

**Actions:**

- In preparation for the WHO-backed vector-control programme for malaria—scheduled to begin next week throughout the Darfur—65% of physicians and 35% of nurses have been trained. In West Darfur, WHO is working with the State Ministry of Health (SMoH) on a malaria treatment protocol.
- WHO completed a mass meningitis vaccination targeting 40,000 people aged two to 30 years in Morni, West Darfur’s largest camp. MSF-F, SMoH, and UNICEF collaborated in this campaign.
- In South Darfur, WHO—in collaboration with MoH and UNICEF—have identified gaps in Primary Health Care delivery for Internally Displaced Persons (IDPs) and conflict-affected populations around which new NGOs can plan their health activities.
- Funding for WHO humanitarian operations in Darfur has been provided by African Development Bank (AfDB), UK’s Department for International Development (DfID), the Humanitarian Aid Office of the European Commission (ECHO), and the governments of Netherlands, Italy, Ireland, Norway and United States.

**WEST BANK AND GAZA STRIP**



**Events:**

- Military action and the security situation in northern Gaza Strip are gravely restricting humanitarian access. In a special report, the United Nations warned of an impending humanitarian crisis. Compiled by 12 UN agencies, the report calls for free access by UN agencies to locations throughout Gaza Strip.
- Only 50% of primary health care (PHC) centres normally operating in northern Gaza Strip are working or accessible to the population. The immunization programme, among other preventive programmes, has stalled. Patients with chronic diseases lack of access to routine care.
- The Arab International Forum for Rehabilitation and Development in the occupied Palestinian territories is taking place in Beirut, 11-14 October. The WHO Representative of the Director-General for Health Action in Crises is participating.

**Actions:**

- WHO organized two emergency coordination meetings in Gaza Strip on 4 and 7 October. All UN agencies, donors and local NGOs participated on a shared analysis of the situation and contributed to a coordinated action plan.
- WHO held a coordination meeting in Ramallah, West Bank, on 6 October, during which Maram/USAID presented findings of a survey on the prevalence of Vitamin A deficiency among children in the West Bank and Gaza Strip. Findings reveal that 22% of children aged 12-59 months suffer from vitamin A deficiency, and 54% of these have vitamin A levels indicating borderline deficiency.
- In conjunction with the Ministry of Health and other health agencies, preparations are underway for the mission of two WHO nutritionist consultants. The objective of their mission is to ensure the conditions for a comprehensive situation analysis and provide the basis for developing a National Nutrition Policy.
- Current WHO humanitarian actions in the West Bank and Gaza Strip have been made possible by 2004 funding from USAID, AGFUND, and the Government of Norway, as well as pre-2004 funding from ECHO.

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## IRAQ



New Web site on WHO actions in Iraq:

<http://www.emro.who.int/iraq/>

### Events:

- The second round of National Polio Immunization Campaign (3-7 October) ended successfully in Iraq. The house-to-house immunization campaign reached 96% of 4.6 million children aged under five. It was carried out by 20,000 field workers.
- WHO-supported Malaria and Leishmaniasis spraying campaigns have been completed in many governorates and are expected to end in all of Iraq by mid-October.

### Actions:

- WHO provided technical and financial support to the MOH for the National Polio Immunization campaign. Specifically, WHO contributed to the costs of health workers, transportation, trainings, meetings, health education materials, and independent monitoring.
- WHO and MOH continue to work on a sustainable medical supply management system.
- WHO continues to provide technical support and equipment for the preparations of the survey on the prevalence and intensity of Schistosomiasis and soil-transmitted helminths (STH) in Iraq, which is due to take place in early November 2004. Training for the survey has been completed in Nasseria and Diala provinces and is ongoing in other places.
- WHO demonstrated how the computerized drug monitoring database system works to the MOH steering committee of the drug supply monitoring project. WHO will begin a training programme on the system for MOH staff in PHC centres, hospitals, and public clinics.
- The technical review of a research study proposal on the prevalence rates of different types of Viral Hepatitis in Iraq is ongoing.

## DEMOCRATIC REPUBLIC OF CONGO (DRC)



### Events

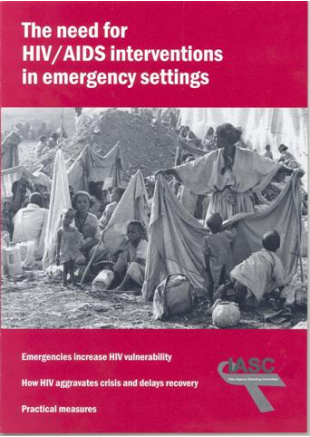
- Crude mortality rates in DRC, especially in the east, continue to be above the threshold used to define an emergency (one death per 10,000 people per day).
- Principal public health concerns in DRC are communicable diseases, especially malaria, HIV/AIDS, tuberculosis, cholera and diarrhoeal diseases. Malaria accounts for 45% of childhood deaths.
- Environmental threats—such as lack of sanitation, indoor air pollution, inadequate hygiene and insufficient water supplies—increase the potential for ill-health. High levels of malnutrition heighten susceptibility to disease.
- Conflict-related injuries, such as post-traumatic disorders, are on the increase, particularly after the recent surge in violence. Gender-based violence in conflict areas, although mostly undocumented, is the greatest threat to women's reproductive/sexual health and their emotional well-being.
- The poor health status can further be attributed to high levels of poverty, displacement and limited access to adequate health services.

