratory infections, watery diarrhoea and physical trauma are the biggest health problems (in that order) among the displaced population, adding to the already historically poor health indicators. There is a high risk of malaria and cholera with the on-going rainy season and people living in poor conditions.

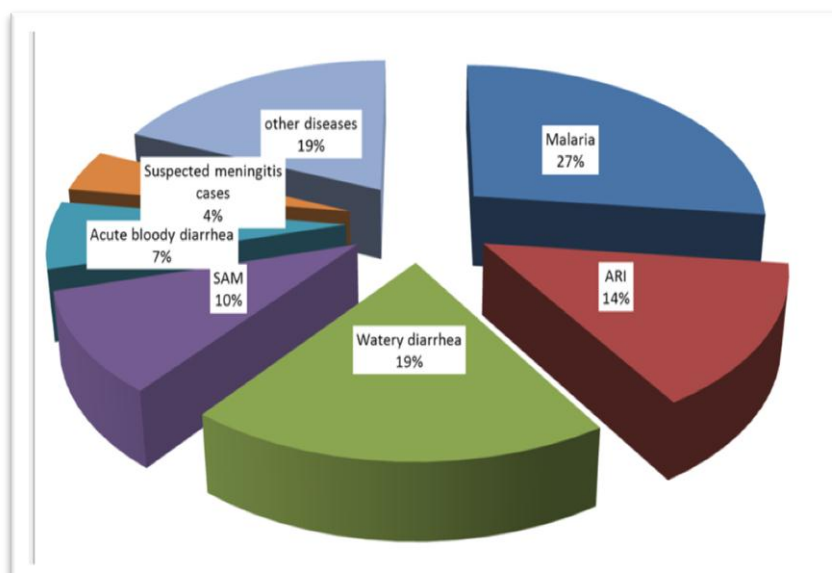
### Trend of diseases



Cases of malaria have already been on the rise during the past few weeks. In addition, the Central African Republic experiences recurrent measles outbreaks linked to poor immunization coverage (60 % of confirmed not immunized) as well as pertussis cases.

The lack of safe water and sanitation, along with the overcrowded living conditions (mainly for IDPs), increases the risk of diarrheal and other communicable disease outbreaks.

## Proportion of mortality by disease among children under 5 years in CAR (EWARS)



### Health priorities and targets

Within the framework of the Central African Republic Strategic Response Plan revised in December 2013, the Health Cluster identified the following main objectives for intervention to respond to the current crisis:

- To provide emergency health services (preventive and curative) to affected communities, including: trauma care; health care for communicable and non-communicable diseases; reproductive health care; infant and newborn care; medical care for complicated malnutrition cases;
- To rehabilitate primary and secondary health facilities affected by the conflict and establish a minimum package of health services and activities, including the restoration of the national medical supply chain;
- to support a total of 16 hospitals, 18 Class A health centers, 31 health centers and IDP sites in Bangui and 10 health districts (Lobaye, Ombella Mpoko, Ouham, Ouhampende, Nana Mambere, Ouaka, Nana Gribizi, Baminguibangoran, Basse Koto, Mbomou).

### WHO action in collaboration with health partners

#### Surge:

- L3/G3 emergency response since December 2013: more than 50 international staff deployed in four phases between 25 December and now, including five from stand-by partners.
- 31 repurposed WHO local technical and support staff for further focus on the humanitarian response.

#### Coordination and Leadership:

- Strengthened coordination of humanitarian partners and functioning of the Health Cluster. This coordination includes Health Cluster leadership and dedication of a Cluster Coordinator, supported by a co-facilitator from the NGO community (Save the Children).
- Joint planning and production of the revised Strategic Response Plan, but also the Health Cluster 100-days plan, the one-year emergency health response and recovery plan, and a two-year transitional plan in collaboration with the Ministry of Health and other relevant partners in process.
- Joint contingency planning related to potential outbreaks of cholera, Ebola or rabies.
- The coordination is currently functioning in four offices (Bangui, Bouar, Kaga Bandoro and Bambari) under WHO leadership.
- Since 29 July 2014, WHO has appointed a new Head of Office with humanitarian and public health experience.

#### Critical restoration of basic health services and gap filling:

- Restored blood bank, with 9500 blood pockets with reagents and cold chain

- equipment that have been provided to National Centre of Blood transfusion.
- Support provided to ambulance services resulting in more than 2648 people assisted (from January to June).
- Mechanism for free health care established for the most vulnerable (women, children, surgical emergencies) including: incentives for health personnel through performance bonuses, running cost in compensation of the loss that the non-recovery policy induces and provision of medical supplies and equipment.
- Support to the national supply chain. Since mid-December 2013, in Bangui and affected areas in the countryside, 44% of health facilities are functioning and supplies have been provided for free to cover at least 342 000 persons for basic health care, medical assistance of 26 400 birth deliveries and 3100 major trauma surgeries.

