




Health Action in Crises (WHO/HAC) Highlights - No 20: Monday, 02 August 2004

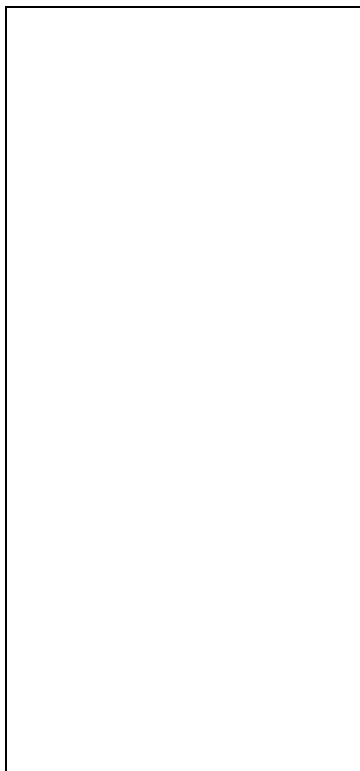
The WHO/HQ Department for Health Action in Crises aims to produce a running note on select current issues at weekly intervals. This note—which is by no means exhaustive—is designed for internal use and does not reflect the official position of WHO.

SUDAN	DARFUR CRISIS
 <p>The map shows Sudan with major cities like Khartoum, Omdurman, Nyala, and Juba. It also shows neighboring countries: Libya, Egypt, Chad, Eritrea, Ethiopia, Kenya, and Uganda. The Nile River and Red Sea are also depicted.</p>	<p>Events:</p> <ul style="list-style-type: none">• On 29 July, the UN Secretary-General appealed to the Government of Sudan to ensure the protection and security of the more than 1.2 million Internally Displaced Persons (IDPs) in Darfur. On 30 July, the UN Security Council adopted resolution 1556, demanding that the Government of Sudan disarm Janjaweed militias. Interventions to address the health aspects of the humanitarian crisis—including cholera, malaria, and dysentery—in the Darfur continue non-stop, despite serious difficulties posed by the rainy season and continued insecurity.• The second round of the Oral Cholera Vaccination (OCV) campaign is now foreseen to start on 5 August. The first round of the OCV campaign was completed on 25 July in Kalma camp with 42,000 people vaccinated. Plans to implement OCV in Mussei and possibly other camps are in the pipeline.• Jaundice has been reported in all states of the Greater Darfur region. Epidemiological investigations are ongoing. In addition, twenty cases of acute jaundice with four deaths were reported among Sudanese refugees in Chad during the 19-24 July period.• Sub-national Immunization Days against Polio took place from 27-29 July in North Darfur. International NGOs participated by providing transportation, cold chain equipment, incentives or fuel at the request of WHO and the State Ministry of Health. For security reasons, the campaign could not be implemented outside of Tawila and Mahla. <p>Actions:</p> <ul style="list-style-type: none">• In North Darfur, a plan for the disinfection of the latrines in all the camps is being finalized. In addition, malaria spraying will commence this week and last for approximately two weeks.• WHO's assessment of health facilities in El Fasher, North Darfur, continues.• On 20-21 July in West Darfur, the Federal and State Ministries of Health and WHO collaborated for a two-day training course on communicable disease surveillance. Participants included two medical doctors from International Islamic Relief Agency (from Geneina hospital and Kerinding), four medical assistant (from Kulbus, Habila, Sirba and Abu Serog), one community health worker (from Kerinding), one health inspector, four statisticians, among others.• WHO has completed training on case definition, case management, and filling Early Warning and Response (EWAR) forms in eight IDP camps in West Darfur.• In West Darfur, malaria spraying is scheduled to commence in Geneina on 20 August.• In West Darfur, a WHO delegation visited primary health care clinics managed by the MOH in Ardamata, Masteri, Beida, and Arara camps. An increase in whooping cough in Arara was noted. IDPs also communicated problems in accessibility to drugs despite their provision to clinics by humanitarian agencies.• The new gynecology ward rehabilitated by WHO has been opened in Geneina Hospital, West Darfur. In Habila hospital, WHO is rehabilitating the laboratory and blood bank.• In the Kalma and Mussei camps in South Darfur, insecticide spraying for malaria prevention was completed for 12,184 households, benefiting a total population of 51,419 with an approximate coverage rate of 99.5%.• WHO will participate in the 3 August Inter-Agency Standing Committee Taskforce on Darfur. WHO also plans to participate in the 4 August United Nations Inter-departmental Taskforce on the Sudan in New York.

