



OFFICE OF THE WHO REPRESENTATIVE FOR LIBERIA

WHO SITUATION REPORT

Period: 20 – 25 June 2005

SITREP # 4

A. HIGHLIGHTS OF NATIONAL POLITICAL AND SOCIAL DEVELOPMENTS

- As part of the preparations for the forthcoming general elections scheduled for 11 October 2005, the National Elections Commission (NEC) has apportioned the 64 seats in the House of Representatives to the 15 counties in the country. According to the statistics released by NEC, Montserrado County has 14 seats; Nimba County 7 seats; Bong County 6 seats; Grand Bassa County 4 seats; Lofa County 4 seats; Margibi County 4 seats; Bomi County 3 seats; Gbarpolu County 3 seats; Grand Cape Mount County 3 seats; Grand Gedeh County 3 seats; Maryland County 3 seats; River Gee County 3 seats; Sinoe County 3 seats; Rivercess County 2 seats; and Grand Kru County 2 seats.
- The United States of America recently provided additional contribution to the Disarmament, Demobilization, Rehabilitation and Reintegration (DDRR) Trust Fund of UNDP. A cheque for US\$15 million from USAID was handed over by the American Ambassador in Liberia to Ambassador Abou Moussa, Officer-in-Charge for the United Nations Mission in Liberia (UNMIL) and UNDP's Resident Coordinator.

B. IMPLEMENTATION OF PROGRAMMES OF TECHNICAL COOPERATION

1. Reactivation of National Task Force for Integrated Management of Childhood Illnesses (IMCI)

- The first meeting for reactivation of National Task Force for Integrated Management of Childhood Illnesses (IMCI) was recently held in the Family Health Division of the Ministry of Health (MOH); and was attended by representatives of MOH, WHO, UNICEF, UNFPA, Africare, World Vision/Liberia, and St. Joseph's Catholic Hospital. The meeting discussed the formation of a national core body, which will assist the MOH move the adaptation and implementation of IMCI forward in Liberia. The meeting also identified areas of focus, which should be addressed during the upcoming consultancy. The consultant will train members of the Task Force, to ensure that everyone is at the same level for the developments in IMCI. Moreover, it might be useful to consider simultaneous adaptation of the IMCI strategy, country implementation plan and strategy, policy, and guidelines. Meanwhile, WHO will distribute the generic IMCI Strategy, training and other IMCI documents among the members.

2. Expanded Programme on Immunization (EPI)

- The surveillance review for EPI diseases, which is part of the EPI Comprehensive Review, was conducted from 13 – 19 June 2005. A draft report has been prepared; and an official debriefing meeting with the Minister of Health, WHO Representative and UNICEF Representative was organized on 22 June 2005. During the debriefing session, consensus

was reached to implement the key action points of the recommendations between July and December 2005.

- The review of EPI Programme Management and Identification of System-Wide Barriers to Immunization has been initiated, and the review meeting will continue from 20 June to 4 July 2005. Senior Officers from the Regional Offices of WHO and UNICEF are participating in the exercise. The review tools for all levels of the health system have been developed and reviewed by senior officers of WHO, UNICEF and MOH.



Partial View of Participants at the EPI Programme Management Review Meeting in the WHO Conference Room

- The meeting for review of routine EPI activities for the first half of 2005 was held at the Ministry of Gender & Development from 24 – 25 June 2005. All the county EPI supervisors and cold chain officers participated in the review meeting.

2. Response to Cholera Outbreak

- Following the declaration of cholera outbreak in Monrovia and its environs by the Honourable Minister of Health on 8 June 2005, there were media reports of similar outbreaks in Nimba and Sinoe counties. From 01 May to 19 June 2005, 369 cases of acute watery diarrhea were reported from Montserrado, Nimba and Sinoe counties. There were 6 deaths and 7 confirmed cholera cases.
- At the national level, WHO is supporting the Ministry of Health (MOH) to coordinate the outbreak response interventions; and to establish active surveillance system for acute watery diarrhea, cholera, and dysentery in the affected areas. WHO has concluded arrangements with MOH and St. Joseph's Catholic Hospital for investigation and confirmation of cases.
- Two teams from WHO and MOH were dispatched to Nimba and Sinoe counties. In Nimba County, a meeting of all health sector stakeholders was convened in Ganta City to plan a response to the reported cholera outbreak. With the collaboration of the County Health Team, roles and responsibilities were assigned to health partners. Since 01 May 2005, 55 cases have been reported in Sanniquelleh and Saclepea areas. There were 5 confirmed cases of cholera and 2 deaths. The partners were briefed on case definition, investigation, confirmation, and prompt reporting. Laboratory investigation kits were presented to the County Health Team and the stakeholders.
- Another team visited Greenville in Sinoe County, where there were 87 reported cases of watery diarrhea with 4 deaths since 01 May 2005. Because the County Health Team was in short supply of all response resources, the WHO and MOH teams negotiated with UNMIL in Greenville to supply drugs and infusions to the hospital until the supplies arrived.
- Another mission was sent to Greenville on 21 June 2005. This team will upgrade the knowledge and skills of the health workers, other stakeholders and communities on the prevention, control and management of cholera. WHO has donated one complete Cholera

Kit, laboratory investigation equipment, and diagnostic tools to the Sinoe County Health Team.

- The major causes of the outbreak in the affected areas include poor quality of drinking water, and sanitation/hygiene practices.
