



The Central African Republic's Silent Public Health Crisis

May 2023



KEY MESSAGES

- CAR is among the poorest and most fragile countries in the world. Findings from a recent mortality survey indicated that CAR has one of the highest nation-wide mortality rates ever measured, indicating the country is going through a severe public health crisis.
- The high mortality rate in CAR is driven by critical food, water, and healthcare gaps. These gaps are the result of more than a decade of violence and insecurity, which, coupled with climatic hazards, mass displacement, and macroeconomic shocks, has severely eroded people's resilience, while damaging public services and infrastructure and preventing humanitarian access to affected communities.
- Despite this context, CAR has long been flying largely under the radar, ranking among the most under-reported crises in the world. The humanitarian response plan for 2023 is only 25% funded. With the lean and flood season around the corner, and considering the anticipated spillover consequences from the crisis unfolding in neighbouring Sudan, the humanitarian situation will likely deepen in the upcoming months without a considerable scale up of the humanitarian response.

CONTEXT & RATIONALE

Since conflict erupted in 2013 in the Central African Republic (CAR), the population has been bearing the consequences of a complex humanitarian crisis. This crisis is characterised by concurring armed violence and insecurity, forced displacement, deep poverty, and a lack of access to viable livelihoods and critical services, such as healthcare and water supply. According to the Office for the Coordination of Humanitarian Affairs (OCHA), [3.4 million people \(or 56% of the population\) are in urgent need of humanitarian assistance](#), particularly in relation to water, sanitation, and hygiene (WASH), food insecurity, health, and protection. Yet despite this, the ongoing emergency in CAR is [one of the most under-reported crises globally](#).

What is the Crude Death Rate (CDR)?

The Crude Death Rate (or Crude Mortality Rate) is the rate at which people in a population were dying over a given period of time (i.e., the recall period). The CDR is collected through retrospective household surveys, during which households are asked to list all deaths and births in the household during the recall period. The CDR is an important indicator to measure the nature and scale of a humanitarian crisis and can be used as an advocacy tool to warn about acute emergencies.

A recently published nationwide mortality survey suggested [emergency mortality levels in 2022](#). The study's results rendered a nationwide crude death rate (CDR) of 1.57 (95% CI: 1.37-1.78), surpassing the World Health Organisation (WHO) Emergency threshold of 1 death per 10,000 per day and marking the mortality rate in CAR as [among the highest nationwide mortality rates recorded in the world](#). Interviewed households most often contributed deaths to malaria, fever, or diarrhoea, with only 6% of deaths directly attributed to violence, followed by non-trauma related causes. Together, these findings are indicative of a critical public health crisis in CAR.

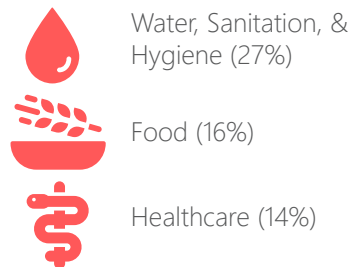
Following the alarming CDR found in CAR, REACH conducted a retrospective analysis of available data from accessible and hard-to-reach areas to identify vulnerabilities, underlying drivers, and key risk factors to monitor to reduce excess mortality and support emergency prioritisation, ahead of the lean season (April-July in the south, June-October in the north) and peak annual flooding (August-October).

KEY FIGURES

WASH, food, and health gaps are key contributing factors.

