

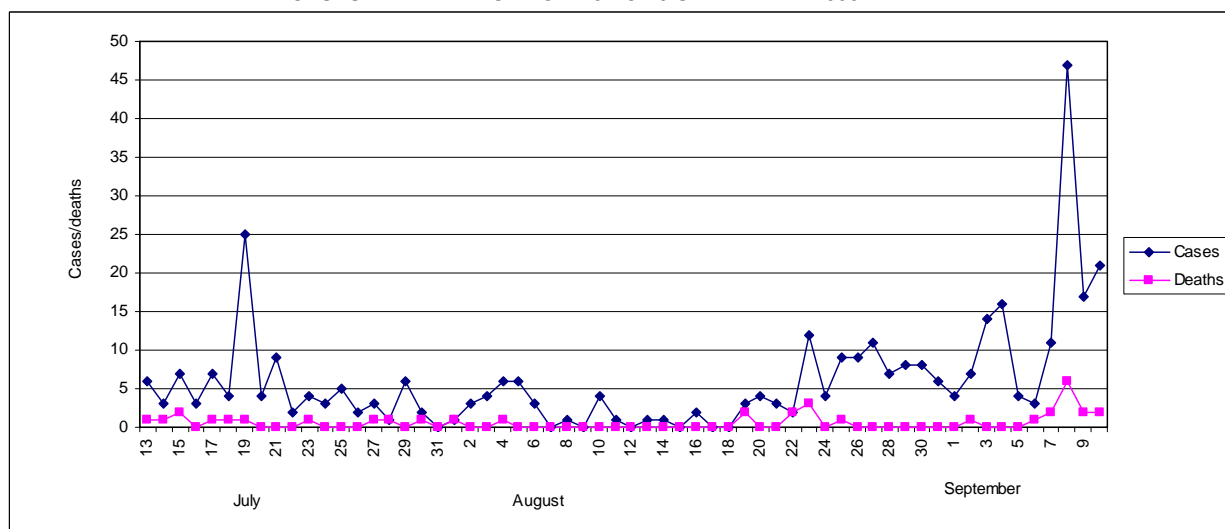
**WHO Emergency Health Programme for the Food Crisis in Niger
Situation Report # 5**

Period: 6 to 12 September 2005

I. Highlights

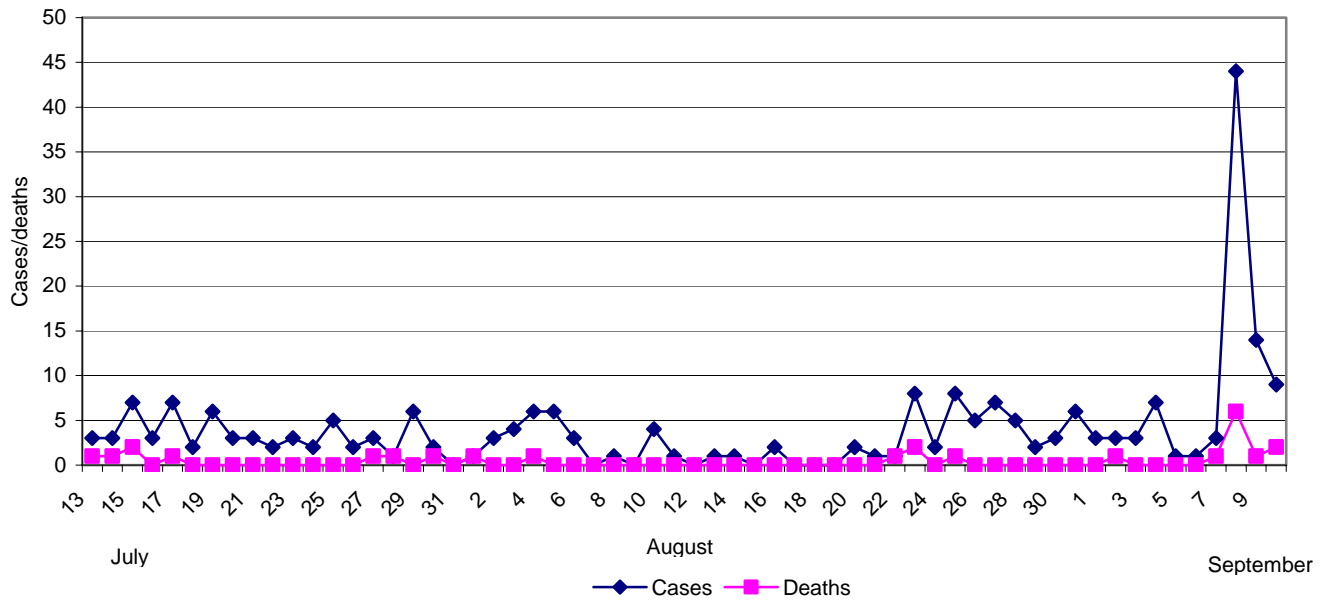
- 140 new cases of cholera - including 14 deaths - have been reported in Tahoua region during the first week of September, bringing the aggregate number of cholera cases from 13 July to 10 September to 359 cases - including 35 deaths - for a Case Fatality Rate of 9.749%.

