

# Central African Republic: abandoned to its fate?



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## Summary

Instability has returned to the Central African Republic, and its people are in even greater need of assistance. Yet most humanitarian organisations have either left the country or reduced their presence due to both the general insecurity and the targeted attacks on international non-governmental organisations.

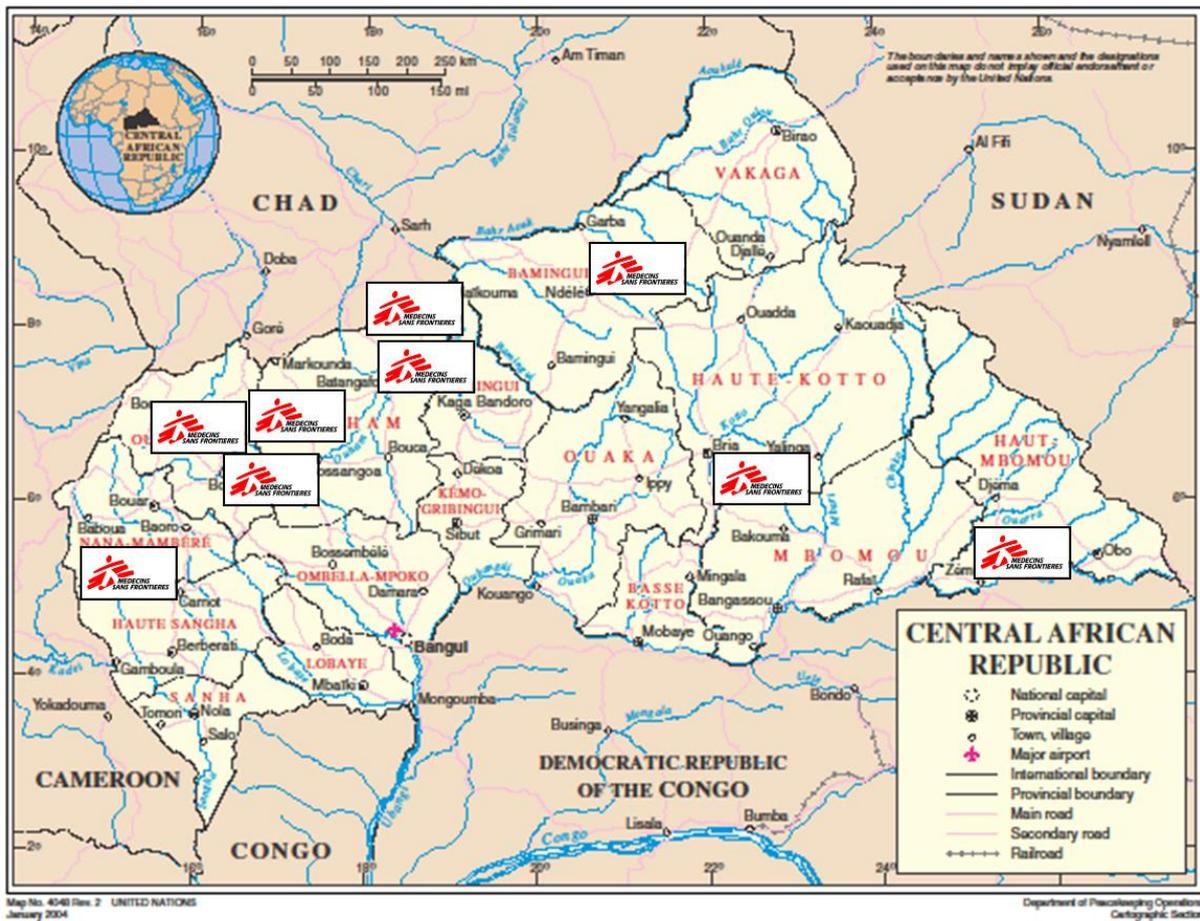
The international community must assure the conditions that will enable the delivery of emergency relief to the population in need. **Humanitarian and development agencies must maintain, indeed scale up, their commitments, and take adequate measures to respond both to emergency and long-term needs.**

## Background

The Seleka, a coalition of armed opposition groups, began its offensive against the government of the Central African Republic (CAR) in December 2012. An agreement was signed by warring parties in January 2013, but on 24 March 2013 Seleka took control of Bangui, the capital, in a coup d'état. Michel Djotodia, one of the leaders of the Seleka coalition, proclaimed himself president. The former president François Bozizé fled the country and the state security forces (armed forces and police) largely disbanded.