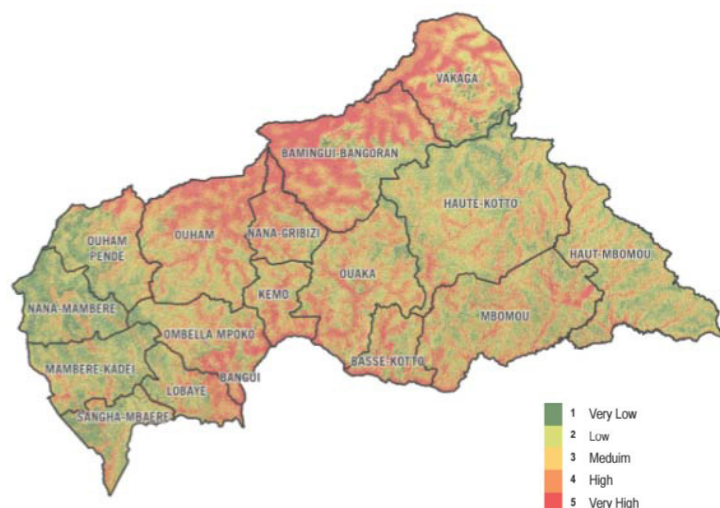
Analysis suggests that, in complex humanitarian contexts such as CAR, prolonged food consumption gaps experienced by an already-vulnerable population at elevated levels of malnutrition, together with a common reliance on unclean sources of water and sanitation and a lack of accessible healthcare, are among [the main risk factors for disease and eventual mortality](#), in addition to violence.

Top 3 most reported first priority needs by households interviewed for the 2022 MSNA:



Such gaps are reflected in WASH, food, and healthcare emerging as the most reported first priority needs according to households interviewed for the 2022 Multi-Sector Needs assessment (MSNA). Further analysis of key indicators and secondary reporting suggests that these needs are mainly driven by armed violence and persistent insecurity, (macro)economic shocks, structural underdevelopment, and annual flooding affecting a population already highly vulnerable after years of conflict, driving displacement and limiting people's access to key services and livelihoods.

Map 1: Flood susceptibility in CAR ([REACH 2020](#)), with red areas indicating high risk of floods



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CAR is ranked 188th out of 191 countries on the Human Development Index.

CAR has the **5th highest** Multi-Dimensional Poverty Index in the world.

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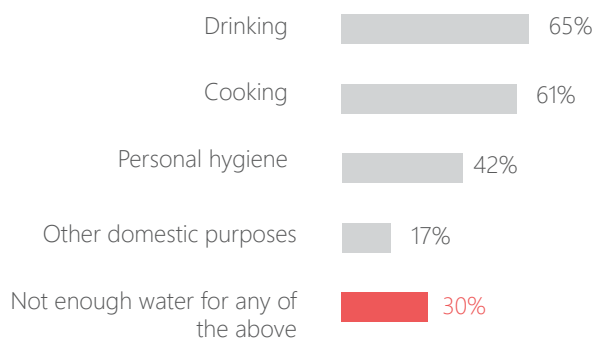
people are estimated to be in need of humanitarian assistance in 2023 (total population: 5,457,155 ([UNDP 2021](#)))

Most households are unable to access sufficient, clean drinking water and sanitation facilities ...

Overall, 69% of households reported experiencing barriers to accessing water, with insufficient number of water points, lack of containers to store water, and water quality being the main reported barriers. In addition to structural issues such as a lack of infrastructure and source maintenance, conflict has reportedly contributed to an increase in water needs as water points and storage containers [are often abandoned during rapid displacement following sudden-onset violence in CAR](#).

One in three households reported not having access to sufficient amounts of water for drinking and 32% of households relied on unimproved water sources or surface water as their main drinking source – indicating a high risk of water-borne diseases. In comparison, this was the second highest figure reported across all 2022 MSNAs; only in the Democratic Republic of Congo (DRC)'s Tanganyika province, the proportion of households relying on unimproved sources was higher (35%). Even in public health crises such as Somalia and Mali, proportions were considerably lower (8% and 16, respectively).

% of interviewed households (MSNA) reporting having access to sufficient amount of water for the following purposes:



The high risk of disease resulting from using unimproved water sources is likely further exacerbated by severely limited access to clean sanitation and hygiene facilities. The vast majority of households reported using an unimproved sanitation facility, frequently shared with other households, while 18% reported practicing open defecation. This

is particularly concerning considering that 73% of households reported not having access to water and/or soap for handwashing to mitigate risk of contracting and transmitting diseases.