**CHOLERA IN NIGER
CASES AND DEATHS FROM 13 TO 10 SEPTEMBER 2005**

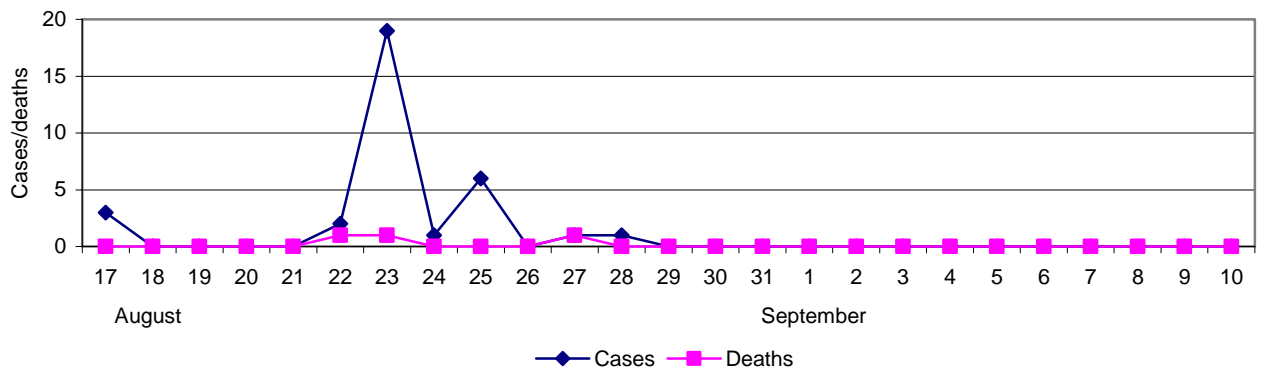


- No new district was affected by the epidemic. All cases were reported in the districts of Bouza, Birni Konni and Madaoua, in the region of Tahoua. However, a recrudescence of the epidemic was noted in Bouza, which accounts for 85 of the 140 reported cases. Below, a graphic representation of the cases reported daily by each district:

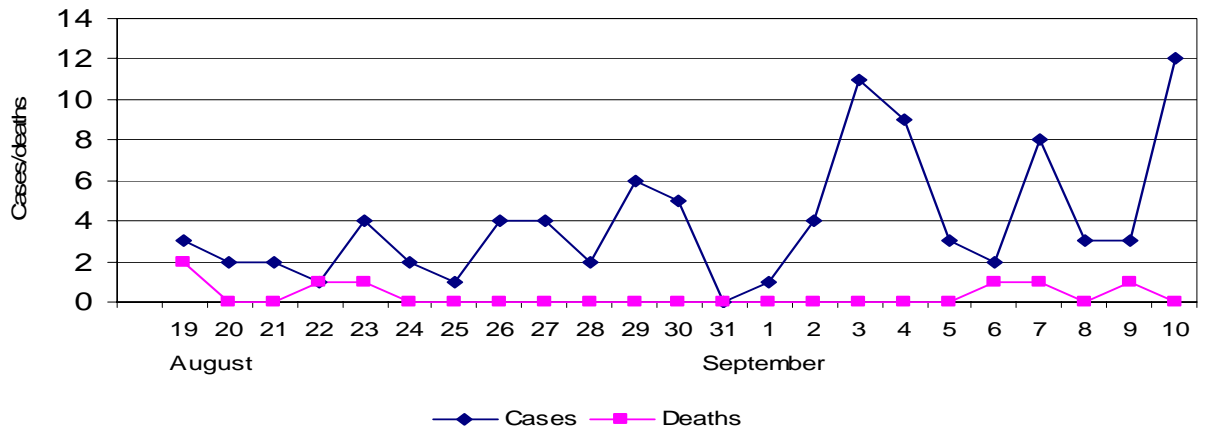
OUTBREAK OF CHOLERA IN THE DISTRICT OF BOUZA
FROM THE 13 JULY TO 10 SEPTEMBER (CASES AND DEATHS)



OUTBREAK OF CHOLERA IN THE DISTRICT OF MADOUA
FROM THE 17 AUGUST TO 10 SEPTEMBER (CASES AND DEATHS)

