



PEOPLE AFFECTED

1.8 million people

IN NEED OF HEALTH SERVICES

HEALTH SECTOR

At least 55 health centres severely damaged in three of six most affected provinces

MAJOR HEALTH RISKS

- Infectious diseases: water-borne (cholera, typhoid, AWD); measles
- vector-borne: malaria, dengue
- Complications of NCDs, chronic diseases, HIV, TB
- Disruption of primary and secondary health care

FUNDING

HEALTH & NUTRITION
RESPONSE PLAN

**UD\$ 38.5 million
REQUESTED**

**WHO US\$ 13 million
REQUESTED ***

US\$ 730 000 RECEIVED
94% FUNDING GAP

CONTACT

COUNTRY OFFICE:

Dr Djamila CABRAL
WHO Representative
Email: cabrald@who.int

REGIONAL OFFICE:

Thierno Balde
Emergency Operations Manager
a.i.
Email: baldet@who.int

HEADQUARTERS:

Christophe Schmachtel
Emergency Officer
Email: schmachtelc@who.int



CURRENT SITUATION

A category 4 tropical cyclone Idai hit Mozambique on 14 March, affecting 50 districts in 6 provinces with severe flooding. The port city of Beira (0.5m people) and surrounding areas, were badly damaged by the cyclone and completely cut off by floodwaters, leaving thousands of people marooned on rooftops. The President of Mozambique declared a State of Emergency on 19 March. 1.8 million people need urgent humanitarian assistance. Transport infrastructure was badly damaged, with broken road, rail and air links. Two weeks after the cyclone, around 128,000 displaced people are still sheltering in 154 collective shelters. To date the official death toll has risen to 468 and is expected to increase.

HEALTH RISKS

Contaminated water sources, poor sanitary and living conditions, combined with the heavy impact on existing health infrastructure and total or partial damage to many health centres, has led to a gap between needs and capacities

- High risk of water-borne and vector-borne diseases, including acute watery diarrhea, cholera, malaria, and infectious disease outbreaks such as measles
- Cholera is a threat due to population displacement, contaminated water sources and major damage to WASH infrastructure and health facilities
- Malaria is a significant public health problem in Mozambique. Standing floodwater is an ideal breeding ground for mosquitoes, and displaced families will be extra vulnerable to malaria
- Lack of access even to basic health care services and medication, including for people suffering from NCDs (e.g. diabetes, hypertension, mental illness), and acute respiratory infections
- The disruption to medical treatment of TB and HIV patients is a major concern: HIV prevalence in some of the worst-hit provinces, Sofala and Zambezia, are among the highest in the country. TB rates are also very high.
- Risk of severe and acute malnutrition especially amongst children

*provisional amount for 3 months



WHO PRIORITIES

1. Establish effective leadership and response coordination at national & provincial level
2. Strengthen surveillance for early detection and verification of disease outbreaks
3. Restore primary and secondary health services
4. Prevent and respond to disease outbreaks
5. Establish operations support and logistics

WHO ON THE GROUND

- 27 in WHO country office,
- 52 surge staff deployed, 22 in Beira
- additional 20 ready for deployment, in Maputo, Beira and 3 hubs (Quelimani, Chimoio, Vilankulo)

Health cluster activated

EMERGENCY GRADING: 3

WHO ACTIONS TO DATE

- Mobilized staff from region and HQ to set up Incident Management Team in country
- Funding released from CFE (Contingency Fund for Emergencies) to initiate response
- Procurement of medical supplies and equipment, including 900 000 doses of oral cholera vaccine and 1000 cholera diagnostic kits
- Shipping of cholera, trauma and inter-agency health kits
- Support establishment of cholera treatment centres

WHO KEY ACTIVITIES

The Humanitarian Country Team has activated nine clusters in support of the Government-led response. WHO is the Health Cluster lead in support of the Ministry of Health.

WHO's goal is **to establish effective leadership and response coordination at national and provincial level, to restore health services, and to prevent, detect, verify and rapidly respond to disease outbreaks through strengthened surveillance:**

- Establish and support national and provincial emergency operations centres (EOCs)
- Establish health cluster coordination at national and provincial level, and ensure strong inter-cluster coordination
- Organize comprehensive needs assessments, and risk assessments
- Restore primary and secondary health services to affected populations, including coordination of deployment of national, regional and international mobile teams
- Strengthen disease surveillance and activate Early Warning Alert and Response (EWAR) mechanism nationwide.
- Establish outbreak investigation teams and ensure rapid action when an alert is generated
- Ensure rapid diagnostic tests or laboratory testing of samples
- In coordination with partners and Ministry of Health, establish cholera task force, and set up cholera treatment facilities
- Conduct oral cholera vaccination campaign, targeting 900,000 people in 4 priority districts
- Plan and implement preventative measles vaccination campaign
- Establish operations support and logistics – key infrastructure, procedures and support mechanisms
- Provide logistical and communications support to rapid response and surveillance teams
- Ensure availability of safe essential medicines, including transport, storage and cold chain for vaccines
- Provide weekly epidemiological updates and comprehensive situation reports to all partners involved in the response.
- Community mobilization and sensitization campaigns