One month later, on 18 April, an Economic Community of Central African States (ECCAS) conference in N'Djamena, Chad, recognised Djotodia as head of a transitional government, mandated to lead the country to elections within 18 months. ECCAS also authorised the deployment of an additional contingent of 1,500 soldiers to strengthen the existing Mission for the Consolidation of Peace in the Central African Republic (MICOPAX), which has been under the responsibility of ECCAS since 2008.

*Médecins Sans Frontières (MSF) has been working continuously in CAR since 1996, and has scaled up its programmes to respond to the recent increase in need. Despite general insecurity and specific incidents, such as robberies, which have at times forced the temporary evacuation of staff, MSF has never suspended activities. Currently MSF operates nine programmes: in Carnot, Paoua, Boguila, Bossangoa, Batangafo, Kabo, Ndele, Bria and Zemio.*



## 1. A country in chaos

The coup plunged the Central African Republic into chaos. Looting and attacks have continued even in the capital. **State buildings, ministries, schools, hospitals and private homes have been robbed and damaged.** Most civil servants have fled. Archives and databases have been destroyed. Reactions of the population to the continuous lootings have met strong retaliation in Bangui<sup>1</sup> and there have been similar reports from elsewhere in the country. The identification, disarmament, demobilisation and reintegration of the armed opposition has not yet been organised and hundreds of armed men, who have been promised pay but received none since the beginning of the fighting, are still circulating in the city.

**Elsewhere in the country, uncontrolled elements of Seleka and unknown armed groups have carried out robberies and attacks against the civilian population.** In areas of existing tension between settled and nomadic peoples, the coup has fuelled this underlying conflict.

**All the humanitarian organisations working in the country have been victims of security incidents** since the beginning of the crisis. In Bangui, offices and houses of

<sup>1</sup> On 14 April, in Boy-Rabe district, more than 20 people were killed. More recently, on 28 June, six people were killed and at least 25 wounded in fighting between civilians and Seleka supporters.

United Nations agencies<sup>2</sup> and international non-governmental organisations (NGOs) have been repeatedly looted.<sup>3</sup> Staff who have been threatened have reported serious physical and psychological effects. Almost all international personnel working outside the capital were evacuated as soon as the crisis began, and national staff were brought to Bangui. Bases outside the capital have been robbed, with most cars stolen for use by the armed opposition groups.<sup>4</sup>

### Evacuation from Batangafo

*The Batangafo team (48 people, including 42 medical personnel) had to be evacuated on 10 April after a serious security incident, which involved armed people violently entering an MSF compound. As a result, activities in the main hospital in Batangafo were reduced for four weeks. Activities at surrounding health centres were suspended.*

*As Seleka advanced through the region on their way to Bangui, the population fled to the bush. At the same time, regular, annual clashes between nomadic herders arriving in the area with their livestock and local farmers had dire consequences: more than 20 villages were burned down, displacing around 8,000 people.*

*Marie Noelle, a young mother, explained to MSF staff that she fled the village of Gbadéné with her neighbours in mid-April, after receiving the threat that pastoralists were going to set the village on fire. She spent the night in nearby fields, and her village went up in flames the following day. Everything was burned down, including the tools villagers needed to tend their crops. Some weeks later, an MSF team carrying out a mobile clinic to help the displaced found that her one-year-old child is malnourished. Displacement has made thousands of people all over the country more vulnerable to malaria.*

**The health system has not been spared.** Ministry of Health facilities<sup>5</sup> have been robbed and looted of drugs, diagnostic tools, patient records, even furniture. Most medical staff have fled their posts, especially those working outside the capital.

These attacks have deprived an already vulnerable population – 4.4 million people spread across a country bigger than France – of access to even basic medical treatment. In a country which already had the second-lowest life expectancy in the world, at just 48 years,<sup>6</sup> the people are now even more at risk.

<sup>2</sup> According to the OCHA *Humanitarian Snapshot* of April 2013, six UN offices in CAR have been looted.

