Health in emergencies

Health - a lifeline for the Southern Africa crisis

Dr. David Okello
Introduction

- South African countries are prone to erratic rainfall and drought which worsened since the late 2001
- In March 2002, Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe – were found to be at risk of severe food shortages
- In June, the UN launched a consolidated appeal to help avert the food crisis
- At least 14.4 million people are estimated to be in need of assistance
UN Mission

- The UN-Secretary General appointed a special envoy, Mr. James Morris, WFP EXD, to visit the region and raise international support and awareness on the food crisis.
- The envoy assembled a team of 13 people, comprising of representatives from WHO, UNICEF, FAO, WFP, SADC and OCHA to visit the region from 3-15 September 2002.

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Specific tasks of the Mission

- Review humanitarian situation and provide recommendations for stronger relief operations and special needs of People Living With AIDS
- Look for gaps in donor support
- Mobilize media support
- Provide recommendations for longer-term food security, related lifelines and self reliance

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Method of work

- WHO integrated the mission, after meeting with Health Ministers in Harare
- Team visited the six countries in the period between 3-15 September 2002
- Meetings were held with top government officials, UN-country teams, donor agencies and NGOs
- UN country teams prepared elaborate briefing documents
- Field visits to affected communities
Main findings

- A special mission report was presented to the UN-SG.
- The vulnerability assessments and the responses have focused mainly on the food crisis.
- **But** the mission found major health-related problems requiring urgent actions.
- This overview highlights health-related aspects of the crisis and provides suggestions on how to deal with them.

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Health Sector Response

- Health sector response has been slow and limited by ailing capacity
- Surveillance systems in some countries are weak or failed to detect critical health problems
- Government systems are breaking down – due to HIVAIDS and a general macro-economic decline
- e.g. retrenchment of mine workers, poaching of skilled personnel (in Zimbabwe 70 pharmacists in a week)
- Limited supplies of essential drugs
- Malaria and problems related to water and hygiene on the increase

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The impact of HIV/AIDS

- Striking impact of reduced capacity to cope with the crisis
- HIV/AIDS causes agricultural productivity decline, forces children out of school and places extraordinary burden on families and health systems
- Nobody to care for children, elderly and terminally sick
- Number of orphans has risen dramatically (UNICEF estimates > 4 million) and their needs are acute
Nutritional problems

- Inadequate nutritional surveillance capacities
- Extreme malnutrition observed – kwashiorkor, marasmus, stunting, etc
- Lack of a sustainable mechanism for feeding the very sick, lactating mothers, and orphans
- Lack of supplementary and therapeutic feeding programs for target groups

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Overall Impression

- Not easy to convey impressions, thoughts and emotions experienced when coming face to face with the sufferings of so many people.
- It is clear that the health sector has not treated the crisis with the urgency it deserves - “You cannot expect swift reactions from a starved sector.”
- Balance and synergy between emergency humanitarian relief and longer-term development are critical.

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Recommendations

- Address the health impact of the crisis as a matter of priority:
  - Strengthen health and nutritional surveillance
  - Water and sanitation must be supported
  - Urgent need for supplementary and therapeutic feeding for certain target groups: lactating mothers, orphans, People Living With AIDS,
  - keep, increase and bring back skilled human resources
  - Human Dignity- home based care must be expanded with provision of care and comfort kits at community level

- Additional resources for purchase of basic supplies and essential drugs

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Recommendations

- Looking beyond the crisis:
  - The fight against HIV/AIDS should go beyond stopping new infections – treat those who are sick with ARVs
  - Surveillance and absorptive capacity in health systems must be strengthened
  - Highlight the severity of socio-economic impact of HIV/AIDS in the region
Conclusion

- A crisis is a wake up call.
- There is a need to launch a renewed effort to strengthen Government’s capacity to respond.
- The crisis is not just about food, but rather a multi-sectoral emergency; health and health-related aspects are paramount.
- The intervention of the international community is critical – **there is an obligation for action**.
Priorities and Actions

- Health systems development
- HIV/AIDS
- Reproductive health
- Human resource development
- Health Promotion

- Improving Outreach services
- Home based care
- Improving outreach services
- How to keep trained/skilled personnel
- Clean water, safe sex, delayed sex

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Support required from technical departments

- WCO may be able to re-programme 30% of their resources
- Rest of the requirements need to be made available from:
  - Donors (CAP and other)
  - Technical departments: guidelines, personnel, projects redirected to cover priorities and advocacy

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