

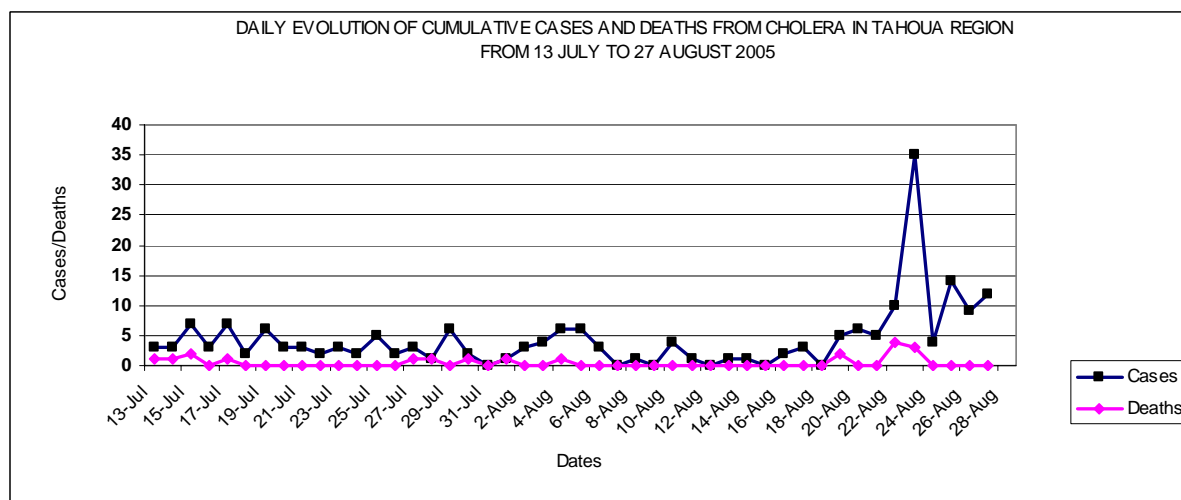
WHO Emergency Health Programme for the Food Crisis in Niger

