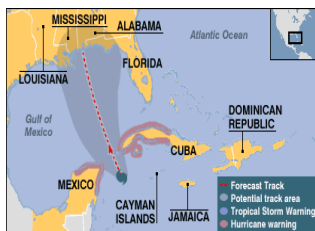
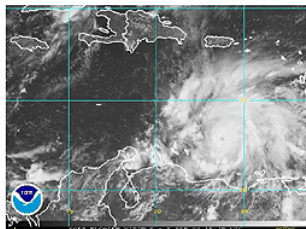


Health Action in Crises (WHO/HAC)

Highlights - No 26: Monday, 13 September 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.

CARIBBEAN - HURRICAN IVAN



More information:
<http://www.paho.org>

Events:

- Hurricane Ivan has resulted in the death of over 60 people and displacement of more than 80,000 in the Caribbean. The most seriously hit location has been Grenada, followed by Jamaica, the Cayman Islands Barbados and, to a much lesser extent, St Vincent, Trinidad and Tobago and the northern coast of Venezuela. As of 13 September, the hurricane—the sixth strongest ever registered in the Caribbean—was headed towards western Cuba. (Sources: PAHO, UNICEF)
- *Grenada.* Hurricane Ivan impacted Grenada on 7 September, causing damage to an estimated 90% of the buildings. Eighteen deaths and approximately 200 injuries are confirmed. The Government of Grenada requested UN assistance in providing humanitarian relief on 8 September. (Source: PAHO)
- *Jamaica.* The effects of Hurricane Ivan were felt in Jamaica between 10-11 September. The Government of Jamaica reports 11 casualties; 12,000 displaced people in 285 shelters; and 88 affected communities. Water quality is suspected to be poor and remains one of the main health concerns. The Minister of Health made a public broadcast advising the population to boil water. (Source: PAHO)
- Each Caribbean country that was affected (or threatened) by Hurricane Ivan has a health sector disaster coordinator in the Ministry of Health. She/he has been a key player in coordinating the health response. National disaster response teams have also contributed to the effectiveness of the response, as they had tested their plans in normal times and drew upon technical information on preparedness and mitigation. Preparedness efforts in the development of a national capacity to manage humanitarian supplies have also yielded positive results.

Actions:

- WHO/PAHO's Emergency Preparedness and Disaster Relief unit sent experts to Grenada, Jamaica, Haiti and Barbados. A PAHO health services specialist formed part of a joint assessment mission to Grenada, and PAHO staff including a disaster experts, epidemiologists, and a sanitary engineer are providing support to health authorities on the island.
- WHO/PAHO is coordinating with other health partners in response to deteriorating health conditions in Grenada caused by Hurricane Ivan. On 9 September, PAHO preliminary reports indicated that the primary needs in the health sector were for epidemiological surveillance for disease control, environmental health, water supplies and shelter. A multidisciplinary WHO/PAHO Assessment and Response Mission has since set up a public health team to assist the Government of Grenada: to organize the emergency response and re-establish basic services; collect data and support the establishment of a special monitoring system; ensure the inventory of supplies; and mobilize transportation for the distribution and treatment of water.
- US\$50,000 have been provided by WHO/PAHO to facilitate the movement of health personnel and other emergency resources.
- As Hurricane Ivan passes all affected countries in the Caribbean, WHO/PAHO is ensuring that a multidisciplinary team of health experts—health systems experts, epidemiologists and water and sanitation experts, mental health professionals, and others—are supporting the countries' response to the disaster.

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SUDAN



DARFUR CRISIS

Events:

- Preliminary findings of the WHO, EPIET and Sudanese Ministry of Health mortality survey have been released for North and West Darfur. The survey found the crude mortality rate to be 1.5 deaths per 10,000 people per day in North Darfur, and 2.9 in West Darfur during the 15 June to 15 August 2004 period. The survey team collected data by speaking directly to 1500 displaced households in each state. The survey has started in South Darfur, but data are incomplete.
- On September 7, a campaign was launched to immunise 150,000 children from 9 months to 15 years in remote, previously inaccessible areas of North Darfur. This is a follow-up to a June campaign that immunized more than 2 million children against measles.
- Preparedness actions against possible cholera outbreaks are being coordinated by the Federal Ministry of Health and supported by WHO, NGO partners, and UNICEF. Activities include surveillance mechanisms for verification, training in case management, social mobilization, hygiene education and pre-positioning for treatment sites ('cholera camps' and oral dehydration corners).
- Following reports of a Cholera outbreak in Chad (in locations between the capital city and border areas), agencies in West Darfur are scaling up precautionary measures to improve hygiene standards in Internally Displaced Persons (IDP) camps.
- The Humanitarian Coordination Group on Gender and Sexual Based Violence, consisting of two technical working groups—Psychosocial-Legal and Medical—was set up at UNHCR in Nyala.

Actions:

- WHO, UNICEF, and the Water and Environmental Sanitation Department (WES) are drafting a Plan of Action for large scale chlorination and systematic water quality control in South Darfur. The plan focuses on IDP camps.
- The first phase of the UNICEF/WHO and MoH measles campaign in SLA areas—which commenced on 7 September and ended on 13 September, proceeded as planned as a result of the efforts of all stakeholders involved. WFP supported the campaign by providing a helicopter to move vaccines, vaccine carriers, syringes and other supplies.
- WHO and State MoH assisted the Norwegian Church Aid to re-activate their primary health care facilities in Shataya, Kubum, Dogodussa and Unlabassa.
- WHO, UNICEF and the State MoH are supporting International Medical Corps (IMC) in starting its maternal and child health (MCH) clinic in Al Jeer Camp.
- Rehabilitation of Kass Hospital is progressing through a strategic partnership between WHO and the NGO *Die Johanniter*. WHO/Nyala released US\$ 5,000 for the completed rehabilitation of the Kass Hospital outpatient department.
- Funding for WHO humanitarian operations in Darfur has been provided by African Development Bank (AfDB), UK's Department for International Development (DfID), ECHO, and the governments of Netherlands, Italy, Ireland, Norway and United States.

IRAQ



Events

- The security situation in Iraq continues to hamper health activities due to the restriction of movement, difficult access to health facilities, power shortages, and lack of necessary medicines, particularly in Najaf. It is also hindering the delivery of supplies to their final destinations.
- In Tel Afar, the security situation produced a new challenge reflected in the displacement of about 175,000 persons from the city to nearby towns and villages. An assessment of their health and basic needs indicates that large numbers of IDPs urgently require tents, water containers, food and drug supplies.
- An increase in the incidence rate of some water born diseases—especially Hepatitis in Al Mahmodiya district, Baghdad—has been reported.
- A decrease in the incidence rate of Coetaneous Leishmaniasis, Kala Azar, measles and whooping cough has also been reported. This is a result of the Leishmania and malaria indoor spraying, as well as fogging activities, that have been going well in most of the governorates.
- The Executive Coordinator of the UNDG Trust Fund met the UN Health Cluster

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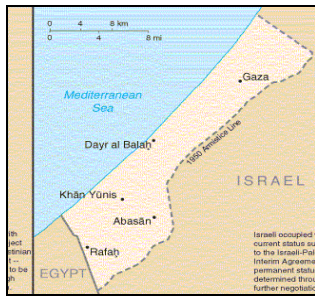
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and discussed the cluster report to be submitted to the Donors Committee during the Tokyo meeting of 13 and 14 October.

Actions

- The implementation of the following WHO rehabilitation projects continues despite the security situation: Central Public Health Lab in Baghdad; Blood Bank in Baghdad and the Public Health Lab in Mosul; Al Yarmuk Nursing School; Suleimaniya Nursing Training Center; and Basra Nursing Training School for Girls.
- WHO is facilitating the shipment to Iraq of drugs donated by the government of Jordan. The donation to the people of Iraq comes in response to an appeal by Iraq's MOH. The shipment (weighing 1.7 tons) leaves for Iraq on 13 September.
- WHO is developing a project aiming to conduct an in-depth assessment of the diseases surveillance system in Iraq.
- The Iraq's National Drug Quality Control Lab (NDQCL) team visited Amman (29 August to 06 September) and discussed with WHO/Iraq and Jordan's Food and Drug Administration a strategy for drug quality control. A work plan for short and long term actions up to the year 2007 has been developed.
- The WHO Representative to Iraq met representatives from the European Commission (EC) on the implementation level of projects funded by the UNDP Trust Fund. The EC expressed its appreciation for the performance of the WHO-led UN Health Cluster in implementing projects approved by the Trust Fund.
- Current WHO humanitarian actions in Iraq are made possible through funding by ECHO and UNDG.

WEST BANK AND GAZA STRIP



Events:

- The Health Sector Working Group met 1 September, with a new structure and working methods as defined by the Palestinian Authority and the international community. The Minister of Planning called for the meeting under the MoH chairmanship to discuss the national health plan and the health information system.
- A WHO consultant was fielded for one-week period in order to: a) support the Editorial Board for the planning phase of *Bridges* (Israeli-Palestinian health magazine), and b) further develop contacts with Birzeit University's Gaza Community Mental Health Project for the preparation and implementation of a Quality of Life survey in West Bank and Gaza.

Actions:

- WHO has led the health sector in the elaboration of the health situation analysis for the Consolidated Appeal Process 2005. Several participatory meetings with the Ministry of Health, health service providers and UN agencies (including UNFPA, UNRWA, UNICEF and OCHA) provided the basis for the draft.
- WHO organized and supported the participation of two WHO and two Ministry of Health staff in a Mental Health training event in Scotland.
- WHO is supporting an initiative that will allow a delegation of Palestinian women from the Women Empowerment Project in Gaza and a delegation of Israeli women from the Women Coalition organization in Haifa to attend a four-day seminar and exchange in Turin. This activity is part of the European, Palestinian and Israeli Cities for health and social partnership.
- 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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INTER-AGENCY INITIATIVES

- **Central African Republic (CAR).** Following a request by OCHA for CAP assistance in the Central African Republic, WHO is supporting the CAR UN country team from 11-26 September with the preparations of the Common Humanitarian Action Plan.
- **Sudan.**
 - On 14 September, an extraordinary teleconference of the Inter-Agency Standing Committee (IASC) at the Principals level will review the results of the mortality study in Darfur. The WHO Director-General will participate.
 - WHO plans to participate in the next IASC Taskforce meeting on Darfur on 21 September.
- **Burundi.** From 16 - 24 September, the OCHA inter-agency internal displacement division will support the Country Team in Burundi with the elaboration of the humanitarian strategy and programming for 2005 and help them in integrating the findings of the IDP survey in common programming and sectoral strategies.
- **Liberia.** Preparations are underway in Washington, D.C., for the 24 September UN Development Group/World Bank first Liberia Result Focussed Transition Framework (RFTF) review meeting. The Representative of the Director-General for Health Action in Crises will participate.
- **IASC Working Group.** Preparations have started for the next IASC Working Group meeting, New York, 22 and 23 September. Draft agenda items include the Darfur crisis response, the launch of the web-based information platform, lessons learnt from the floods in Bangladesh, integrated missions, Internally Displaced Persons, follow-up to the ECOSOC Humanitarian Segment, Good Humanitarian Donorship, CAP issues and Polio. The Representative of the Director-General for Health Action in Crises will participate.
- **Gender.** The next meeting of the IASC Gender Taskforce will take place on 15 September. WHO co-chairs the meeting.
- **Security.** Preparations are underway for the next inter-agency Sub-Working Groups on "Initiating the Dialogue" (16 September) and "Staff Behaviour" (17 September) in Geneva. The Sub-Working Groups report to the IASC Taskforce on Collaborative Approaches to Security. WHO is a member and plans to participate.
- **Transition issues.** WHO will participate in the next meeting of the UNDG/Executive Committee on Humanitarian Affairs Working Group on transition issues will be held in New York on 21 September.
- **Wilton Park.** The Wilton Park seminar, "The Immediate Response to Disasters: Improving national and international frameworks", is being held 13-16 September in Sussex, United Kingdom. WHO is participating.
- **UNHCR and poverty reduction.** Preparations are underway for the UNHCR meeting on improving poverty reduction by including durable solutions for displaced persons in development aid policies and projects. WHO will attend the meeting, which is to be hosted by Denmark in Geneva on 22 September.
- **DMTP.** On 17 September, UNDP is calling a meeting in Geneva to share the findings from Review of the Disaster Management Training Programme (DMTP). WHO is a member of DMTP and plans to participate.
- **Training.**
 - Preparations are underway for the next UN-Civil Military Coordination training course in Slovenia from 19 to 24 September. WHO will participate.
 - The next UN Joint Logistical Centre training course will take place in Copenhagen, Denmark, from 20-24 September. WHO is a member of the UNJLC. This time, WHO will participate as a trainer and present SUMA (Supply Management software).

SPECIAL- Informal Consultation to Review Current Literature on Management of Severe Malnutrition, Geneva, 06 - 07 September 2004

In crises, malnutrition and micronutrient deficiencies associated with high rates of mortality continue to occur. It is important that nutrition-related interventions be viewed and undertaken as an integral part of a comprehensive approach to emergency management. The clinical management of severe malnutrition in children remains ineffective in many parts of the world. Mortality rates of 30% are not uncommon; yet with adequate management, these rates can be reduced to less than 5%.

On 6 and 7 September, an informal consultation was held in Geneva to review new evidence on the management of severe malnutrition in relation to current guidelines and to consider changes as a result of the new evidence. The consultation was organized by WHO (Department of Nutrition for Health and Development), with participants from other WHO departments (CAH and HIV/AIDS) and international experts. In addition to reviewing new research findings, the consultation considered case-management of two child sub-groups—namely severely malnourished infants aged < 6 months and severely malnourished children living with HIV or AIDS—and whether they may require different or additional treatment from that outlined in the WHO guidelines.

Consultation conclusions include:

- New issues do not challenge the fundamental principles upon which the WHO guidelines are based;
- Some important issues have emerged (e.g., feeding very young infants, care of HIV-exposed or infected infants);

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- Regarding infants aged less than 6 months, the first priority is to stabilize the child with F-75. More information is required on rehabilitation with infant formula, diluted F-100 and F-100;
- Advances and availability in HIV-testing and ARVs have made some statements in the guidelines anachronistic. ARVs are effective in reducing viral load. However, research is needed to define the combination of drugs, dosages to use, and time to start treatment in severely malnourished children;
- A defined plan of research needs to be developed to provide answers for a future revision of the guidelines.

The consultation report is being finalized. Please contact Dr Sultana Khanum (khanums@who.int) for further information on the consultation.

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

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