

Background paper

Oslo Humanitarian Conference on Nigeria and the Lake Chad Region

Side event

Health and Humanitarian Response

23 February 2017, 16:00-17:00

Background

During an emergency, the delivery of essential healthcare services is vital, not least for women and children. It is one of affected populations' top priorities for humanitarian assistance.

Health was highlighted as a critical area at the World Humanitarian Summit in Istanbul. It is included in a number of the identified areas of core responsibility, such as: putting health at the centre of humanitarian action; access and protection of medical missions; empowerment and protection of women and girls; access to sexual and reproductive health; and global health security.

Challenges

In Nigeria alone, 26 million people are living in areas affected by the crisis. The Humanitarian Response Plans have identified 10.7 million people in need of life-saving assistance in the most severely affected areas in Cameroon, Chad, Niger and Nigeria. Over 7 million people are struggling with food security, and the majority of those in need are children. The number of internally displaced people (IDPs) has tripled over the last two years and now totals 2.3 million. Children are among those with the greatest needs. Vital infrastructure, including health facilities, has been destroyed, and medical personnel have fled. According to WHO, more than 90 % of the IDPs who have fled their homes due to the conflict in Borno State, the area that is most affected in Nigeria, are living in host communities.

By summer 2016, levels of severe acute malnutrition as high as 20 % were documented in some locations in Borno State, while vaccination coverage was often poor. Malnourished children are particularly vulnerable to vaccine-preventable diseases like measles and diphtheria, as well as malaria, respiratory infections and diarrheal diseases, which are exacerbated by poor living conditions. The combination of malnutrition, malaria and measles led to mortality rates among children that were four times higher than the international emergency threshold (eight deaths per 10 000 children aged under five years per day). These "three Ms" are the main killers, and the available health services have struggled to provide anywhere near adequate treatment or prevention efforts.

More than half of the health facilities in Borno State are not functioning. Ensuring access to even basic health care for displaced populations, host communities and people living in hard-to-reach areas in a region where health services were already weak is a serious challenge. The capacity of health providers in Maiduguri, the Borno State capital, has admittedly been strained by the expansion of the population, most of whom cannot afford the state charges for medical consultations and treatment. Even in this major city, the most

vulnerable, usually the IDPs, face major obstructions to accessing adequate healthcare. Outside the city, the health situation is even worse, due to the destruction of health facilities, the shortage of medical personnel, and the lack of even basic medical equipment. Hospitals in large towns such as Monguno, Bama and Dikwa are now standing empty or are being used for other purposes. The provision of even minimal standards of maternal and paediatric health services is almost non-existent. The situation is the same in many other locations around the region. If and when displaced populations return home, they will find little or no capacity to cater for their basic medical needs.

As documented by UN OCHA, despite the gaps in health care services and the lack of basic supplies, there are very few international NGOs running health programmes in north-eastern Nigeria. Many areas are a high risk for humanitarian workers, with dangerous roads and difficult access. This means that interventions have to be limited to rapid responses to address major killers and reduce mortality. In addition, the NGOs that are operating in these areas often face significant challenges in importing drugs and medical supplies.

Objective and expected outcome

Health is a critical area to address in any humanitarian context, and the health situation in Nigeria and around the Lake Chad basin is precarious. The *objective* of the side meeting is to generate ideas for an effective health response in the area that responds to the immediate needs, while also enabling transition to long-term development. These ideas will feed into the thematic discussions the following day on food security, protection and access, and education.

The meeting will be organised as a panel discussion, with three main speakers, country representatives to comment on the presentations, and a facilitator to lead the discussion with the audience.

The aim is to highlight key health issues in the context of the humanitarian situation in the region, including potentials for joint action and interventions.

The expected *outcome* is increased awareness among the conference participants of the importance of addressing the health situation, with particular focus on:

- securing both short- and long-term access to health services, including family planning and reproductive health service, and the protection of health workers in emergencies.
- facilitating a dialogue between political leaders, international organisation and civil society on health needs, challenges and opportunities in Nigeria and the Lake Chad region.
- discussing sustainability, financing transition between short- and long-term interventions, including the Every Woman Every Child, Everywhere Strategy (EWEC).
- identifying key issues for the following day's discussions on the humanitarian situation, focusing on: food security and nutrition, protection and access, and education in emergencies.

Panel speakers

Setting the scene, the humanitarian response and challenges in protracted crises

Dr Richard Brennan, Director Emergency Operations

Setting the Scene, the humanitarian response and challenges in protracted crises

Dr Natalie Roberts, Emergency Operations Manager, MSF

Securing sustainability, financing transition between short- and long-term interventions

Dr Mariam Claeson, Director GFF World Bank

Access to sexual and reproductive health in emergencies

Dr Babatunde Osotimehin, Executive Director, UNFPA

Moderator

Jon Lomøy, Director General, Norad