<sup>3</sup> Of the MSF bases in Bangui, one office and one house have been completely looted, three cars have been stolen and one house has been robbed.

<sup>4</sup> To refer only to MSF bases, four cars have been stolen (Boguila, Ndele, Batangafo) and three offices and houses have been robbed (Ndele, Batangafo, Boguila) on several occasions.

<sup>5</sup> While the hospitals in Bossangoa and Mbaiki were completely looted during the Seleka offensive, other health facilities around the country (Allindao, Bangassou, Gambo, Grimari, Kembe, Kongbo, Mala, Mobaye, Ouango) were damaged during the weeks preceding and following the coup.

<sup>6</sup> WHO, 2011, "Mortality and burden of disease: Life expectancy", *Global Health Observatory Data Repository*. accessed 7 October 2011, at: <http://apps.who.int/ghodata/>.

## 2. A crisis on top of a crisis

Not considered to be in a sufficiently acute situation to attract emergency funds, nor able to fulfill the requirements to receive structural funds for development, the country is trapped between a state of 'emergency' and one of 'development'. As a result, **CAR has been in a state of silent, chronic medical crisis for many years.** A recent MSF study on the country reported:<sup>7</sup>

- **Mortality rates above the emergency threshold.** Four retrospective mortality surveys carried out by MSF in the south and northwest of the country between 2010 and 2011 revealed extremely high mortality rates.<sup>8</sup> One survey, in June 2011, revealed an extremely alarming situation in areas not affected by conflict (Carnot, Gadzi and Senkpa Mpaéré): the crude mortality rate was 3.3/10,000/day (95% CI, 2.3-4.8), while the under-five mortality rate (U5MR) was 3.7/10,000/day (95% CI, 2.4-5.6).<sup>9</sup> In the urban commune of Carnot, the CMR was 3.9/10,000/day (95% CI, 3.0-5.2) and the U5MR was 4.9/10,000/day (95% CI, 2.6-8.8).

The survey found the crude mortality rates in three rural communes to be at least three times the emergency threshold, with an under-five mortality rate three times as high as the one in Kenya's Dadaab refugee camp, where people who fled Somalia are living in dire conditions.

- **High mortality and morbidity** caused by easily treatable and preventable diseases. CAR has a high burden of malaria,<sup>10</sup> diseases preventable by vaccination (due to a malfunctioning expanded programme on immunisation), chronic diseases such as HIV/AIDS, and rising malnutrition.<sup>11</sup>
- **Phantom healthcare system.** The country's health system suffers a chronic lack of facilities, skilled medical staff, diagnostic and treatment tools, medicines and supplies, and surveillance, making it to all intents and purposes a phantom system, which cannot really be said to function.

The impact of the recent crisis has been tremendous. Fear of movement has further reduced access to healthcare, loss of income has made it even more difficult to pay medical fees, and unreliable drug supply systems have completely collapsed. Mortality rates are only likely to worsen in the coming months.

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<sup>7</sup> MSF, 2011, *Central African Republic: A State of Silent Crisis*.

<sup>8</sup> Caleo G et al., 2011, *Sentinel site mortality surveillance of mortality and nutritional status: Boda, Boganda, Boganangone and Gadzi sous-préfectures, Central African Republic, 2010*, Epicentre, Paris. Espié E, 2011, *Enquête de mortalité rétrospective dans la ville de Carnot, préfecture de Mambéré-Kadéi, République Centrafricaine*, Epicentre, Paris. Rasella D, 2011, *Retrospective Mortality Survey: Axe Maitikoulou-Kdajama Kota*, [Unpublished.]. See as well the retrospective mortality survey published University of California, Berkeley : Vinck P and P Pham, 2011, "Association of exposure to violence and potential traumatic events with self-reported physical and mental health status in the Central African Republic", *Journal of the American Medical Association*. 304(5): 544-552.

<sup>9</sup> Cohuet S, C Marquer, S Abdallah, 2011, *Enquête de mortalité rétrospective et de couverture vaccinale dans les sous-préfectures de Carnot et de Gadzi, République Centrafricaine*, Epicentre, Paris.