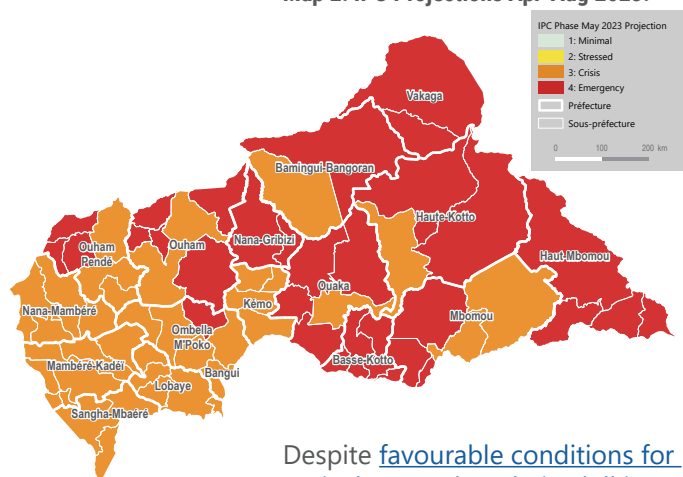
... and the situation appears to be getting worse.

All the while, trend analysis conducted jointly by the United Nations Children's Fund (UNICEF) and WHO shows that [access to improved drinking water, sanitation, and basic hygiene has actually worsened](#) in the country between 2015-2020. Rather than a single, particular shock, the gradual decline in access to improved WASH facilities appears to reflect the compounding impact of years of conflict, climate shocks, and underdevelopment on severely strained infrastructure.

Nearly half the population is severely food insecure.

Integrated Food Security Phase Classification (IPC) findings indicated that [nearly half of the population \(44%, or 2.6 million people\) were likely acutely food insecure through September 2022 to March 2023](#), with 642,000 facing Emergency levels (Phase 4). Analysts projected this number will rise to 3 million (49%) in the April-August 2023 lean season. Inadequate food consumption and utilization is also expected to contribute to an increase in the number of acutely malnourished children compared to last year, [with 86,000 children 0-59 months expected to face severe acute malnutrition between October 2022 and August 2023](#).

Map 2: IPC Projections Apr-Aug 2023.



Despite [favourable conditions for agriculture](#) and a [relative lull in armed conflict](#) observed in 2022 compared to previous years, food insecurity persisted throughout the country, with food security having deteriorated in recent years. Largescale flooding in northern regions in September and October of 2022 and continued violence and insecurity in eastern CAR reportedly destroyed productive assets and limited people's access to already-precarious livelihoods. Even in regions less directly impacted by these shocks in 2022, consecutive years of conflict and poverty have reportedly [eroded livelihoods and the ability to access sufficient, diverse food](#). Perhaps reflective of the challenges faced, while most households (61%) interviewed for the MSNA reported agriculture to be their main source of income, 83% reported having faced difficulties with agricultural activities throughout the season.

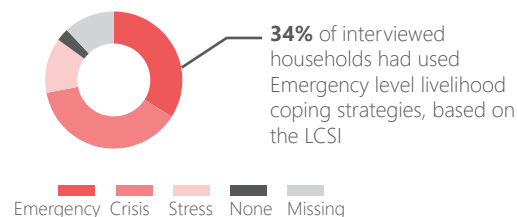
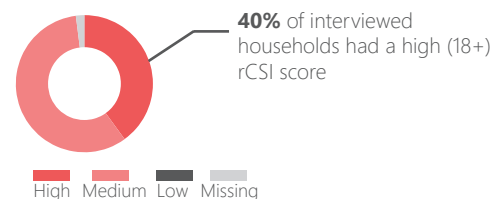
In addition, macroeconomic shocks, including the end of government subsidies on petroleum and hydrocarbon and the subsequent [price hikes for transportation and imported foodstuffs](#), primarily impacted

poor and urban households who directly rely on market purchases to access food and sources of income.

High prices and a lack of finances or tools were also the main barriers to accessing food from markets and through cultivation, respectively, according to MSNA findings.

Limited access to water can further negatively impact food utilisation – nearly 40% of households interviewed for the MSNA reported not having access to sufficient amounts of water for cooking, which could in turn have a negative impact on nutrition outcomes.