	<ul style="list-style-type: none"> • Funding for WHO humanitarian operations in Darfur has been provided by AfDB, USAID, DfID, and the governments of Netherlands, Italy, and Norway. Preparations are underway for a special donor meeting on Sudan in Oslo on 27 August.
<p>CHAD</p> 	<p>Events:</p> <ul style="list-style-type: none"> • The humanitarian crisis in Darfur has spilled over into Chad. Since July 2003, approximately 200,000 Sudanese refugees have crossed the 1,350-km border. The total combined (refugee and local) population in of the principally affected regions of Biltine and Ouaddai is 867,000. • Current evidence suggests that refugees are experiencing crisis conditions. Risk factors include limited amounts of potable water, low standards of environmental hygiene, declining nutritional status, and low vaccination coverage. Both the refugee and local host populations are at risk. • An inter-agency survey was conducted in mid-June—in conjunction with CDC Atlanta—in three refugee camps and in the border area of Bahai. Preliminary findings indicate a serious crisis, with malnutrition among 36 to 39 percent of refugee children under five years of age. High levels (35 per cent) of malnutrition were also found among the local Chadian population. Recommendations following the survey include: <ul style="list-style-type: none"> ➢ Increase and expand supplemental and therapeutic feeding programs ➢ Increase the general food ration for the entire refugee population. ➢ Expand measles vaccination to children ages 6 months to 15 years. ➢ Increase prevention and treatment of Malaria and Acute Respiratory Infections. ➢ Support the referral system to reduce maternal mortality. ➢ Increase treatment and prevention of diarrhoeal diseases. ➢ Increase water, shelter, sanitation and health services. <p>Actions:</p> <ul style="list-style-type: none"> • WHO priorities, now, are: (1) to improve the regularity and reliability of reports through better disease surveillance and health assessments among the refugee community, in ways that involve all national, NGO and UN health stakeholders; (2) to reduce the fragility of coordination (and joint working) among different groups, so that health coordination meetings in Abeche and other centres are regular and well attended; and (3) to identify gaps in the response to ill-health among the refugees, and initiate prompt and effective action to fill these gaps. • WHO will contribute to these priorities through establishing a team - and satellite office base - in Abeche before the end of August 2004. The team would work with national, NGO and UN stakeholders to address the major public health concerns related to the crisis. The specific focus will be on improving the effectiveness of the existing health coordination mechanisms and strengthened systems for surveillance disease - with emphasis on communicable diseases, health conditions faced by women and environmental health risks. • WHO has borrowed resources from the Central Emergency Revolving Fund (CERF) to initiate its humanitarian work in Chad.
<p>IRAQ</p> 	<p>Events:</p> <ul style="list-style-type: none"> • UNFPA and UNICEF indicated that they will release US\$ 1 million and US\$ 2 million respectively to respond to the Ministry of Health's appeal to address the current acute shortage of drugs and medical supplies in Iraq. • The Minister of Health chaired a seminar on 29 July on the prevention of smoking in Iraq. WHO provided technical guidance. • Preparations are underway for the survey on Schistosomiasis and soil-transmitted helminths (hookworm, roundworm and whipworm), which will be conducted in September. • MOH nationwide polio eradication activities are ongoing. <p>Actions:</p> <ul style="list-style-type: none"> • WHO continues to coordinate the UN Health Cluster response to the MOH appeal to address the shortages of drugs and medical supplies. Using European Commission funds from the UNDP Trust Fund, WHO is procuring US\$ 2.7

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million worth of drugs highlighted by the MOH as urgently needed.

- WHO has shared with the MOH tools for monitoring the use of drugs at end-user facilities including Primary Health Centres and Hospitals.
- WHO is supporting the MOH through incentives for Acute Flaccid Paralysis case notification, investigation, transportation, reporting and 60-day follow-up for all cases recorded during 2004.
- WHO has shared with all stakeholders the recently approved UNDG Iraq Trust Fund proposal to re-establish the National Drug Quality Control Laboratory.
- A technical review of the forms for assessing the Tuberculosis situation in Iraq—including infrastructure, human resources, diagnostic measures, etc.—is ongoing via the WHO-Iraq (Amman) Office and WHO Eastern Mediterranean Regional Office.
- WHO is supporting the Ministry of Health in Tuberculosis control through the provision of 600 packs of Tuberculin 2TU/ 0.1ml and packs of 10 vials * 1.5 ml, used specifically in TB diagnosis.
- WHO shared documents on the status of health sector contingency planning at a 1 August meeting on emergency response and contingency planning, which was attended by the Ministry of Displacement and Migration, the UN, and the NGO community.
- WHO attended a 31 July meeting on coordination mechanisms between the MoH International Health Department (IHD), NGOs and the UN agencies working in Iraq.
- Current WHO humanitarian actions in Iraq are made possible through funding by the European Commission Humanitarian Office (ECHO) and UNDG.

WEST BANK AND GAZA STRIP



Events:

- On 29 July in Gaza City, WHO and the Palestinian MoH officially inaugurated a pilot Community Mental Health Center (CMHC). It is one of three CMHCs constructed in West Bank and Gaza Strip by WHO. The CMHCs are an integral part of the mental health project currently being implemented by WHO and the MOH using funding from ECHO.
- The city of Beit Hanoun in northern Gaza Strip continues to be under severe movement restrictions and military surveillance. Roads to the town are closed to all vehicles except those of UN and International NGO staff and Palestinian ambulances.

Actions:

- The WHO office in Jerusalem coordinated a meeting of Palestinian health providers in West Bank/ Ramallah to evaluate the impact of the Separation Barrier on health and to update the Consolidated Appeal. Approximately 210,000 West Bank Palestinians will be directly affected by the separation barrier.
- WHO is finalizing preparations for a health magazine to be written, edited, produced and managed by both Palestinian and Israeli academics and health professionals under the sponsorship of WHO. The project aims to provide a neutral forum under the umbrella of a UN agency in order to raise key public health issues of common interest to the two societies.
- WHO is providing input to the UN Report to the 49th Session of the Commission on the Status of Women on the situation of and assistance to Palestinian Women.
- WHO has continued to monitor the emergency situation in Beit Hanoun, reporting health-related information through the *Healthinforum* Website, newsletter and briefings.
- Current WHO humanitarian actions in the West Bank and Gaza Strip have been made possible by 2004 funding from USAID and AGFUND, as well as pre-2004 funding from ECHO and the Government of Norway.

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FLOODS - BANGLADESH



Events:

- Forty of the 64 districts in Bangladesh have been affected by abnormally severe monsoon floods. Over 30 million of Bangladesh's 124 million people (approximately 24% of the population) are affected. About 40% of the capital city (Dhaka) is under water. The number of casualties has increased to 400. The mortality rate is not particularly aggravated despite the deteriorated situation. This is likely due to preparedness measures by the Government of Bangladesh.
- Flood-affected populations are facing acute shortages of drinking water and sanitation facilities. This is the most serious public health concern. Broken sewage systems and contaminated drinking water supply systems heighten the probability of water-borne diseases, as evidenced by the steady increase in diarrhoeal cases since the onset of the flooding. During the 1-29 July period, 38,797 cases of diarrhoeal diseases with 27 deaths were recorded in flood-affected districts. Should water remain standing for a prolonged period, there is an increased probability of water-borne diseases.
- Other key health concerns are pneumonia, drowning, and snakebite deaths. During the 1-29 July, 2,611 cases of pneumonia with one death, 33 drowning cases, and 6 snakebite deaths were reported.
- As the floods have resulted in mass displacement, lost livelihoods, and damages to crops, there is risk of increased food insecurity and rising malnutrition rates.

Actions:

- WHO/Bangladesh continues to extend support (including medicines) to the Directorate General of Health Services, Government of Bangladesh, to respond to the floods. The WHO Divisional Coordinators and District Surveillance Medical Officers are providing technical support for needs assessments, logistical supplies, and the recording of cases and deaths from diarrhoea, pneumonia, drowning, snakebite and other diseases.
- On 1 August, WHO National Professional Officers attended the United Nations Disaster Management Team focal point meeting, during which WHO presented information on the current overall health situation; preparedness for post-flood diseases; and emergency drugs and medical supplies required in the medium-term (over the next four months).
- WHO met the UN Disaster Assessment and Coordination (UNDAC) team in Dhaka for the UN International Flash Appeal in response to the present flood emergency.
- WHO has set up a "Flood Crisis Management Team" to collect information, analyze the evolving health situation, and maximize the level of preparedness for responding to urgent requests for assistance.
- WHO will participate in the 3 August informal inter-agency meeting on the humanitarian response to the floods. The meeting will take place in Geneva.

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INTER-AGENCY INITIATIVES

- **Consolidated Appeals Process (CAP).** Based on the results of the Inter-Agency Standing Committee (IASC) CAP Sub-working Group meeting of 20 July, the agreed list for the 2005 CAP includes Burundi, Central African Republic, Chad, Russian Federation (Chechnya), Côte d'Ivoire, Democratic People's Republic of Korea, Democratic Republic of Congo, Eritrea, Great Lakes Region, occupied Palestinian territories, and Uganda. Consolidated Appeals to be further discussed by the CAP Sub-working Group are for Angola, Kenya, Sudan, Zimbabwe and Liberia.
- **Natural Disasters.** The first leg of the pilot study of the IASC Taskforce on Natural Disasters will take place in Armenia from 1-6 August. Pilot projects aim to review the collective capacity of IASC agencies/organizations present in selected disaster-prone countries to support the national and international response to sudden-onset natural disasters. They also aim to result in relevant recommendations. The next country to be visited is Nepal. WHO is a member of this Taskforce and provided US\$5000 towards this project.
- **World Conference on Disaster Reduction (WCDR), Kobe, Japan, January 2005.** Preparations are underway for a meeting of the WCDR Working Group of the Inter-Agency Taskforce (IATF) on Disaster Reduction in Geneva on 4 August. Draft agenda items include an update on the current format of the WCDR and the intergovernmental process, participation of IATF members, the role of "lead" agencies for thematic clusters, and next steps. WHO is a member of the IATF.
- **WFP.** Preparations are underway for the 30th Session of the Committee on World Food Security, to be held in Rome, Italy, 20-23 September. WHO is considering participation.
- **Algeria.** The 6th Pan-African Conference of the Red Cross and Red Crescent Societies will be held in Algiers, Algeria, from 8-13 September. The theme of the Conference is "Consolidating the Red Cross and Red Crescent role as a reliable and effective civil society partner". WHO is considering participation.

Please send any comments and corrections to kollert@who.int.

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