<sup>10</sup> Malaria is by far the most common illness seen in MSF's outpatient facilities: of a total of 582,253 people treated as outpatients in 2010, 46 per cent (or 267,471 people) were diagnosed with and treated for malaria. Malaria is the greatest single cause of inpatient death in CAR's hospitals.

<sup>11</sup> MSF and Epicentre conducted a community surveillance survey (Caleo G et al., op cit.) in the subprefectures of Boda, Boganda, Boganangone and Gadzi between February and December 2010, which found the prevalence of global acute malnutrition to be 11.9 per cent (95 per cent CI 9.1-15.5). The prevalence of severe acute malnutrition (SAM) was 3 per cent (95 per cent CI 2.3-4.0), of which half the individuals had signs of kwashiorkor. SAM prevalence appeared to peak in April–May 2010, and more markedly between June and October.

### **Hôpital Communautaire**

*Jordan is 14 years old and lives in Miskine, Bangui. He hid at home on 24 March, when Seleka entered the capital, but still he was injured in the leg by a stray bullet.*

*Jordan's mother explains how "a father from our church helped us to get to the hospital. Now he's getting better and I hope that he'll be at home soon". Most hospitals in Bangui were not functioning, but Jordan was brought to the Hôpital Communautaire, where MSF donated drugs, medical supplies, water and fuel to help get it working again. An MSF team also set up an operating theatre, where around 40 procedures were carried out in 10 days.*

*By the end of May, when MSF withdrew, MSF staff had treated more than a thousand patients, 36 per cent of whom had been wounded by bullets. Three months after the coup, normal services have resumed at the hospital: staff have returned and the operating theatre and sterilisation unit are properly equipped. MSF has made sure drug supplies are available in case they are needed.*

We cannot yet estimate the overall impact of the political crisis on the healthcare system, but a notable increase in consultations has already been observed at MSF projects.

The situation is extremely alarming especially for **malaria, which is holoendemic in CAR**. Frequent displacement of people into the bush since December 2012 has contributed to an increase in exposure to the disease, and prevention and treatment measures have been largely absent since the political crisis began. The large-scale mosquito net distribution planned by the Ministry of Health for 2013<sup>12</sup> has been cancelled because of insecurity. The supply of malaria drugs to rural areas has been disrupted: MSF has committed to assist the National Malaria Programme's implementation of the Global Fund's Action Plan, and deliver malaria treatments to 166 FOSA (Formation Sanitaire, the name of CAR health facilities) around the country, but that still leaves 75 per cent of FOSA without any drugs.<sup>13</sup>

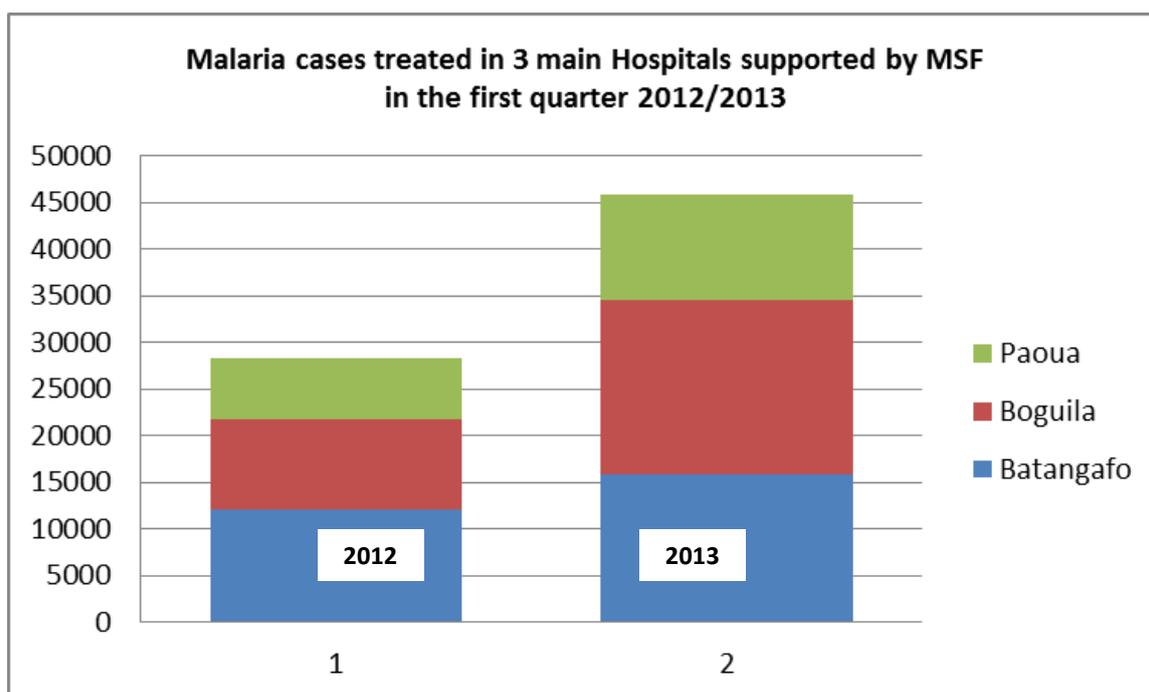
**In the first quarter of 2013, health facilities supported by MSF treated 74,729 patients for malaria. This is an increase of 33 per cent over the same period in 2012**, when 50,442 patients were treated for the disease. For children under five years of age, there has been an increase of 46 per cent, from 23,910 in 2012 to 44,469 in 2013. In Boguila, 61 per cent of outpatient consultations with under-fives were for malaria during the first quarter of the year, compared with 41 per cent a year ago. These data indicate the likelihood of a further increase in consultations during the peak malaria season, which begins in July, and potentially one of the **most acute malaria crises of recent years**.