To mitigate food consumption gaps and limited access to livelihoods, [households overwhelmingly reported having adopted crisis and emergency-level coping strategies](#), which in turn further reduces their resilience to future shocks and stressors. Comparing key outcome indicators such as the reduced Coping Strategies Index (rCSI) and the Livelihood Coping Strategies Index (LCSI) across countries assessed through the MSNA,¹ CAR had the most severe outcomes. Nearly half of households (40%) reported high consumption-based coping (rCSI score of 18+), with relying on consumption of less preferred types of food and reducing the quantity of food consumed emerging as the most used strategies. One-third (34%) of households resorted to emergency-level livelihoods-based coping strategies, such as selling the last female of a flock, or selling the house or a plot of land.



Perhaps even more telling, cross-crisis analysis also showed that CAR had the highest proportion of households reporting severe hunger on the Household Hunger Scale (HHS): 7%.

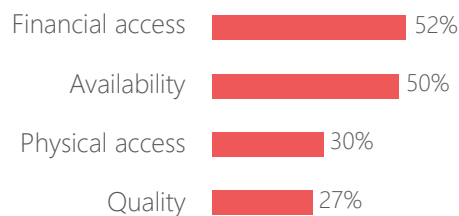
Meanwhile, access to healthcare services remains severely limited

Despite findings suggesting a high risk of disease, [access to healthcare is severely limited throughout the country](#). One in five individuals (20%) had reportedly been unable to access healthcare when needed in the three months prior to data collection, which is again [the highest proportion compared to other areas assessed through the MSNA](#).

More broadly, nearly all households reported experiencing barriers to accessing healthcare, with a lack of available services and limited financial and physical accessibility being the most reported barriers. Moreover, [a lack of skilled health workers and medical supplies](#) in the few available health centers are likely to further constrain people's ability to seek treatment in CAR, while [low vaccination coverage](#)² means that preventable diseases can continue to quickly spread through communities.

Indicative of the challenges faced by households seeking healthcare, "irregular health expenses and/or sudden illness of a household member" was the most reported main shock affecting the household in the month prior to data collection, reported by 34% of households.

Most reported barriers to accessing healthcare, by % of interviewed households (2022 MSNA)



Key figures from the Health Resources Availability Mapping System (HeRAMS)³

Only **45%** of healthcare facilities were reportedly **fully functional**, with the main reasons for non-functionality being lack of equipment and lack of personnel.

42% of healthcare facilities were reportedly **not fully accessible**, with physical barriers, insecurity, and financial barriers being the main reasons for inaccessibility.

35% of healthcare facilities were reportedly **partially or fully damaged**, reportedly due to a lack of maintenance, conflict, and climatic hazards.

The situation is more severe in hard-to-reach and inaccessible areas.

Humanitarian access to at risk communities [is highly challenging in CAR](#). Armed group activity, including frequent violence and looting of critical supplies, annual flooding, lack of infrastructure, presence of IEDs, and high fuel prices make humanitarian operations dangerous and costly, leaving many communities in remote areas in the north and southeast prefectures without access to lifesaving assistance. [These factors similarly constrain communities' ability to access livelihoods, services, and markets.](#)

Against this backdrop, data suggests a particularly high risk of loss of life in hard-to-reach areas. Results from the mortality survey indicated that the CDR (1.85, 95% CI: 1.51-2.19) and the under 5 death rate (U5DR) (2.62, 95% CI: 1.63-3.61) [were higher in more insecure, hard-to-reach locations](#) compared to more easily accessible locations, with the U5DR being significantly higher.

REACH's Humanitarian Situation Monitoring (HSM) findings highlight critical gaps in terms of access to food, clean water, and functioning healthcare in such locations. For instance, in the latest round (February-March 2023), KIs from only 9% of assessed hard-to-reach localities estimated that the majority of people in their community were able to access sufficient food.