Situation Report # 3

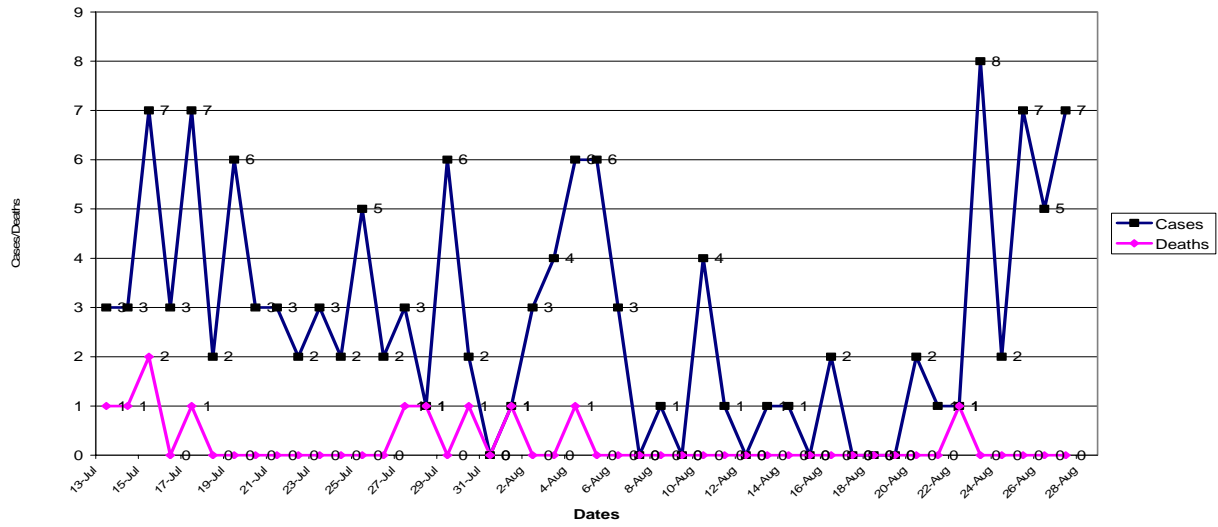
Period: 23 to 29 August 2005

I. Highlights

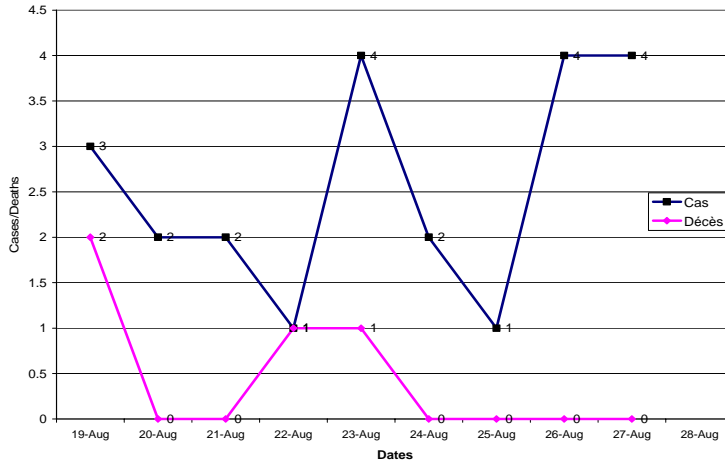
- The cumulative number of cholera cases from 13 July to 27 August 2005 is 184 including 18 deaths (Crude Fatality Rate of 9.78%). All cases were reported in the districts of Bouza, Birni Konni and Madaoua in the region of Tahoua.
- New cases in Birni Konni and Madaoua were laboratory confirmed with rapid tests by the Centre de recherches médicales et sanitaires (CERMES). Further samples have been sent to Niamey to determine the serotype.
- Active surveillance and social mobilization activities are being implemented by a team of the Ministry of Public Health. Cholera kits were pre-positioned in the area at the beginning of the past week. Isolation units for treating cases have been established and treatment of water sources with chlorine is ongoing.
- The Ministry of Public Health/Système national d'information sanitaire (SNIS) is developing a national plan for response to new cases in the regions of Diffa, Zinder, Maradi, Tahoua, Dosso, Niamey and Tillabéri.
- The case fatality rate is particularly high in Birni Konni. An overview of the age distribution of deaths excluded a link between severe malnutrition in children and high fatality rates.
- Rumours of cholera cases in Maradi were investigated and not confirmed.
- A third mission by WHO is finalized for deployment this week for supervision and training in case management in the affected areas of Tahoua.



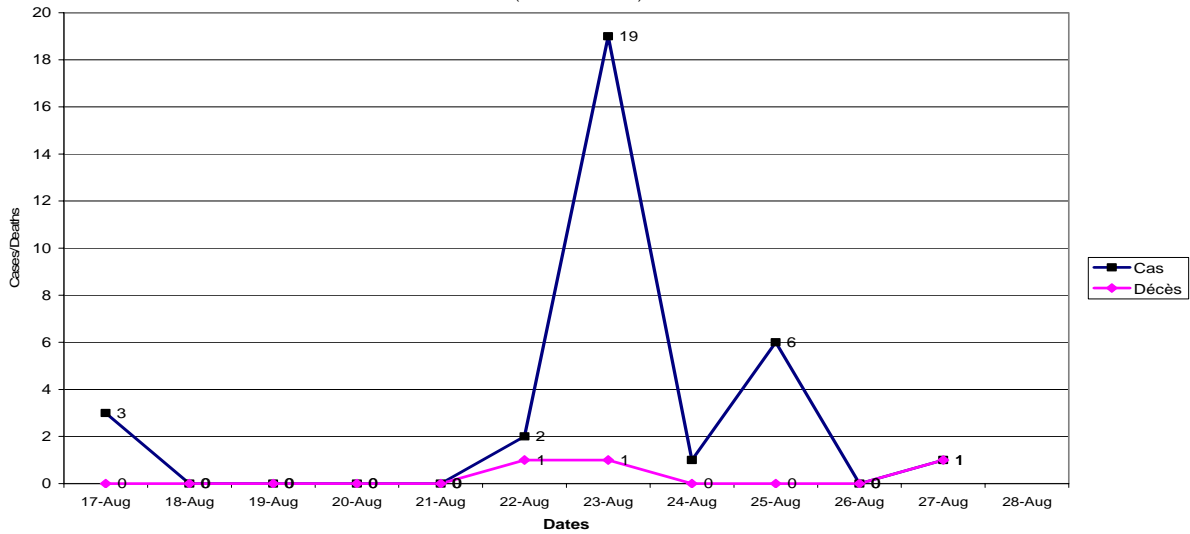
DAILY EVOLUTION OF THE OUTBREAK OF CHOLERA IN THE DISTRICT OF BOUZA, TAHOUA REGION, FROM 13 JULY TO 27 AUGUST 2005 (CASES/DEATHS)