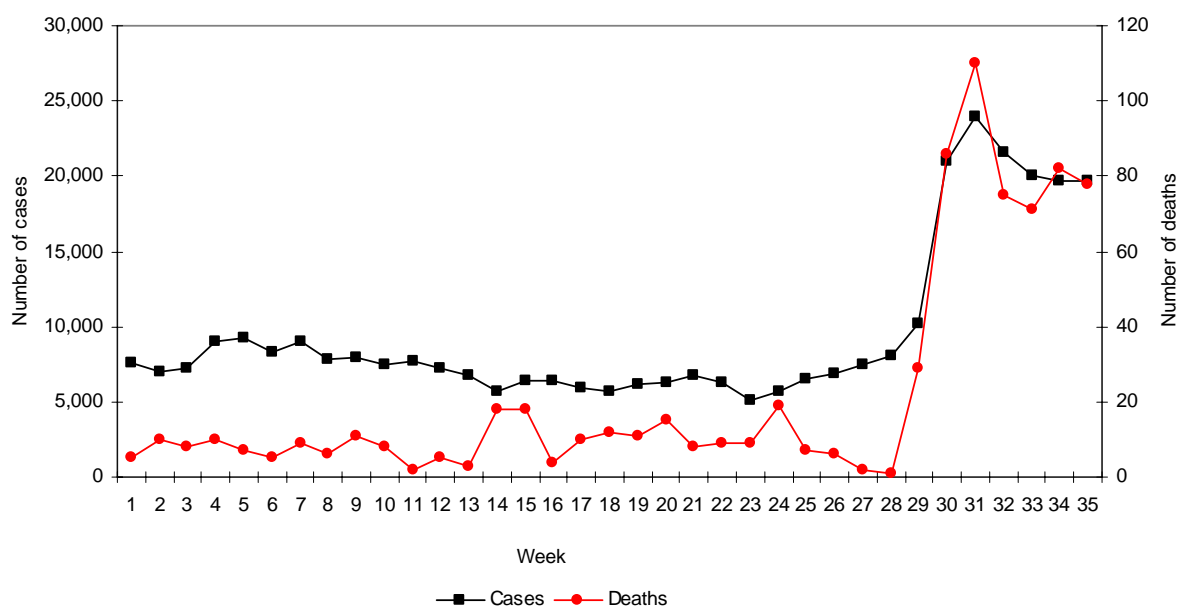


OUTBREAK OF CHOLERA IN THE DISTRICT OF BIRNI KONNI
FROM THE 19 AUGUST TO 10 SEPTEMBER (CASES AND DEATHS)



- WHO team was on site in Tahoua region from 3 to 8 September to give technical support to the health authorities in the districts affected by the new cases of cholera; the ongoing management of the cholera cases at the isolation wards was assessed, and the risk factors for transmission of the disease were investigated. The team reviewed: i) the existing regional and district Cholera Response Plan; ii) the management of isolation sites; iii) laboratory facilities at regional and district level and; iv) redeployment of health personnel. Surveillance teams at district level conducted chlorination of water sources at regular intervals and temporarily enforced the prohibition of gatherings, especially during the weekly street markets. WHO guidelines on the management of severe diarrhea were also distributed.
- Malaria continues to be the biggest public health threat. WHO is procuring 100,000 “3+3” blisters of artesunate/amodaquine for first line treatment of uncomplicated malaria. This amount is sufficient for the treatment of 100 000 children under seven years and is scheduled to arrive in Niger during the week. It is intended to cover the gap waiting for the arrival of stocks of Artemeter/Lumefantrine ordered by the Ministry of Health. In addition, WHO will provide 20,000 malaria rapid tests for the early diagnosis of Malaria in severely malnourished children.

WEEKLY EVOLUTION OF MALARIA IN NIGER
FROM WEEK 1 TO WEEK 35 IN 2005 (CASES AND DEATHS)



- The first issue of *the epidemiological weekly morbidity, mortality and nutritional surveillance bulletin* was published on 03 September by the Minister of Health, with the technical support of WHO and UNICEF. The second issue, to be released soon, will feature the analysis of Week 34 data .
- WHO is extending its presence in the east of the country, with the opening of a satellite office in Zinder, serviced by the Maradi office.
- Funding situation: WHO requested USD 1.3 million. DFID supported WHO with USD 250,000.
- No new funds received during the week. Shortfall remains more than 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.

