

RESOURCE MOBILIZATION FOR HEALTH ACTION IN CRISES

COTE D'IVOIRE: A SUB-REGIONAL RESPONSE

SAVING LIVES AND REDUCING SUFFERING



SITUATION

11 November 2004 - The current conflict in Côte d'Ivoire has wounded nearly 2000 people and killed more than 60. Insecurity and violence are widespread. The UN is preparing contingency plans for at least half a million persons displaced by the violence. Public services are closed and economic activity paralyzed. There is a major shortage of fuel, and water and electricity supplies to many towns in *Forces Nouvelles* zones in the North and West have been suspended or are erratic.

All non-essential UN staff have been relocated, and for those humanitarian actors remaining, access to affected populations (particularly in the North and West) is extremely difficult. As refugees start to spill into neighboring countries, particularly Liberia (around 10,000 refugees newly arrived from Côte d'Ivoire), the UN Special Representative for West Africa warns that the crisis could have implications for regional stability.

HEALTH IMPACT

The health sector is badly hit:

- an estimated 70% of health facilities are not working
- the majority of medical staff have relocated, fled away or are unable to go to work due to insecurity and/or lack of functioning public transportation systems
- public health programmes (including a vaccination campaign scheduled for the West of the country) have been halted
- essential drugs are out of stock in some locations
- lack of water supplies contributes to the increased risk of communicable diseases, and there is a very weak surveillance system
- suspensions in electricity in the North have endangered the cold chain essential for proper vaccine storage
- Cholera has been reported from Eastern Liberia and suspected in West Côte d'Ivoire

WHO GOAL AND STRATEGY

Within the overall goal of reducing avoidable losses of human lives, the WHO emergency program in Ivory Coast and neighboring countries focuses on reducing the health risks originating from: (a) outbreak of communicable diseases and (b) reduced access to functional health care services. The operation has a **subregional dimension** integrating cross-border interventions implemented by six WHO country offices in Liberia, Ghana, Ivory Coast, Burkina Faso, Guinea and Mali coordinated by the Regional Office in Brazzaville, with the support of the Health Action Department in HQ.

The operation is coordinated within an inter-UN framework at country, regional, and HQ level.



WHO ACTIONS (as of 15 November)

- Contribute to health sector coordination and provide guidance on key health interventions as per evolving scenarios via participation in the Crisis Committee of the MOH and meetings with health partners present in Abidjan (UNICEF, MSF, ICRC)
- Supply two New Health Emergency Kits (each meeting the basic health needs of 10,000 people for three months) and one Surgical Kit (providing 100 operation consumables for 10 days) to health facilities through the Ministry of Health
- Assess WHO's operational capacity for Cote d'Ivoire and the five neighboring countries in light of the potential refugee influx and develop inter-country preparedness plans
- Establish a standby team of experts in logistics, epidemiology and public health
- Collect, analyze, and disseminate available health data
- Activate emergency revolving funds to initiate the response

WHO ACTIONS (for the next three months)

WHO functions	Cote d'Ivoire	Ghana, Mali, Burkina, Guinea, Liberia
Measuring ill-health and assessing needs	<ul style="list-style-type: none"> - Country-wide joint rapid health assessment - Set up emergency surveillance system (EWARS) - Collect and disseminate health data 	<ul style="list-style-type: none"> - Joint rapid health assessment in border areas - Set up emergency surveillance system (EWARS) in border area - Collect and disseminate health data
Ensuring that critical gaps in health response are filled	<ul style="list-style-type: none"> - Supply and stockpile essential medical items not provided by others - Ensure functionality of key health institutions 	<ul style="list-style-type: none"> - Preposition contingency stock of essential medical items - Ensure functionality of key health institutions serving transit areas
Coordinating joint action for health	<ul style="list-style-type: none"> - Establish a health coordination mechanism involving MoH and partners 	<ul style="list-style-type: none"> - Establish a health coordination mechanism involving MoH and partners
Strengthen the capacity of the national health system	<ul style="list-style-type: none"> - Provide technical guidance for the development of: (a) mechanisms for the redeployment of health personnel to the North and West; (b) mass casualty contingency plans for hospitals. - Support the crisis cell of the Ministry of Health 	<ul style="list-style-type: none"> - Provide technical guidance to the Ministry of Health in developing mechanisms for the redeployment of health personnel to border area.
Operational platform	<ul style="list-style-type: none"> - Establishment/reinforcement of operational bases. First Abidjan and Yamoussoukro. <p style="text-align: center;">5 expatriates (logisticians and Public Health experts); 2 MOSS cars; ICT equipment</p>	<ul style="list-style-type: none"> - Establishment/reinforcement of operational bases. First N'Zerekore (G) <p style="text-align: center;">5 Public Health experts; 2 MOSS cars; ICT equipment</p>
Indicative budget in USD	3,100,000 (see note)	

NOTE: The situation is evolving on a day-to-day basis and the above projects—as well as the indicated budgetary needs—are preliminary. These may be subject to change.

For more information:

David Nabarro, Representative of the Director-General for Health Action in Crises, nabarrod@who.int
Marianne Muller, External Relations, mullerm@who.int

Health Action in Crises,
World Health Organization/Geneva
Tel: +41 22 791 1887, Fax: +41 22 791 4844
<http://www.who.int/disasters>