DAILY EVOLUTION OF THE OUTBREAK OF CHOLERA IN THE DISTRICT OF BIRNI KONNI IN TAHOUA REGION FROM 19 TO 27 AUGUST 2005 (CASES/DEATHS)



DAILY EVOLUTION OF THE OUTBREAK OF CHOLERA IN MADAOUA DISTRICT, TAHOUA REGION FROM 17 TO 27 AUGUST (CASES/DEATHS)



- The “National Week of Mobilization for the Fight Against Malaria” took place from 23 to 27 August.
- The UK Department for International Development (DFID) has approved a financial support to the WHO emergency programme in Niger for USD 250,000. The shortfall is USD 1 million.

II. The WHO emergency programme

Axis 1: Enhance capacities to treat severe malnutrition at health centre levels by ensuring that staff receive focused training and that therapeutic food supplies are available.

- On 26 August, assessments were conducted at the CRENI (Centre de récupération nutritionnelle intensif) in the Tillabéri District Hospital and at the CRENA (Centre de récupération nutritionnelle ambulatoire) in Diamballa Integrated Health Centre (CSI), north of Tillabéri. The CRENI is the only one of the region and 30 severe and moderately malnourished children were treated at the moment of the visit. The CRENA in Diamballa has assessed the nutritional status of 933 children in July, including 257 with moderate malnutrition and 25 with severe malnutrition. The CRENA in Diamballa, which has been opened almost two months, will soon be converted into a CRENI. The assessment confirmed the urgent need of reinforcing the capacity to treat severe malnutrition at health centre level. Although therapeutic food, drugs, basic equipment and staff were available and user fees temporary waived thanks to the support of the NGO Islamic Relief, clinical and service management were severely limited. The assessment report is available.
- A six-day training course completed in Tillabéri on 27 August for 25 doctors and nurses working in district health centres in Tillabéri and Niamey regions focused on screening and clinical management of severe malnutrition. The workshop included clinical practical sessions in the CRENI in Tillabéri and at the CRENA in Diamballa. The final training report is available.
- A similar training course started on Monday 29 August in the Tahoua region.
- Following the assessment findings, WHO is investigating the possibility to establish an intensive, continuing, in-service training in Tillabéri and Diamballa conducted by WHO international consultants.

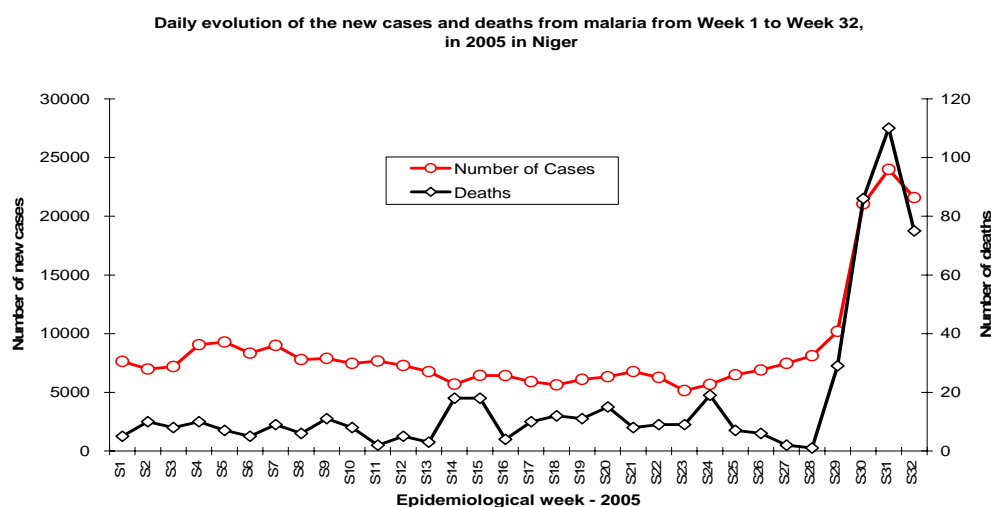
Axis 2: Strengthen health sector coordination and information management to ensure better targeting and address needs in under-serviced areas

The third interagency health coordination meeting co-chaired by the Director General of the Ministry of Public Health (MoPH) and WHO was held in Niamey on 25 August. The working group on surveillance, lead by WHO, provided updates on the cholera outbreak and on the preparatory work for the production of the weekly epidemiological bulletin. The working group on nutrition, led by UNICEF, provided an overview of the current interventions in Therapeutic feeding centres meanwhile the working group for the establishment of a social fund announced the finalization of a concept paper that will be presented to the government this week. Members of a CDC/UNICEF team briefly presented the nutritional and mortality survey that will be conducted countrywide next week. WHO's strong interest in collaborating in the survey was acknowledged. During the meeting, MSF/F provided data on in their Therapeutic Feeding Centres as follows: 85% rate of recovery; 10% abandoned/referrals to other centres for complications and 5% mortality rate.