Access to WASH seems particularly constrained in hard-to-reach areas; KIs from 78% of assessed hard-to-reach localities expressed water to be a main priority need for most people in the community, which might reflect the fact that, in most localities, most people reportedly relied on unimproved water sources as their main water source (with surface water being the main source in 17% of locations), while barriers to accessing sufficient quantity and quality of water were reported in all communities. All the while, open defecation was reportedly practiced in 51% of assessed localities, and in 71% of localities, KIs reported no one in the community had access to soap and water for handwashing purposes, suggesting a critical risk of disease.

Additional funding is critical to prevent loss of life in the remainder of 2023.

Together, the findings paint a bleak picture of the humanitarian situation in CAR. In 2022, amid eroded resilience among affected communities and a complicated operational environment, the risk of loss of life remained high despite a nearly fully funded humanitarian response plan (HRP). Well into 2023, the current HRP is only 25% funded.

Looking ahead, anticipated disruptive factors such as the current lean season (April through September) and annual flooding (peak flood season expected in October) are likely to contribute to worsening outcomes in terms of access to food, water, and health services in the coming months. It is projected that [harvested food stocks will run out in most locations in May, while transport and petroleum costs are expected to continue to increase, in turn further driving up prices while income from waged labour will likely decrease.](#) Particularly in [flood-prone areas in the north](#), vulnerability to vector and water-borne diseases might simultaneously increase, while stocking and operating health and nutrition centers might become more challenging as access deteriorates.

RISK FACTORS TO MONITOR

While the above changes in the humanitarian context can be expected based on seasonal factors, sudden shocks, and changes in security conditions could further destabilize the already precarious situation in CAR. Such factors and their humanitarian impact should be closely monitored to ensure efficient planning and prioritisation, particularly since [the capacity of the humanitarian community to absorb additional needs is reportedly severely limited.](#)

- Conflict in Sudan: Displacement and food price increases.** Conflict erupted in Sudan's urban areas on 15 April. While information on the humanitarian situation and displacement dynamics remains piecemeal at the time of writing, cross-border movement of people out of Sudan into CAR's northern Vakaga region have been recorded, with [over 9,700 individuals having crossed the border](#) as of 12 May. Findings from the mortality survey indicate that Vakaga is one of the insecure, hard-to-reach locations with a comparatively high CDR. In addition, Vakaga is projected to be in IPC Phase 4 through August 2023. Additional pressure on already scarce resources in the area might be further exacerbated by price increases driven by disrupted supply from Sudan, which is one of the main exporters of food items during the flood season. Mere days after the eruption of conflict, prices for some key food items [had already doubled on local markets due to supply disruptions.](#)
 - Political tensions following local elections.** [Local elections are set to take place in July](#) for the first time in 35 years. In a context of complex and highly localised power dynamics, local campaigning and the announcement of results [might spark tensions](#) between opposing parties in some areas, creating unrest and potentially contributing to population displacement in fear of reprisals.
 - Changes in local power dynamics and insecurity.** The security situation, particularly in the northern and western hinterlands, [remains unstable.](#) ACLED
- analysis from January 2023 suggested [continued mercenary engagement in local conflicts in certain areas](#) in CAR. When local tensions are (re-)ignited, recovery and humanitarian planning will be negatively affected, further constraining planned and ongoing operations.
- Macroeconomic shocks and household purchasing power.** Fuel prices in CAR [are currently among the highest in the world](#), exerting significant pressures on food prices. Since government subsidies on gasoline ended in the beginning of 2023, fuel prices have risen in line with global price dynamics, with cascading effects on supply dynamics and local economies. Price hikes limited financial access to essential items and drove down wages, in turn leading to lower incomes among waged-labour-dependent households. In addition, while transportation of timber is already affected by high fuel prices, a potential [decline in international timber prices could negatively affect forestry sector activity](#) and consequently further reduce earnings from export, negatively impacting the national economy and potentially creating its own set of cascading effects on local markets. Western partners' suspension of financial assistance to CAR in light of Russia's involvement in the country [could further destabilise the economy in the coming months.](#)
 - Disease outbreaks.** Any outbreaks of communicable diseases, such as the outbreak of Cholera in CAR in 2016 or the Measles outbreaks in 2019, could significantly impact health and wellbeing and lead to an increased vulnerability to loss of life in affected communities, particularly given limited functional healthcare services, low vaccination coverage, and widespread malnutrition.

