

NIGERIA

Jul-Aug 2012

The UN House Bomb Blast Remembered





On August 26, 2011, the United Nations House in Abuja was bombed by a suicide car bomber. The attack which claimed 23 lives (13 UN and 10 non-UN staff) left more than 120 other persons injured. Of the 23 staff who died in this gruesome terrorist attack, WHO lost three senior and critical Program staff, namely, late Dr. Edward Dede, Engr. Ali Musa and Mr. Abraham Yemi Osusanya.

Until the early 1990s, the United Nations entities felt protected by its flag and the reality that it was a neutral organization, humanitarian and benevolent actor in world events.

The attack in Nigeria was the latest in a sadly long list of attacks against the United Nations. These include the 2003 bombing of the UN's headquarters in Iraq; the 2007 bombing of the UN's offices in Algiers; a 2008 attack on a UN compound in Somalia; the suicide bombing of the WFP's offices in Pakistan in 2009; and several other attacks against UN locations in Afghanistan. They all point to a mark of the great risks that UN humanitarian staff undergo to promote healthier lifestyles, human dignity and peaceful coexistence among other humanitarian works of the United Nations.

Whenever the United Nations personnel are directly targeted, it is viewed as an isolated event with ulterior motives and unequivocally condemned by people from all walks of life all around the world. The Minister of State for Foreign Affairs of the Federal Republic of Nigeria, Prof. Viola Onwuliri, described the UN bombing as an attack not only on Nigeria, but also on the global community. The UN

Secretary General, Ban Ki Moon called it an assault on those who devote their lives helping others.

One year later, the unfortunate attack has left the World Health Organisation country office which once operated from a single location is now fragmented between its FCT office and the old office of the Central Bank of Nigeria. Some staff members now have to shuttle between the FCT office in Asokoro and old CBN location just to get a single approval from their bosses. Staff members are now crammed into small offices, where internet and power facilities are irregular.

The main WHO office at the old Central Bank building houses currency operations of the central bank, and the office is directly located opposite the Zone E police headquarters. Police and other security formations have been targets of recent bomb attacks in Kano, Borno, Abuja and other places.

There is no doubt that the attack on the UN House in Abuja has left indelible marks in the hearts and lives of WHO staff in Nigeria, their families and their works. Recalling the experience is like reopening an old but slowly healing wound. Dr. Lynda Ozor, the National Programme Officer for Malaria Control was luckily out of the country on the fateful day. Her daughter who was just 6months old at the time of the blast was usually kept at the crèche, a few metres away from the reception where the bomb exploded. Fortunately, she was also not at the crèche on August 26, 2012. Yet, each time Lynda recalls this fateful day, she could hardly hold back her tears. "When I came back from my mission, I

went to the UN House. I tried in vain to locate the crèche where my first child, my only child for now usually stays while I work upstairs. Each time I remember this day, I tried to imagine what could have happened if my daughter or any other child were at the crèche on that fateful day. In fact, I cannot thank God enough for his mercies."

For some staff members, the attack was simply too traumatic and unimaginable. "I am yet to come to terms with the reality that this actually happened in my office and that some colleagues of mine died in the event", says Chima ONUEKWE, National Immunization Officer. "I still see Dr. Dede coming around every morning to bandy pleasantries with colleagues just before he settles down for the day's work. Now, looking around and not seeing the amiable Dr. Dede for the past twelve months and knowing that he is not on any official mission sends shivers down to my marrows. A mission to Kano after the bomb blast was a quick reminder that Engr. Musa would not be there to make logistics arrangement for my assignment. And where is Yemi to ask questions about financial aspects of our operations."

"I used to price myself highly as a UN staff, a medical doctor and indeed a staff of the World Health Organisation. It was a thing of pride to display one's identity card or fling out business cards, but not anymore", says another WHO staff. "These days, whenever I remember that I am a staff of the United Nations, I feel insecure. I have not only stopped giving out business cards, but consciously put away my identity card unless it is demanded."

The National Programme Officer for HIV/AIDS, Dr. Adeniyi OGUNDIRAN is one of the lucky survivors of the bomb attack. "I wish I were not in Nigeria entirely on this one year anniversary of the UN house bomb attack", says Dr. OGUNDIRAN. "My presence here this day brings back all the fresh memories of that fateful day. I get so frightened at the slightest drop of a pin or sudden bang on the table. One year after, life has never been the same, both at work and even at home. I wish it never happened even to my enemy."

The UN House bomb blast was a calamity of international magnitude. It will surely linger for a while in the minds of Nigerians. "Nigeria was greatly wounded by the bombing of the UN building last year. We have vivid memory of what happened at the incidence. It was painful...", says Uhomoibhi.

We pray God to grant the souls of the deceased eternal rest and quick recovery for all the injured so that they can resume their normal lives shortly.

Commemoration

On the 26th August 2012 marked the 1st commemoration of that fateful, wish to forget day. A laying of wreaths ceremony was conducted at the UN house. On the 27th August 2012 Memorial Activities took place at the Ministry of Foreign Affairs Auditorium in Abuja.

