

CERF funding for WHO humanitarian work passes \$100 million barrier

28 April, 2009 | GENEVA -- Funding from the UN's Central Emergency Response Fund (CERF) for humanitarian work of the World Health Organization has passed the US\$ 100 million barrier, underscoring WHO's critical role in providing life-saving health interventions before, during and after emergencies.

The funding has come from CERF to WHO since March 2006 and been provided through the Health Action in Crises Cluster, WHO's emergency response arm for implementing health activities in emergency affected countries in all Regions. The CERF is an emergency humanitarian fund established by the United Nations to enable more timely and reliable humanitarian assistance to those affected by natural disasters and armed conflicts.

People from Nicaragua and Sudan to Myanmar have benefited from the life-saving humanitarian health interventions that the CERF funding has enabled WHO to provide in emergencies.

"This funding has helped save many lives worldwide and improve health care for people caught up in emergencies," said Dr Eric Laroche, Assistant Director-General for Health Action in Crises.

"Passing the \$US 100 million mark is a sign of how vital WHO's role in emergencies is regarded. WHO offers expert guidance needed in health emergencies, health care in crises situations and leadership as head of the Global Health Cluster I. This role is important as it helps the humanitarian community pool its expertise and resources to better respond to humanitarian emergencies," Dr Laroche said.

Two-thirds (US\$ 66.6 million) of the funding provided to WHO has been awarded for "Rapid Response" to sudden emergencies, such as earthquakes, cyclones and conflicts, while the remaining US\$35.4 million has gone to supporting health activities in protracted emergencies that have been "Under Funded."

The greatest proportion of funding has been for African countries affected by emergencies, followed by those in the Eastern Mediterranean region, South-East Asia and the Western Pacific.

Examples of live-saving activities provided by WHO due to the CERF funding include:

Food price crisis: Pakistan

CERF funding helped WHO reduce avoidable deaths and illness among malnourished children in Pakistan.

One example is a 7-month-old boy from a remote and highly food insecure district in Balochistan province. The boy is the youngest of four children in his family and his mother has been unable to breastfeed him. Weighing just 3.1 kilograms, he was diagnosed as suffering from severe acute

malnutrition and was admitted to an outpatient therapeutic program funded through the CERF grants. After six weeks under a therapeutic food regimen with regular weekly monitoring, he has improved.

Natural disasters: Mozambique and Nicaragua

- Serious flooding in Mozambique during January 2008 caused cholera to spread within the community. Through CERF funding, WHO was able to help health authorities control the outbreak and strengthen systems to ensure more rapid detection and response to future epidemics.
- The damage caused by Hurricane Felix in 2007 resulted in WHO receiving CERF funds to improve how Nicaragua monitored and controlled outbreaks of communicable diseases, particularly malaria. After the disaster, no deaths from malaria were reported.

Natural disasters: Myanmar

Cyclone Nargis ravaged much of Myanmar in May 2008 and left more than 120 000 people dead or missing. It is estimated that 2.4 million people were also severely affected. CERF support enabled WHO to work well with nongovernmental organizations to assist in providing health relief.

WHO, as Health Cluster lead, channelled CERF funds to five national and international NGOs to provide health care in hard-hit areas where limited health services were available. NGOs do not have direct access to CERF funds. Working with NGOs helped address emergency health needs and prevent a second wave of deaths from infectious disease outbreaks. Measles was identified and successfully controlled, health surveillance in overcrowded displaced people's camps prevented outbreaks and NGO mobile clinics improved the delivery of primary health care.

Conflict: Sudan

In Abyei, West Kordofan state, 90 000 Sudanese displaced by conflict were given access to essential health services thanks to CERF monies. These funds enabled WHO to carry out activities in early detection of disease outbreaks and immunize more than 90% of children against measles and polio.

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