



## EDİTÖRE MEKTUP / LETTER TO THE EDITOR

### Setting up hard-to-reach teams in the conflict-affected parts of Nigeria: World Health Organization

Nijerya'nın çatışmadan etkilenen erişilmesi zor bölgelere ulaşan ekipler kurmak:  
Dünya Sağlık Örgütü

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Dear Editor,

Nigeria has been witnessing violent conflicts for almost 8 years and it has resulted in widespread forced displacement, acute food & nutrition insecurity, and has deprived millions of people from basic health care services<sup>1,2</sup>. The north-eastern Nigeria has been worst affected and it has been estimated that currently more than 6 million people are in immediate need of health assistance<sup>1</sup>. Further, due to the ongoing conflicts, most parts of the affected state are still inaccessible to humanitarian assistance<sup>1,2</sup>. In-fact, it won't be wrong to say that the precise extent of the need of humanitarian assistance is still not known as some of the towns or villages are occupied by armed groups<sup>1</sup>.

Moreover, the available estimates that malnutrition is widespread while close to 66% of the overall health care establishments have been either completely or partially damaged<sup>3</sup>. In addition, there is a significant shortage of health personnel, inadequate medical supplies, and poor water & sanitation standards<sup>1-3</sup>. Even though, humanitarian agencies are scaling up their response to deal with the crisis, but amidst the ongoing insecurity and threat to the lives of the volunteers, almost all the relief activities have been affected<sup>1-3</sup>. Even then, more than 1.8 million children have been vaccinated with the polio vaccine in the Borno state and the plan is to immunize close to 5 million children against measles in the coming months<sup>1,4</sup>.

There is no doubt that in order to improve the

health standards of the general population, to reduce poverty, and move towards prosperity, the stakeholders should aim for the accomplishment of universal health coverage at all possible levels<sup>1,5</sup>. As far as the health sector is concerned, the World Health Organization has continued its assistance by establishing mobile clinics, which are run by medical teams in hard to access parts of the north-eastern Nigeria<sup>3</sup>. These teams are named as "hard-to-reach" teams (HTR), as their aim is to reach remote and insecure regions to promptly deliver essential health care services to the vulnerable populations, and people displaced due to conflicts<sup>3</sup>.

The HTR medical teams comprise of nurses, midwives and community health workers, and are trained adequately before being deployed into the field<sup>3</sup>. A total of 24 such teams has been constituted and they are extending help to close to 4000 people on a weekly basis by means of setting up clinics under trees to provide life-saving health care<sup>3</sup>. They are performing a wide range of activities like screening for severe acute malnutrition as these children are quite prone to acquire infections (viz. measles, diphtheria, respiratory and diarrheal diseases), conducting immunization sessions for children against vaccine-preventable diseases, extending antenatal care (like counseling, administration of iron & folic acid tablets, tetanus toxoid, etc.) to pregnant women at least once in a month, testing & dispensing of medicines for malaria, administration of vitamin A supplements or de-worming tablets for children, performing health

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promotion activities like orienting local population about important public health practices (personal hygiene, exclusive breastfeeding, etc.), and referral services to the nearest operational health care establishments<sup>3</sup>.

To conclude, even though the concept of hard-to-reach teams is extremely useful, the local government should work with other stakeholders to constantly scale up the response to the conflict-affected regions.

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