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**EMERGENCY AND HUMANITARIAN ACTION:
IMPROVING THE EFFECTIVENESS
OF HEALTH INTERVENTIONS**

Round Table 3

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BACKGROUND

1. About 20% of disasters worldwide occur in Africa, and 60% of all deaths resulting from such disasters occur in the African Region owing to its high vulnerability and low capacity to provide appropriate response.
2. The African Region is burdened with epidemics, earthquakes, volcanic eruptions, floods, droughts, famines and cyclones. This wide range of natural disasters is compounded by increasingly recurrent and unsettled conflicts and war. Apart from the immediate consequences of death, incalculable human suffering, property damage and displacement of persons, escalating natural and man-made disasters have profound long-term social, environmental and economic effects.
3. Most of these disasters cause massive destruction of health infrastructure and resources, crippling the already weak health systems, and decreasing access to basic health and social services.
4. Women and children account for a disproportionate 80% of the populations affected by disasters in the African Region; as a result, maternal and infant morbidity and mortality are considerably high. In addition, the scale of disasters fosters epidemics and rapid spread of communicable diseases such as tuberculosis and HIV/AIDS.
5. The rate of HIV/AIDS infections represents a formidable challenge to the complex web of humanitarian emergencies. HIV/AIDS prevalence ranges from over 10% among the displaced populations in west Africa to over 30% of the famine-stricken in southern Africa where 14.4 million people are adversely affected by food shortages.
6. The recurring humanitarian crises within the African Region erode decades of development achievements, further entrenching poverty and inequality. This was strikingly illustrated by the floods in Mozambique in 2000 that cost more than US\$ 427 million. In 2002, economic losses due to varying crises in the African Region were estimated at US\$ 15 billion.
7. In the Great Lakes subregion, genocidal conflicts have generated unparalleled human suffering. The 1994 genocide in Rwanda and persistent ethnic strife in Burundi since 1993 have caused severe economic decline and considerable loss of lives. One million people died during the Rwanda conflict, and over 300 000 people, mainly civilians, were killed in Burundi. Since 1998, internal conflicts and volcanic eruptions have caused three million deaths and displaced four million persons in the Democratic Republic of Congo.
8. Indiscriminate and long-lasting internal conflicts in west Africa have rapidly increased the number of internally displaced persons and refugees. In Liberia, about 500 000 persons died and millions were displaced. The crisis in Sierra Leone had equally devastating effects, and the conflicts in both Guinea and Côte d'Ivoire displaced over two million people. The internally displaced persons in west Africa are estimated to number over two million.
9. In southern Africa, humanitarian crises have historically been caused by armed conflicts and

natural disasters (floods, droughts). The present famine has led to severe starvation of people in six affected countries.

10. The recent earthquake in Algeria has claimed more than 2 300 lives and left almost 15 000 people injured. As of May 2003, 200 000 people have been rendered homeless due to the earthquake. The loss in financial terms is estimated at US\$ 5 billion.

11. Internal and inter-country conflicts, abject poverty and high population growth (exceeding 2.5% per annum) compound the situation in the Horn of Africa, making this subregion one of the most vulnerable in the world. Seven countries are experiencing prolonged, periodic drought and desertification affecting millions of people.

12. The situation is also precarious in countries emerging from war: Angola, Republic of Congo, Rwanda, Sierra Leone and Central African Republic. Most of these countries have yet to restore their pre-conflict conditions, further requiring varying types of economic and political assistance in order to stabilize.

THE RESPONSE OF THE HEALTH SECTOR

13. Government capacity to respond to emergency situations poses considerable challenges in countries experiencing armed conflict. The basic challenge underscores the need to increase the capacity of communities and institutions within the Region to address emergencies.

14. Political considerations often overshadow health needs and result in inadequate and insufficient response to emergencies within the Region. Governments do not always have the capacity to address emergency situations; this creates a vacuum that is often filled by international and national humanitarian organizations.

15. To date, the health sector has focused on mobilizing support for emergency situations. This usually occurs in the form of consolidated or “flash” appeals. Several countries have created national emergency management structures. The Regional Office supports countries in this regard through emergency health training.

16. WHO is increasingly taking an active role in helping countries within the Region to cope with the health impact of emergencies. WHO provides technical support, materials (emergency health kits), health risk assessment and coordination.

17. The Regional Office has decentralized the Emergency and Humanitarian Action Unit and created inter-country teams in west, central and southern Africa as well as the Great Lakes subregion. The purpose of this decentralization is to ensure quick and efficient close-to-client interventions in countries. Cross-border emergency activities in the Horn of Africa are reinforced through the Horn of Africa Initiative.

DISCUSSION POINTS

18. Given the scale and frequency of emergencies within the Region as well as the limited

resources and capacities of governments to address the challenges, various questions can be posed:

- (a) How can ministries of health mitigate the health impact of such situations?
- (b) How can governments strengthen national capacity to appropriately manage emergencies and derive optimum benefit from the large amount of emergency assistance available from donors?
- (c) How can governments and communities participate in managing emergency situations when most countries are suffering from extreme poverty?
- (d) What kind of support do countries expect from WHO?

EXPECTED OUTCOMES

19. Responses to the four questions above could result in the following outcomes:

- (a) Indications of avenues for alleviating the health impacts of emergencies;
- (b) Identification of areas for capacity building and networking for emergency management and monitoring;
- (c) Formulation and implementation of community involvement strategies and capacity building for efficient participation in the management of emergency and humanitarian action;
- (d) Country clarification of support required from WHO.

20. In conclusion, this Round Table session is meant to raise awareness on the health burden caused by emergencies and clarify the roles of Member States, the communities and WHO for an appropriate response to emergency situations and follow-up by the ministries of health and their partners.