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<sup>12</sup> Audit des subventions du Fonds mondial accordées à la République centrafricaine, GF-OIG-13-002, 6 February 2013.

<sup>13</sup> Source: Micro Plan Sous-Prefectures, Carte Sanitaire 2003.

Hospital	2012	2013	Increase
Batangafo	12,067	15,853	24%
Boguila	9,643	18,661	48%
Paoua	6,651	11,417	42%
<b>Total</b>	<b>28,361</b>	<b>45,931</b>	<b>38%</b>



**Chury Baysa, MSF medical coordinator, Bossangoa**

*“We had a four-year-old boy come to us at the end of May suffering from severe anaemia and malaria. He was so sick we had to transfer him by car, along very bumpy roads, from Bossangoa to our hospital in Boguila, so that he could have a blood transfusion. We have seen a number of cases like this, with children falling very sick because of a lack of mosquito nets and malaria drugs.”*

The instability has also aggravated pre-existing food security problems: a poor harvest, poor food supplies and volatile food prices.<sup>14</sup> Recent exploratory activities by MSF in the southwest of the country<sup>15</sup> indicate a risk of **increased levels of malnutrition**.

<sup>14</sup> WFP/FAO, *Evaluation rapide de la sécurité alimentaire en RCA*, June 2013.

<sup>15</sup> It is difficult to draw an accurate picture of the malnutrition situation for the population, but MSF made different visits to the areas of Nola, Boda, Berberati, Gamboula and Gadzi, where they carried out rapid screening. The screening revealed increases in global acute malnutrition (GAM) ranging from 6 per cent to 10 per cent, and 1–5 per cent increases in rates of severe acute malnutrition. There were some alarming figures in sites like Boda, Nola and Gadzi.

Increased malnutrition will make children even more vulnerable during the peak malaria season.

The drug supply system has been disrupted for months now. Widespread looting of medical facilities since the coup has led the Global Fund to Fight AIDS, Tuberculosis and Malaria to cease keeping stocks of drugs in the country.

The supply problems have had serious consequences for adherence to treatment and the development of drug resistance. MSF estimates that approximately **11,000 HIV-positive people (73 per cent of all people who are on antiretroviral treatment in CAR)<sup>16</sup> have had their treatment interrupted** due to drug supply problems during the political upheaval.