**Immunization campaigns:**

- Organization of vaccination campaigns in response to measles outbreaks in Bria, Carnot and Berberati, and first round of countrywide polio vaccination campaign. Of the 341 000 children targeted, 85% were immunised against measles and 41% against polio.
- On-going cash up EPI campaign targeting 100 000 children and polio National Immunization Days (NID).

**Information Management:**

- Public Health Risk Assessment report produced for health intervention and contingency planning (health situation status, response capacity including the availability and condition of services) done on 20 December 2013 and disseminated to the Health Cluster.
- Contribution made to MIRA (Multisectoral Initial Rapid Assessment) and other joint assessments.
- Early warning and response system (EWARS) established for diseases with high epidemic potential (measles, cholera, meningitis, polio, yellow fever, etc.) covering 82% of IDPs (30 sites now/52 sites in Dec 2013) in Bangui and surrounding districts.
- Update and sharing of 3W (including partners mapping and priority health facility identification).
- Information updates made to the media, donors and community members through the publication of Health Cluster and Epidemiological bulletins.
- Survey done to all health facilities countrywide (more than 750) within the Health Resource Availability Mapping (HeRAMS) process to guide early recovery and provide a basis for a comprehensive rehabilitation plan to scale up health services.

**Technical expertise:**

- Public health experts guided the health response strategy and plans. They are also analysing the result of the HeRAMS to advise in the development of the transition plan.
- SGBV (Sexual and Gender Based Violence) incorporated as within health response strategy and medical treatment provided to sexual violence cases. Support provided to Ministry of Health for the revision of the protocol for rape case management
- Mental health strategy developed and capacity building provided to operational partners. Contingency plan for cholera developed, including strategic stockpiling of medicines, response standard operating procedures and guidelines for the response.
- Support to the development of the transition plan

**Core services:**

- Logistical support: Medical supplies for more than 335 000 people for three months and reproductive kits to conduct 31 500 normal deliveries provided to Health partners.
- Resource mobilization and administrative support at country, regional and HQ level.

## Gaps and Needs

To support the health interventions described in the revised Strategic Response Plan for Central African Republic:

- The health sector is appealing for US\$ 64.3 million but as of 15 September only 36% of the funds required have been received.
- WHO requirements in the revised appeal amount to US\$ 16.1 million of which 73% has been funded as of 15 September. With the 6-months extension of the L3 crisis response, WHO needs to adjust staffing (HR) requirements.

WHO activities budget breakdown:

	Budget item	Cost US\$
1	Support to free emergency care in public health referral facilities	4,500,000
2	Provision of basic health services in IDP sites and affected communities	8,100,000
3	WHO coordination, information management and technical support	2,500,000
4	Field presence (Bangui, Kaga Bandoro, Bouar, Bossangoa, Bambare, Ndele) to fill governance gap and response to disease outbreaks	1,000,000
	<b>TOTAL</b>	<b>16,100,000</b>
	Donor Amount received Funded: US\$ (%)	
	World Bank 5 848 599 – (36.3%): for MoH, WHO monitoring its implementation	
	USAID 1 500 000 – (9.3%)	
	Finland 1 375 516 – (8.5%)	11,799,672
	CERF 1 295 834 – (8.0%)	
	UNDP-CHF 500 000 – (3.1%)	
	African Public Health Emergency Fund 279 723 - (1.7%)	
	<b>Funding Gap</b>	<b>4,300,328</b>

Based on the results of the HeRAMS, WHO supported the Ministry of Health in developing a transitional early recovery plan and budget for the rehabilitation of the health sector for the next two years (2014-2016) which will require US\$ 335 000 000. The above table is not taking into account the costs for early recovery activities .

### CONTACT

#### COUNTRY OFFICE

Dr Michel N.K. YAO, Head of WHO Country Office, [yaom@who.int](mailto:yaom@who.int)

#### REGIONAL OFFICE

Dr Lucien MANGA, Programme Area Coordinator, Outbreaks and Disasters Management, [mangal@who.int](mailto:mangal@who.int)

#### HQ

Ms Cintia DIAZ-HERRERA, Coordinator, External Relations  
[diazherrerac@who.int](mailto:diazherrerac@who.int)