### Actions:

- WHO, in support of the Ministry of Health, contributes to health sector coordination and capacity-building through:
  - Collecting, analyzing and disseminating health information to partners;
  - Organizing joint assessment missions;
  - Developing and disseminating technical guidelines and education materials;
  - Contributing to joint planning activities.
- WHO is working to fill gaps in the supply of medicines and medical supplies through the stockpiling of emergency health kits, test kits, basic laboratory reagents for diagnosis, and vaccines at the Health Zone level.
- WHO is training health staff in primary health care centres in conflict-affected areas.
- WHO provides anti-malaria drugs and impregnated mosquito nets, as well as trains health staff in primary health care centres, for the management of malaria.
- WHO, with support from the Finish Government, has started a pilot project to address gender-based violence in the Health Zones of Kindu and Kalemie. WHO, UNDP, UNFPA and UNICEF are working together to advocate against sexual violence, enhance the capacity to manage the health and psychological

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	<p>consequences of sexual violence, and support community structures in the re-integration of victims.</p> <ul style="list-style-type: none"> <li>• Current WHO humanitarian actions in DRC have been made possible by 2004 funding from ECHO.</li> </ul>
<p><b>INTER-AGENCY INITIATIVES</b></p> <p><b>Afghanistan.</b> WHO is providing inputs to the UN Report to the 49th Session of the Commission on the Status of Women and Girls in Afghanistan.</p> <p><b>DDR.</b> Preparations are underway for the UN Workshop entitled "Towards a United Nations Approach to Disarmament, Demobilization and Reintegration (DDR) in a Peacekeeping Environment", to be held in Geneva from 28 to 30 October. WHO will participate.</p> <p><b>Framework Team.</b> WHO will participate in the 14 October meeting of the Framework Team in New York. The Framework Team was created in 1995 to better coordinate planning and operational activities among humanitarian, peace-keeping and political actors of the UN Secretariat with regards to peace-keeping missions.</p> <p><b>Natural Disaster Reduction.</b> WHO is participating in the 2nd Preparatory Committee for the World Conference on Disaster Reduction, Geneva, 11 and 12 October.</p> <p><b>Locust in Africa.</b> The next inter-agency meeting on Locust in Africa will take place on 12 October. WHO, FAO, WFP, UNICEF, and IFRC will present in-kind requirements.</p> <p><b>ECHA.</b> The Representative of the Director-General for Health Action in Crises will participate in the 20 October meeting of the UN Executive Committee on Humanitarian Affairs.</p> <p><b>Good Humanitarian Donorship (GHD).</b> The Representative of the Director-General for Health Action in Crises will participate in the 2nd Good Humanitarian Donorship meeting in Ottawa, Canada, on 21 and 22 October. The meeting aims to a) reinforce the principles adopted at Stockholm in 2003, b) reflect upon what has been accomplished since and c) expand and secure the commitment of new donors/new partners to the GHD initiative.</p> <p><b>Geographic Information.</b> The 5th United Nations Geographic Information Working Group (UNGIWG) will meet at WHO in Geneva from 12-14 October.</p> <p><b>Space and Natural Disasters.</b> WHO will attend the 2nd UN-wide meeting on the UN and the International Space Charter and Major Disasters — convened by UNOOSA, UNOPS and UNITAR — in Geneva on 15 October.</p> <p><b>IASC issues.</b> During the 13 October IASC weekly in Geneva, OCHA will debrief on the joint mission to Liberia and on the Donor Mission to Dakar. On 18 and 19 October, IASC focal points will meet in Geneva to, among other agenda items, prepare the 2005 IASC Work Plan. WHO is a member of the IASC and will participate in both events.</p>	
<p><b>THEMATIC INTER-AGENCY SPECIAL</b></p> 	<p><b>Guidelines for HIV/AIDS interventions in emergency settings</b></p> <p>The Inter-Agency Standing Committee<sup>1</sup> (IASC) Task Force for HIV/AIDS in Emergency Settings has developed guidelines on how to incorporate HIV/AIDS considerations into humanitarian response.</p> <p>The guidelines are for use by governments and cooperating agencies (including UN agencies and NGOs) and feature interventions for the following sectoral responses to crises: coordination; assessment and monitoring; protection; water and sanitation; food security and nutrition; shelter and site planning; health; education; behaviour communications change and information education communication; and HIV/AIDS in the workplace.</p> <p>The guidelines will be accompanied by a forthcoming set of training materials. For more information, contact: Kirsi Madi, IASC Secretariat, <a href="mailto:madi@un.org">madi@un.org</a>.</p>

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

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<sup>1</sup> The Inter-Agency Standing Committee (IASC) was established in June 1992 in response to General Assembly Resolution 46/182 that called for strengthened coordination of humanitarian assistance. The IASC brings together UN and non-UN humanitarian partners. Its primary role is to formulate humanitarian policy to ensure coordinated and effective humanitarian response to both complex emergency and to natural disasters.

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*country, territory, city or areas or of its authorities, or concerning the delineation of its frontiers or boundaries.  
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