#### **Interruption of antiretroviral and TB treatment**

*In Bossangoa, approximately 150,000 people have endured an acute lack of healthcare since the political upheaval, when health workers fled facilities. Ministry of Health officials estimate that approximately 310 HIV patients were registered at Bossangoa hospital before the coup, 170 of whom were on antiretroviral treatment. In June, MSF began a two-month emergency programme at the hospital, providing antiretroviral and TB drugs to patients whose treatment had been disrupted.*

As half of all children were not receiving routine vaccination before the crisis,<sup>17</sup> it can be safely assumed that most newborns since December 2012 have not had access to the routine vaccination package, or Expanded Programme on Immunisation (EPI). This has increased the risk of outbreaks of diseases like measles, meningitis and pertussis (whooping cough) in coming two years, and created a cohort of children particularly susceptible to such diseases.

The international community's only response has been a **measles vaccination** campaign organised in May by UNICEF<sup>18</sup> and those of its partners remaining in the country. Carried out in difficult circumstances, this campaign was only able to reach 122,869 children living in Bangui and the surrounding area, not even 20 per cent of the target population.<sup>19</sup> Nothing has been proposed for the 1.5 million children living outside the capital.

To add to the problems, the withdrawal of most international assistance organisations means that the phantom health system in CAR is unable to carry out adequate **surveillance** and therefore monitor the rural areas that are more at risk of outbreaks<sup>20</sup>.

<sup>16</sup> UNAIDS, 2011, *Central African Republic: HIV and AIDS Estimates (2009)*. Delaunay S, 2011, *Etat des lieux de l'infection VIH en République Centrafricaine et pistes de réflexion pour MSF*, MSF, New York.

<sup>17</sup> According to the External Review of the National Immunization Programme in Central African Republic (31/01/2013 from Auguste Ambendet, AFRO Central Intercountry Support Team): "The main weaknesses are a) the low rate of fully immunized children (31%) identified by the coverage survey, b) frequent shortage of vaccines and finally c) weak vaccine management."

<sup>18</sup> "Conflict Brings Measles Back to Central African Republic", *UN Dispatch*, 17 June 2012, <http://www.undispatch.com/conflict-brings-measles-back-to-central-african-republic>

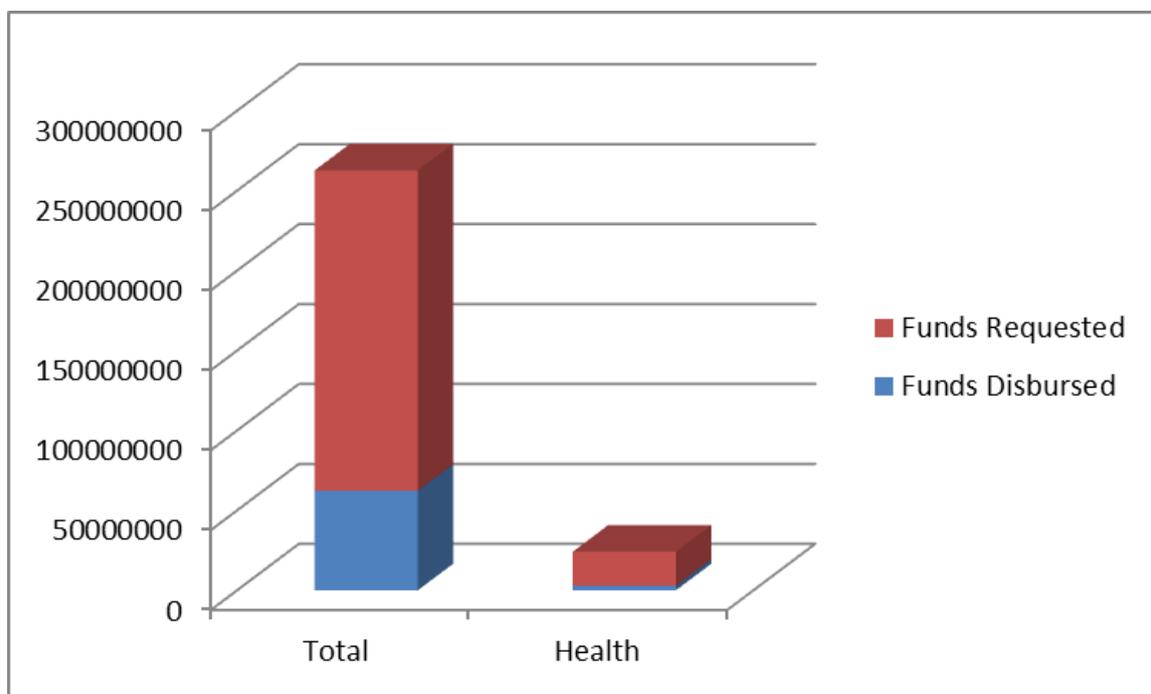
<sup>19</sup> UNICEF, Central African Republic Situation Report: 21 May–13 June.