The memorial activities included a Town Hall Meeting of all UN staff followed by a special memorial ceremony attend by the Federal Ministers of Foreign Affairs and Federal Capital Territory, and

Members of the Diplomatic Corps. During the Town Hall Meeting, the staff were concerned about the lingering stress among UN staff caused by the bomb blast, the state of staff clinic particularly regarding inadequate number of doctors, slow progress in repairing the UN House and irregular health insurance reimbursements.

The Minister of Federal Capital Territory assured UN staff that the UN House will be re-constructed and enhanced at a cost of 2.7 billion Naira, and that the government will also take care of the local medical bills which were incurred by those who were hurt during the bomb blast.



Gone with the bomb blast



May their souls rest in peace

Integrated Community Case Management



Dr Franco PAGNONI is 3rd from the right.

Photo: Godwin Ntadom

In Nigeria malaria, pneumonia and diarrhea account for over 60% of post-neonatal deaths. WHO and UNICEF have issued a joint statement supporting Integrated Community Case Management of Pneumonia, Malaria and Diarrhea in children under-five years of age, using antibiotics, ACTs and RDTs, ORS and Zinc. Evidence from Nepal, Zambia, Malawi, Ethiopia has proved that treating pneumonia, diarrhea and malaria at community level using community agents is feasible and can reduce deaths among children under five years of age.

A team from WHO/ HQ and WHO/AFRO, **Dr Franco PAGNONI**(Global Malaria Program), Dr Tieman Diarra(Malaria/AFRO) and Dr Theopista John(MNCH/AFRO)respectively, visited Nigeria 22-25 August 2012. They came to determine whether Nigeria is ready to implement ICCM. In their visit they looked for elements of iCCM which were in place in Nigeria. They came to Nigeria, to assess whether Nigeria was ready to receive a grant from CIDA under the RACE 2015 iCCM Project. The RACE 2015 project will be implemented in villages in 5 sub-Saharan Africa countries, covering areas with a total population of 1 million each, approximately 1,000 villages and 150,000 children in the target age in each country. A total of 7,500 CHWs will be supported/trained, and 750,000 children/year covered in the 5 countries. RACE 2015 will award grants up to US \$2,000,000 annually, renewable for up to 5 years, to selected institutions or organizations submitting successful proposals that aim to strengthen integrated community case management (iCCM) of pneumonia, malaria and diarrhea. The results of the assessment will be made known soon. There is hope.

Nigeria gets US\$ 225 million to fight Malaria

The Global Fund signed two grant agreements with Nigeria worth a total of US\$225 million to support programs that will prevent and treat malaria. The grant agreements "expand a partnership with the Global Fund that has yielded remarkable progress in recent years, such as undertaking the largest distribution of bed nets done anywhere – more than 45 million to date." Included is an additional US\$50 million for bed nets, "approved in an unusual move by the Global Fund Board that was linked to additional commitments by the Government of Nigeria." During a transformation of the Global Fund's grant management structure this year, Nigeria was identified as one of 20 'high impact' countries now under a special designation. The signing ceremony which was held on 24th August 2012, was attended by Honorable Minister of Health, Prof Onyebuchi Chukwu, Honorable Minister of State for Health, Dr Mohamed Pate, The two Permanent Secretaries of Health and Finance and Officials from the GF HQ.

Speaking at the signing ceremony the WHO Representative to Nigeria Dr David OKELLO said that,

" I strongly believe, if we really want to deal with the impact of malaria in Africa, then we must be in Nigeria. Malaria remains a major public health problem in Nigeria. I also think the media is not giving it enough coverage to highlight the huge burden of malaria in the country. Nigeria currently contributes to a quarter of the global burden of malaria in Africa. Over 90% of the 167 million population are at risk. Malaria accounts for 30% of the childhood mortality in the country, and 11% of maternal mortality. And it is responsible for 60% of all outpatient visits to health facilities in the country. Financial loss due to malaria annually is estimated at 32 billion naira in form of treatment costs, prevention, loss of man-hours, etc; yet it is a treatable and completely preventable disease. What we need is more commitment to scaling-up effective malaria interventions here in Nigeria. I thank the Global Fund for the decision taken to support Nigeria. This is what other partners should do. Others have argued that the situation in Nigeria is too complex and would rather go elsewhere. In my view, complexity and challenges are no good reasons to be away. We will only be able to have substantive impact on malaria by tackling it here in Nigeria. For those of us on the ground, we must now be ready to engage in effective implementation of set activities in phase 2 grant. WHO will play its part, working many times behind the scene with the technical teams to make things happen. To the Chairman of CCM, Professor Onyebuchi Chukwu, putting together phase 2 application and this grant signing ceremony here today will easily go down as one of your success stories. Congratulation to you and to CCM Nigeria."

Since its first grant from the Global Fund in 2003, Nigeria has been awarded grants worth US\$ 980 million for the fight against HIV and AIDS, TB and Malaria.

INTERNATIONAL HEALTH REGULATION

The IHR (2005) are the international legal instrument designed to help protect all States from the international spread of disease, including public health risks and public health emergencies. The initial WHO International Sanitary Regulations of 1951 were revised and renamed the International Health Regulations in 1969.