- At the health coordination meeting in Maradi held at the WHO office on 26 August, the World Food Programme, UNICEF, OCHA, CARE, MSF-F, ACF, World Vision, Agence des Musulmans d'Afrique, Save the Children and Red Cross Niger were in attendance. WHO provided updates on the cholera outbreak. The Department Regional de la Santé Public (DRSP) plans to compile data to have an estimate of the level of management of severe and moderate malnutrition. The next meeting scheduled for 2 September.
- WHO is preparing health profiles of the 8 regions of Niger. The health profile of Dosso region is finalized and includes demographic data, health structure resources, Centres de Santé Intégré and epidemiological trends.
- WHO is regularly attending the weekly meeting of the inter-ministerial Food Crisis Group (Cellule de Crise Alimentaire or CCA).
- The OCHA Humanitarian Information Centre is operational and WHO has this week met with their mapping officer to discuss cooperation on geo-referenced data.

Axis 3: Early identification and control of suspected outbreaks supporting health partners in surveillance systems and strengthening preparedness for epidemic prone diseases through provision of technical expertise and preposition of medical kits

- A WHO epidemiologist from AFRO arrived this week and is working with experts of the National health information service to finalize the production of a weekly epidemiology bulletin including nutritional data. The bulletin is scheduled to be published at the middle of next week.
- The WHO Malaria consultants are preparing a training module to reinforce the fight against malaria and to identify and address ongoing needs. There will also be distribution of guidelines for the use of Artemisinin-based Combination Therapy to field workers.
- Assessment missions undertaken by WHO malaria consultants in Tillabéri district revealed that in several health centres Artesunate is administered as monotherapy treatment. However, WHO doesn't recommend the use of Artemisinin derivatives in monotherapy because the risk of inducing drug resistance is particularly high if the treatment is not properly conducted. WHO will issue a memo and technical note to international agencies and local health authorities recommending the use of derivatives of artemisinin only in combination with other antimalarial drugs.
- Malaria continues to be one of the major causes of morbidity and mortality as shown in the below graph on the weekly evolution of cases and deaths for malaria.



The apparent decline in cases in week 30 results from incomplete data from Filingé district

Axis 4: Support the development of an emergency policy and strategy to improve reliability of access to and affordability of essential health care

- WHO actively participated in the working group for the establishment of a social fund (partners of which includes UNFPA, UNICEF, the World Bank, the Belgian Cooperation, the French Cooperation, OCHA, a representative from the NGOs, the inter-ministerial Food Crisis Group (CCA) and the MoPH) to review a draft proposal of the fund "Santé de Proximité" that is being established to reduce financial barriers to access to health and nutrition services in the 16 districts most affected by the crisis. Comments on the draft have been received and the document is being finalized. Following this, discussions with the CCA to review the modalities of usage of the fund will take place before it is presented to the MoPH.
- WHO held discussions with the MoPH and partners to promote increased cooperation over the next years for the enhancement of the impact of cost recovery, to develop financing alternatives based on cost and risk sharing and to ensure full policy convergence and consensus in principles on strengthening the institutional capacities of the MoPH at local, central and regional level.
- Related to the crisis, WHO proposed to the MoPH to develop, with partners, coordination mechanisms in the regions affected to ensure that external funds and support for specific emergency programmes are managed and organized in a way that contributes to the sustenance of financing mechanisms for the health system.
- WHO met individually with country representatives of Belgium, Denmark, France, Germany, Japan and Switzerland and the World Bank to discuss both immediate and medium term actions required to facilitate collaboration. Proposals for collaboration were sent.
- Mobilization of technical expertise from WHO in health financing is underway, in particular related to social health insurance.

III. Operations

Staffing

- Two WHO experts from Roll Back Malaria and one WHO epidemiologist from AFRO arrived in Niamey.
- Two international experts in nutrition from WHO/Geneva of which one will be based in WHO office in Maradi and one expert in malaria from the WHO/AFRO Regional Office are expected this week.