- WHO malnutrition trainer visited Tillaberi village on 07 - 09 September, in order to give technical support in the management of malnutrition; a training course was indeed run by district health staff members who had previously been trained during courses in Tillaberi and Tahoua. These "Training of trainers" courses took place on 22 - 26 August in Tillaberi and on 29 August - 2 September in Tahoua. Material and guidelines on the supervision of training courses is currently being developed in collaboration with the Ministry of Health. The WHO nutrition team is also giving technical support to the Nutrition unit of the Ministry of Health.
- WHO is intensifying its efforts to support and rehabilitate CRENA facilities in areas where no other humanitarian partners is present. WHO support includes: scheduling training courses, at regional level, in the management of the facilities and assessing the outcome of the training courses. Technical support and supervision of the trained health personnel is planned. Focus is set on the improvement of tools for management of moderate malnutrition in CRENA, which includes the development of distinct guidelines to address the management of moderate to severe malnutrition cases. Work is ongoing in order to adapt the WHO protocol in the management of severe and complicated malnutrition at CRENI facilities to the National Protocol, in collaboration with the Ministry of Health nutrition unit.

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

- The fifth Interagency Health Coordination Meeting was held at the WHO office in Niamey on 7 September. The Malnutrition Group gave an update on the numbers of CRENI and CRENA facilities, and mentioned the different training courses in the management of malnutrition conducted by UNICEF, Hellen Keller International and WHO. The thematic Group on the Recovery of Costs announced that the concept paper for the fund 'Santé de proximité' has been re-submitted to the Ministry of Health, with the final amendments requested by the MoH; the paper will then be presented to the Council of Ministers. The Surveillance Group gave an update on the cholera epidemic and on the WHO - UNICEF joint technical response. A report was made as well, of the training given to the health workers operating in the eight regions, in the rational use of artemisinin based combination therapies. Information on an increased incidence of malaria, especially in Agadez district, was also discussed; the National Programme for the fight against Malaria and WHO are jointly monitoring the situation. NGOs gave an update on their activities: MSF-Belgium set up a team at Tanout and already recorded the admission of 145 children in the CRENI and 179 admissions in the 5 CRENA since 22 August; MSF-Holland carried out activities with one CRENI and three CRENA in the district of Diffa, HELP intervened in the district of Tera by distributing food rations and offering technical support to the Centre de Santé Intégré.
- WHO Crisis Task Force team coordinator, WHO Maradi office coordinator and the Director of the office of Nutrition in the Ministry of Health attended the Interagency health coordination meeting in Maradi on 9 September. Other partners including the IFRC, Niger Red Cross, the Spanish Red Cross, MSF-F, OCHA, Save the Children (UK), World Vision, Radio Anfani of Maradi and Care, were also present. An update on the data of moderate and severe malnutrition cases and deaths was given: during week 35, 104 moderate malnutrition cases (0 deaths), and 309 severe malnutrition cases (0 deaths) were reported. On malaria cases, an important increase was noticed in all districts during week 35, with 5268 cases (24 deaths) and an attack rate of 203 cases per 100 000. The malaria curve, as demonstrated in the *Epidemiological Bulletin* in Week 33, was thoroughly discussed; in particular, the curve inflexion can be explained in part by an under-reporting of cases due to late transmission of data in certain health centres/Centres de Santé Intégrés.
- The Ministry of Health pre-positioned basic equipment for the analysis of specimen of bloody diarrhoea cases and for their transport to Niamey central laboratory.

- WFP announced that flights/ humanitarian transport services were available for humanitarian workers in order to facilitate their movements inside the country. Tahoua, Agadez, Maradi and Zinder will now be more easily reachable.

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

- 40 trainers from the 16 most affected districts, trained last week on the rational use of artemisinin based combination therapies, will train health workers during two day workshops organised in the affected areas. They will teach the theory and practical approach at clinical level on use of artemisinin based combination therapies for uncomplicated malaria treatment and refresher courses on management of severe malaria.
- WHO is funding seven workshops and the Global Fund nine. One representative from each CSI per district and one or two representatives per district hospital will participate in the workshops.

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

- The working group on Users' Fees and Costs Recovery presented to the Ministry of Health the final concept paper for the fund "Santé de Proximité". The proposal is to reduce the financial barriers preventing access to the health and nutrition services in the 16 districts identified in the National Early Warning System for Food Security as the most affected by the crisis (Mirriah, Madarounfa, Aguié, Guidan Roundji, Téra, Agadez, Tillabéri, Keita, Arlit, Tchintabaraden, Illéla, Oulallam, Filingué, Tahoua, Mainé Sora and Diffa). The Ministry of Health is to submit the document to the Council of Ministers this week. The estimated costs for the six months (September 2005 to February 2006) is USD 5 million.
- The strategic orientation document for the health response to the food crisis has been finalized and is scheduled to be submitted to the Ministry of Health.



III. Operations

Staffing

- Arrivals:
 - WHO Niger Crisis Task Force reports officer arrived this week.
 - WHO Maradi officer team arrived and is now based at the WHO Maradi office
 - WHO nutrition expert arrived in the country and is to be based in Maradi office