In response to the increased and changing risks of transmission of international disease. Regulations were substantially revised over a 10year process ending in 2005. The revised Regulations were adopted by the WHO Member States at the 58th World Health Assembly on 23 May 2005. In accordance with the Constitution of WHO, the Regulations entered into force on 15 June 200710 and are currently legally binding upon 194 States Parties around the world (including all WHO Member States). The purpose and scope of the IHR (2005) are very broad, focusing upon almost all serious public health risks that might spread across international borders.

According to Article 2, the purpose and scope of the Regulations are: "to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade." To this end, the IHR (2005) contain rights and obligations for States Parties (and functions for WHO) concerning national

and international surveillance; assessment and public health response; health measures applied by States Parties to international travellers, aircraft, ships, motor vehicles and goods; public health at international ports, airports and ground crossings (together referred to as "points of entry"); and many other subjects.

Nigeria

Early this year 2012 there was drama between Nigeria and South Africa over the Yellow Book Nigerian travellers to South Africa were returned at the airport in Johannesburg because the immigration officers thought that the yellow books were not valid. In anger, Nigeria did the same to South African travellers to Nigeria. "The Federal Government said on Monday that the recent deportation of 125 Nigerian travelers by South African authorities contravened the International Health Regulations (IHR) 2005.

Federal Ministry of Health is currently streamlining the issuing of the "Traveller's Yellow Books" and has made a master plan to ensure that Nigeria is protected from the international spread of disease, including public health risks and public health emergencies. WHO contributed to this process by providing appropriate technical assistance.

WHO [IN BRIEF]

In the past two months officials from the Global Partnership on Maternal Newborn and Child Health visited the WR. Ms Carole Presern, the Director of GPMNCH and her PA-Ms Tammy Farrell visited the WCO in preparation for the GPMNCH Board meeting which will be hosted by the Honorable Minister of Health, Professor Onyebuchi Chukwu on 17 October 2012, Abuja Nigeria.

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In the past, the prevalence of Tuberculosis in Nigeria was an estimate based on extrapolations. Currently there is an ongoing Tuberculosis Prevalence Survey in Nigeria supported WHO, based on actual screening of populations.

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The Canadian International Development Agency has given a grant to WHO to support **PMTCT implementation Research.** Earlier this year, a priotization of research topics was conducted followed by a call of letters of intent. Several research teams submitted the letters of intent and only two were selected(Institute of Virology and Centre for Research in Nigeria). The two teams attended a proposal development workshop in Harare. During the last week of August, the two research teams attended a capacity building workshop on Ethics and Research Methodology in Masaka,

Nasarawa, Nigeria. Preceding the capacity building workshop, a proposal development workshop of five community based MNCH implementation research was conducted in Ibadan during the third week of August 2012. WHO provided both technical and financial support.

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World Health Organization staff have been actively involved in the development of the United Nations Development Framework III(UNDAF III). They initially attended a workshop on Human Rights Based Approach to Programming and Results Based Planning. This was followed by the development of key outcomes and Outputs. And currently the introduction which consists of information from the Country Common Assessment results and the narrative including the budget and the monitoring and evaluation framework for UNDAF III.

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It is another Welcome and Farewell. It is welcome to Dr Pascal MKANDA a Medical Officer who has come back to Nigeria after a while in Ethiopia. He comes back as the Technical Head in the EPI Program in the WCO in Nigeria. It is also Farewell to Mike ACHUKPE, a Travel Assistant in the WCO. Mike will be moving to Niger State(Nigeria) WHO Office as Finance Assistant. For we say welcome to Pascal and go well to Mike. Mike thanked the

Head of the Travel Unit for the mentoring he received. He said that he leaves for Niger State feeling confident to face the future.

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The WHO HIV/AIDS unit in Nigeria participated in the NACA organized retreat, Enugu, 26-29 August 2012. NACA as one of the HIV/AIDS Global Fund grant Principal Recipient was interacting with its fourteen Sub-recipients to: (i) review progress of implementation of the phase 1 of the grant, (ii) identify bottlenecks and proffer solutions to allow fast-tracking of implementation, and (iii) gather implementation experiences to be applied in the implementation of phase 2, once approved. The retreat which was organized in the form of group deliberations on Thematic Topics and Plenary presentations and discussions came up with a list of actions with a timeline and responsible organizations to address identified major bottlenecks in grant implementation.

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There were reports during the third week of August 2012 of **flooding** in Plateau, Adamawa, Bauchi, and Lagos states. WHO was and still is monitoring health outcomes in collaboration with NEMA, SEMA and the Nigerian Red Cross with particular focus on health hazards from water and insect borne diseases.

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Of resource mobilization, WHO in collaboration with Clinton Health Access Initiative(CHAI) and

Population Council in Nigeria are in the process of developing a proposal to obtain funds from CIDA to improve Human Resource for Health in Bauchi and Cross River States.

On the Other hand, a Joint meeting of WHO, UNICEF, BMGF and Rotary with KfW Bank officials was held for coordinating a Germany grant of Euro 15 million to Nigeria Government towards polio eradication.

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