<sup>20</sup> As example of the inexistent surveillance system, WHO reports that there were 175,210 probable and confirmed malaria cases in CAR nationwide in 2009. This is less than the total number of confirmed cases treated (187,736) by MSF in the country alone. So CAR appears relatively low-burden, when it most certainly is not.

### 3. Lack of response

**Despite an increase in need, the humanitarian presence in the country has drastically shrunk.** Most humanitarian organisations have scaled down activities. Some are still in Bangui, waiting for the security situation to allow them to return to their respective project locations. Others have moved their base to neighbouring Cameroon. The **United Nations agencies do not have any international staff outside Bangui**, due to strict security rules applied since December 2012. Very recently, there have been some exploratory activities outside the capital, but no organisation has moved permanently to the regions.

The UN has not allocated sufficient resources to mobilise actors and attract the funds that are needed in CAR. So far, 47 per cent of the Consolidated Appeal for CAR 2013<sup>21</sup> has been disbursed. However this appeal is based on plans made in 2012, and does not take into account the increase in need both for humanitarian and more long-term assistance since the coup. If we look at the revised funding request following the crisis, **only 31 per cent of financial needs have been met.**<sup>22</sup> More specifically, only US\$ 2.8 million have been disbursed in the health sector, which represents just 13.2 per cent of the US\$ 21.2 million requested.<sup>23</sup>



Equally, the efforts invested in analysing the security situation have been inconsistent, making it impossible for humanitarian organisations to plan their return. The lack of information and lack of financing, together with ineffectual coordination of the humanitarian response, make it difficult to find **implementing partners** among

<sup>21</sup> OCHA, CAR Situation Report no. 21 (21 June 2013).

<sup>22</sup> Financial Tracking Services, Consolidated Appeal: Central African Republic 2013, Table C: Requirements, Commitments/Contributions and Pledges per Appealing Organization Report as of 04-July-2013 (*Appeal launched on 14-December-2012*), [http://fts.unocha.org/reports/daily/ocha\\_R1\\_A979\\_\\_\\_1307021923.pdf](http://fts.unocha.org/reports/daily/ocha_R1_A979___1307021923.pdf)

<sup>23</sup> Financial Tracking Service, Central African Republic: Funding Received 2013, at <http://fts.unocha.org/pagelocator.aspx?page=emerg-emergencyCountryDetails&cc=caf>

international organisations already present in CAR and others interested in opening new programmes in the country.

As a result, there is a **vacuum of humanitarian assistance outside the capital**: the response is inadequate, and the population is not receiving the assistance it desperately needs. This vacuum is also likely to lead to problems later on, as organisations lose contact with armed actors in the regions, making the negotiation of humanitarian access more difficult in the future.

## **CAR, a country in critical need**

Three months after the coup, the situation in the Central African Republic is critical. The transitional government is still struggling to establish an acceptable level of security in the capital, while there is a complete absence of state authority in the rest of the country, which is at the mercy of uncontrolled armed groups. **Despite the drastic increase in need, however, the humanitarian presence in the country is reaching an historic low.**

MSF is calling for:

- the **international community** (United Nations, European Union, African Union, ECCAS) to keep the Central African Republic at the top of its agenda and support this fragile country during transition;
- the **humanitarian community** (United Nations agencies, international NGOs, donors) to maintain its commitment, despite the current situation, and allocate adequate resources to CAR in order to respond to:
  - o the **medical crisis**, particularly with regard to malaria;
  - o the **humanitarian crisis**, by meeting basic needs; and
  - o **structural needs**, by providing long-term support to the health system.
- the **transitional government**:
  - o to guarantee **security conditions** that will allow humanitarian organisations to provide assistance to the population; and
  - o to immediately commit to meeting the urgent humanitarian and medical needs of the population, with international support.