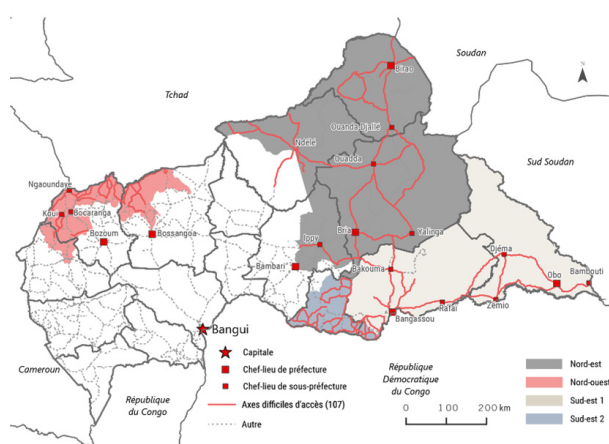
METHODOLOGY OVERVIEW

Data for this analysis was primarily taken from the [2022 REACH Multi-Sector Needs Assessment \(MSNA\)](#) in CAR, for which 12,328 randomly sampled households were interviewed between July and September 2022, rendering findings that are representative of host community, internally displaced person (IDP), and returnee households at the prefecture (per population group) and sub-prefecture level.

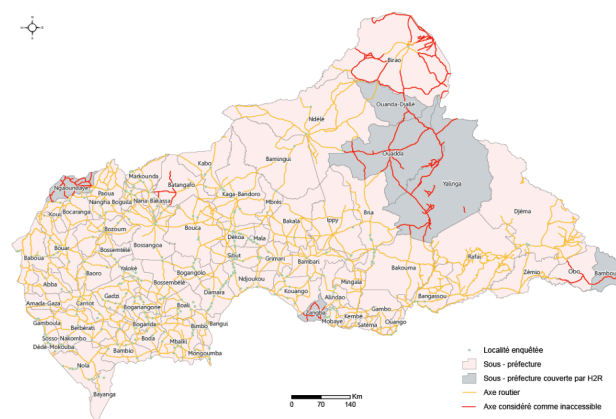
Data on hard-to-reach areas is based on the monthly [Humanitarian Situation Monitoring \(HSM\)](#) assessment, which relies on key informant interviews with persons with recent knowledge on the situation in hard-to-reach or inaccessible settlements along major road axes in the Nord-Ouest, Nord-Est, and Sud-Est regions of CAR.

Additional secondary data was derived from humanitarian clusters, agencies, and analysis systems involved in the CAR response, including the Integrated Phase Classification (IPC), the Nutrition Cluster, and the World Food Programme (WFP).

The analysis of risk factors is based on internal research on key (underlying) drivers of risk of excess mortality and is presented along the key priority needs as indicated by affected communities directly through the Accountability to Affected Populations (AAP) module in the 2022 MSNA.



Map 4: Coverage from the February-March 2023 Humanitarian Situation Monitoring (HSM) in hard-to-reach areas assessment.



Map 5: Coverage from the 2022 MSNA. Grey shading indicates areas that were covered by the hard-to-reach (H2R) methodology.

ENDNOTES

- For more information on the cross-crisis analysis of indicators from the 2022 Multi-Sector Needs Assessments (MSNAs), please refer to the [2022 MSNA Global Indicator-level Key Findings](#).
- According to [WHO and UNICEF](#) estimates (2021), immunization coverage of key vaccines, such as BCG (61%), DTP1 (54%), DTP3 (42%), and Measles (41% MCV1), is low in CAR. When compared to other countries in the West and Central Africa region, coverage is among the lowest in the region.
- The [Health Resources and Services Availability Monitoring System \(HeRAMS\)](#) is a WHO initiative that consolidates information on the availability and accessibility of essential health services and resources to support decision-makers at national, regional, and global levels. HeRAMS was deployed in CAR between August 2022 and March 2023, during which 1052 health facilities were analysed.

ABOUT REACH

REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT).