


## Health Action in Crises (WHO/HAC)

### Highlights - No 21: Monday, 09 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><b>Events:</b></p> <ul style="list-style-type: none"> <li>• The senior United Nations envoy to Sudan and the country's Foreign Minister signed an agreement committing the Government of Sudan to take "detailed steps" in the next 30 days to disarm militias in Darfur, to improve security for the 1.2 million internally displaced persons (IDPs) and their host communities, and to alleviate the humanitarian crisis.</li> <li>• There has been an increase in the number of jaundice cases across the Greater Darfur region, with a steep increase in West and North Darfur.</li> <li>• In West and South Darfur, samples taken from patients with acute jaundice syndrome returned from NAMRU 3, Cairo, positive for anti-HEVI gG (Hepatitis E) using the ELISA technique.</li> <li>• The flow of samples from the field to the National Laboratory in Khartoum for outbreak verification must improve. One sensitization meeting between WHO, Federal Ministry of Health, NGOs and transport partners took place in Geneina. Other meetings for the same purpose and with the same participants must still be held in Khartoum, Nyala and El Fashir.</li> <li>• In West Darfur, the WHO field mission revealed that water sources are exposed to contamination, water transport to the shelters is not sufficient, and water storage at the shelter level is unsafe, suffering from inadequate containers and mishandling. There is also low awareness of hygiene and the impact of contaminated water on health.</li> <li>• A team of nine epidemiologists and supervisors arrived in Khartoum to conduct a field survey of mortality across Darfur.</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• Efforts are underway by WHO/Sudan to strengthen cross-border work with WHO/Chad (this could include pooling of resources and increasing information and communication networks).</li> <li>• In North Darfur, the 1-5 August inter-agency assessment mission to Umbaro, Kornoy and Tina revealed that there is no access to health facilities. Insecurity remains the biggest issue in this area, followed by lack of food, water and sanitation.</li> <li>• In North Darfur, vector-control activities will start within the coming week in Abu shoak, to be followed by activities in Zam Zam and Tawila.</li> <li>• In North and West Darfur, the first round of the Polio mop-up vaccination campaign coverage is 99.2% and 124.2%, respectively.</li> <li>• The second round of the oral cholera vaccination campaign in Kalma, South Darfur, started on 6 August. On that day, 13,400 people received the vaccine. Thirty-eight per cent of these were children under the age of six. The vaccination campaign is jointly conducted by WHO, the State Ministry of Health (SMOH), UNICEF, Médecins du Monde (MDM) France, Care, International Rescue Committee (IRC), and Norwegian Church Aid (NCA).</li> <li>• Funding for WHO humanitarian operations in Darfur has been provided by African Development Bank (AfDB), USAID, UK's Department for International Development (DfID), and the governments of Netherlands, Italy, and Norway. Preparations are underway for a special donor meeting on Sudan in Oslo on 27 August.</li> </ul>
<p><b>IRAQ</b></p>	<p><b>Events:</b></p> <ul style="list-style-type: none"> <li>• At the Health Cluster meeting on 5 August 2004, the UNDG Trust Fund Non-communicable Disease and Mental Health Proposal was endorsed by all members and will be submitted for intra-cluster approval.</li> </ul>



• Preparations are underway for the ceremony to commemorate the first anniversary of the bombing of the United Nations Headquarters in Baghdad. The ceremony will take place in Geneva in the presence of the UN Secretary-General on 19 August. The Representative of the Director-General for Health Action in Crisis will attend.

**Actions:**

- Using financial support from the European Commission, WHO is leading the Health Cluster in supporting the Iraqi Ministry of Health's workshop on Vaccine Management, which is being conducted in Amman from 3-12 August.
- A team from the Iraqi MOH will visit Amman to discuss with WHO and the Jordanian Food and Drug Administration the operational plan for implementing the UNDG Iraq Trust Fund proposal to re-establish the National Drug Quality Control Laboratory (NDQCL) in Iraq.
- WHO and MOH/Kimadia held meetings to review measures to address the current acute shortages of drugs and medical supplies. Among the measures discussed was the Drug Monitoring Technical Committee, which was established in response to the WHO suggestion that a mechanism be put in place to ensure that drugs and medical supplies reach end-user facilities and that their availability and use be monitored. The WHO-recommended drug monitoring form was also discussed. The latter will soon be piloted in selected Primary Health Care centres and general hospitals in Baghdad, Basrah, Ninewah and Najaf Directorates.
- WHO initiated the emergency procurement of critical items needed by the Ministry of Health to respond to the increased number of injuries resulting from continued violence in Iraq. This procurement is in addition to the ongoing procurement of US\$ 5 million worth of drugs by the Health Cluster (comprised of WHO, UNICEF and UNFPA) in response to the appeal launched by the Ministry of Health to address the current acute shortages of drugs and medical supplies in Iraq.
- WHO, as a member of the Water and Sanitation Cluster, participated in the workshop conducted in Kuwait on 2-3 August to discuss the drinking water supply for urban and rural communities of the Lower South Area.
- WHO succeeded in the shipping of equipment and laboratory supplies worth US\$ 240,000 to the Ministry of the Environment. The equipment will facilitate monitoring water quality in laboratories in Baghdad, Basra, Mosul and Kirkuk.
- Current WHO humanitarian actions in Iraq are made possible through funding by the European Commission Humanitarian Office (ECHO) and UNDG.

**SOUTH-EAST ASIA FLOODS**



Most up-to-date WHO information on the floods in South-east Asia:

<http://w3.who.org/en/Section23/Section1108/Section1423.htm>

**Events:**

- In Bangladesh, Nepal, and northern India, the floods have been receding, after causing loss of life and significant damage to infrastructure. Key health concerns in flood-affected areas include diarrhoeal diseases, dysentery, pneumonia, increased malnutrition, drowning, and skin and eye diseases. In light of the threat of communicable disease outbreaks, efforts are underway to strengthen surveillance systems.
- Although waters are receding in many parts of Bangladesh, Government data underlines the continued severity of the situation, with more than 600 people dead and over 1.6 million people housed in temporary shelters. Acute shortages of drinking water and sanitation facilities contributes to diarrhoeal disease. As of 8 August, a total of 110,599 cases with 58 deaths from diarrhoea were recorded in flood-affected districts. WFP predicts an increase in food insecurity, in light of the loss of more than 20,000 livestock, the partial or total destruction of more than 2.5 million acres of crops, and lack of jobs. (Source; WHO and OCHA)
- In India and as of 4 August, 27 districts in Assam were affected, 247 deaths were confirmed, approximately 718,774 people were living in 860 camps, and 5,217 diarrhoeal cases were reported. The Government has deployed 2,500 doctors that are providing medical assistance to the flood victims in affected areas. In his mission report, an Environmental Health Officer of WHO/India highlights the need to restore drinking water sources and strengthen disease surveillance measures.

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	<ul style="list-style-type: none"> <li>• In Nepal and as of 31 July, 25 districts are affected by the floods, 15,895 diarrhoeal cases have been reported, and 185 deaths confirmed. As of 7 August, there are no new reports of damage but an increase in the number of cases of diarrhoeal disease. Identified immediate needs included the provision of additional medicines and supplies for preparedness for outbreak prevention and control, as well as the provision of supplies for improved water and sanitation.</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• WHO on behalf of the health and nutrition sub-sector presented a proposal for a UN Flash Appeal to respond to the flood crisis in Bangladesh at a donors' meeting on 4 August in Dhaka. WHO continues to support the national authorities in responding to the situation in the affected areas. WHO has also provided medicines, supplies, and technical and logistical support. District Medical Surveillance Officers of WHO Bangladesh assist District Civil Surgeons in surveillance and reporting. An in-house flood crisis management team has been set up in the WHO Bangladesh office. The team monitors the situation closely, identifying gaps and adopting preparedness measures to respond to urgent requests for assistance.</li> <li>• In India, the WHO Country Office works closely with the UNDMT and is ready to support the Ministry of Health upon request. The Government of India has not requested international assistance to respond to this emergency.</li> <li>• In Nepal, WHO is working closely with the Ministry of Health, the Nepalese Red Cross Society, UN agencies and other stakeholders to respond to the floods. In addition to continuously monitoring the health situation, WHO participated in the UN Joint Needs Assessment Mission from 19-22 July. It also collaborates closely with the Epidemic Disease Control Division of the MOH for further response and assistance.</li> </ul>
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## WEST BANK AND GAZA STRIP



### Events:

- The city of Beit Hanoun in northern Gaza Strip continues to be under severe movement restrictions and military surveillance. An inter-agency mission - comprised of WHO, OCHA, and WFP - was conducted to assess the general and health conditions of the affected population.

### Actions:

- WHO is monitoring health indicators related to infectious diseases in Beit Hanun through with health facilities and the focal persons for health information at the district and central level.
- WHO is monitoring the health situation on the Rafah border crossing, closed since 11 July 2004, and has been providing updates on health issues to UN agencies for coordination purposes.
- Health Inforum coordinated a meeting in Ramallah which was chaired by the acting Deputy Minister of Health, Dr Anan Masri. The objective of the meeting was to discuss the need for strengthening the coordination between all health providers and between the Ministry of Health and the donor community.
- Three pilot Community Mental Health Centers were opened by WHO and MoH in July, one in Ramallah, the second in Hebron and the third in Gaza. These centers were constructed, equipped and furnished through the WHO Mental Health project, which aims to strengthen the community mental health approach in West Bank and Gaza.
- 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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## KENYA



### Events:

- In Kenya, there are currently up to 2.3 million people who are extremely food insecure and who are in need of emergency relief assistance. Failure of the short rains in October could conceivably increase the number of food insecure by a further 1 million.
- Under the umbrella of the UN Consolidated Appeals process and at the request of the Government of Kenya, efforts are underway to launch a Flash Appeal to raise nearly US\$ 100 million to address the urgent humanitarian crisis in Kenya. Stakeholders to this Flash Appeal include the Government of Kenya, UN Agencies, International Organisations and Non-Governmental Organisations who have designed programmes in the following six sectors: Food Aid, Health and Nutrition, Water and Sanitation, Education, Agriculture and Livestock, and Coordination and Support Services.

### Actions:

- The WHO component of the Flash Appeal in response to the humanitarian crisis in Kenya has the following objectives:
  - Providing support to the MOH to conduct assessments in drought-affected areas; set up disease surveillance; provide essential medical services; as well as help coordinate the national and NGO response.
  - Reducing morbidity and mortality from malaria through distribution of insecticide-treated mosquito nets to vulnerable populations, vector control, and provision of essential medications.
  - For HIV/AIDS, promoting the training of local health workers to provide testing and counselling; health education; distribution of condoms; prompt treatment of STIs; and safe procedures for blood transfusions.
- Activities include upgrading the technical skills of provincial health workers and supporting the provision of essential drugs. Disease outbreak management units (DOMU) have been established for epidemiological surveillance, outbreak preparedness, and coordinated response among local partners.

## INTER-AGENCY INITIATIVES

- **Uganda.** Preparations are underway for an OCHA Inter-Agency Internal Displacement Division mission to Northern Uganda and Kampala. Participants will meet with the actors on the ground and assess recent developments in terms of protection response.
- **Darfur.** WHO plans to participate in the OCHA core learning group to evaluate the humanitarian response to the Darfur Crisis and the 11 August meeting of the UN Interdepartmental Task Force on the Sudan.
- **Bangladesh floods.** The next informal inter-agency meeting on the floods in Bangladesh will take place in Geneva on 13 August. WHO will participate.
- **Human Rights.** WHO plans to participate in the XXVIII Round Table on Current Problems in International Law, San Remo, Italy, 2-4 September. The Round Table is organized by the International Institute of Humanitarian Law and the International Committee of the Red Cross.
- **Inter-Agency Standing Committee (IASC) Working Group.** Preparations have started for the next IASC Working Group meeting, to be held in New York, 22 and 23 September. The meeting will be hosted by UNICEF. The Representative of the WHO Director-General for Health Action in Crises will participate.
- **IASC Weekly Meeting.** WHO plans to participate in the 11 August IASC meeting, which will focus on the Consolidated Appeals Process 2005, the "Integrated Mission" in Burundi, and the Flash Appeal for the food crisis in Kenya.
- **Natural Disasters.** WHO is providing inputs to the UN Secretary-General's Report "International Cooperation on Humanitarian Assistance in the Field of Natural Disasters; from Relief to Development".
- **Training.** The United Nations Disaster Assessment and Coordination (UNDAC) European Refresher Training Course 2004 will be conducted by OCHA and hosted by the Ministry of Interior of Finland in Kupio, Finland, from 25-27 August 2004.

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### **SPECIAL - Health Emergency Management in the Western Pacific**

The report of the meeting of the Western Pacific Region National Focal Points on Health Emergency Management can now be found online at <http://www.who.int/disasters/repo/14075.pdf>. The meeting—held 7-10 June 2004 in Manila, Philippines—was attended by participants from Brunei Darussalam, Cambodia, China, Fiji, Japan, the Republic of Korea, the Lao People's Democratic Republic, Malaysia, the Federated States of Micronesia, Mongolia, Niue, Papua New Guinea, the Philippines, Samoa, Singapore, Solomon Islands, Vanuatu and Viet Nam.

The objectives of the meeting were to:

- discuss progress of national disaster preparedness plans and lessons learned from recent emergencies;
- discuss global and regional issues/concerns on health emergencies;
- develop a regional framework for collaboration and networking. Twenty-two participants and five observers attending the meeting.

Key recommendations from the meeting included:

- The network of national health emergency focal points, experts, institutions and agencies should support the implementation of the regional Emergency and Humanitarian Action (EHA) programme strategy.
- Current national and regional policies, guidelines and protocols for health sector emergency management should be further reviewed and analysed to identify and document gaps relevant to the management of health emergencies in the Western Pacific Region.
- Strategies for establishing national and regional knowledge-management systems for health emergency management should be developed.
- Countries should contribute to achieving the above recommendations.

*Please send any comments and corrections to [kollert@who.int](mailto:kollert@who.int).*

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