


Health Action in Crises (WHO/HAC)

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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>Events:</p> <ul style="list-style-type: none"> • According to OCHA, the population affected by the humanitarian crisis in the Darfur now stands at 1.8 million, with approximately 1.4 million Internally Displaced Persons (IDPs). • The survey to assess the Crude Mortality Rate among accessible IDPs in South Darfur for the period Mid-June to Mid-August 2004 is still underway. It is expected to be completed within three weeks. • The medical technical working group for Gender-Based Violence—composed of representatives from UNFPA, WHO, World Vision, Care, MSF-H and Save the Children UK—has commenced an assessment on the human resources and material capacities in areas of clinical GBV services. • Between 22 May and 10 September 2004, 5770 cases and 86 deaths of suspected Hepatitis E were reported from all reporting health clinics in the Greater Darfur Region through the EWARN system. Reported cases have been increasing since epidemiological week 28. <p>Actions:</p> <ul style="list-style-type: none"> • WHO is collaborating with Water and Environmental Sanitation Department (WES) and State Ministry of Health (SMOH) to develop an Emergency Environmental Health Plan for IDP camps in South Darfur. WHO also ordered water quality inspection equipment for WES/South Darfur. The WHO environmental health team has started to inventory water chlorination activities in camps. • WHO continues to facilitate sectoral work on cholera preparedness. Three cholera kits—each meeting the needs of 100 acute cholera cases—have been pre-positioned. An additional 10 kits will soon be equally distributed throughout the Darfur States. • In North Darfur, UNJLC and WHO are working to identify technical counterparts in Sudan Liberation Army areas to whom to provide medicines. • A training session on outbreak investigation for staff from the El Fasher MOH surveillance team was held on 14 September. • WHO provided medical supplies to IRC and World Vision in South Darfur. • WHO, UNICEF, and Malteser conducted an assessment of the hospital in Dar El Salam in the SLA area (North Darfur). One trauma kit (covering 100 interventions) was provided. • WHO is working with NGOs, MoH and partner agencies to produce a uniform scale of incentives as a reference for national staff employed in the health sector in Darfur. • 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.

CHAD



Map of the distribution of cholera cases by district in Chad, 10 September 2004

Events:

- Between 26 June and 12 September, 1,292 cases with 42 deaths (case fatality rate 3.3%) of suspected hepatitis E cases have been reported from Sudanese refugee camps Goz Amer and Goz Abal and neighbouring villages in Chad.
- The cumulative number of cholera cases in Chad between June 14 and September 9 reached 3,268 with 133 deaths (CFR= 4%). The outbreak is spreading to the east and has now appeared in Mongo and Ati (towns *en route* to Abeché). During epidemiological weeks 36 and 37, 107 cases with five deaths were reported in Mongo. In Ati, during week 37, 14 cases with two deaths were reported. The lack of sufficient water supply and sanitation facilities in Sudanese refugee camps, as well as the already low health status of refugees, heightens the probability (should contamination occur) and potential impact of a cholera outbreak there.

Actions:

- WHO conducted a preliminary assessment of the water and sanitation situation in Goz Amer. Findings show that the location of water points and latrines in the camp does not ensure water safety and that current methods for water chlorination are not effective. Recommended urgent control measures include systematic chlorination of all water points, increased soap distribution, and social mobilization and health education activities.
- WHO, UNICEF, and other health stakeholders are moving fast to implement preparedness measures against a potential cholera outbreak in the refugee camps. Efforts are underway to mobilize teams of water and sanitation experts to be deployed to the camps.
- WHO humanitarian operations in Sudanese refugee camps in eastern Chad are currently operating on borrowed resources. Funds are urgently needed.

IRAQ



Events:

- The second round of the Malaria and Leishmania spraying campaign has started in all governorates, complementing the fogging activities underway since April 2004.
- Preparations continue for the October 2004 Schistosomiasis and Soil Transmitted Helminths survey.
- The Ministry of Health completed a National Polio Immunization campaign throughout Iraq. The campaign—made possible through funding from the European Commission/UNDP Trust Fund—targeted 5 million children aged 0 - 5 years and was supported by WHO and UNICEF.
- Ten containers with 165 metric tons of High Protein Biscuits, valued at US\$ 230,000, were delivered to the Northern Governorates of Dohuk, Erbil and Sulaymaniyah. This quantity constitutes a monthly ration for 70,000 malnourished children aged under five, as well as pregnant and lactating mothers.

Actions:

- In preparation for the Schistosomiasis and Soil Transmitted Helminths survey, WHO is providing technical guidance, contributing to training activities, and procuring equipment such as filter holders.
- WHO contributed to the National Polio Immunization campaign by providing technical and financial support to the MOH, and covering the cost of health workers, transportation, trainings, meetings, health education materials, and independent monitoring. As 11,000 children in Falluja have yet to be vaccinated, WHO is providing support to the MoH to extend the length of the campaign to ensure coverage of the entire city.
- Following the 29 August to 6 September visit by Iraq's National Drug Quality Control Laboratory team to Amman (and their discussions with WHO and Iraq and Jordan's Food and Drug Administration), a draft strategy for drug quality control and 2004-2007 workplan have been developed. Coordination between WHO and the MoH aims to ensure that training (in drug quality control) of Iraqis in neighbouring countries can start as early as October 2004.
- Current WHO humanitarian actions in Iraq are made possible through funding by ECHO and UNDG.

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WEST BANK AND GAZA STRIP



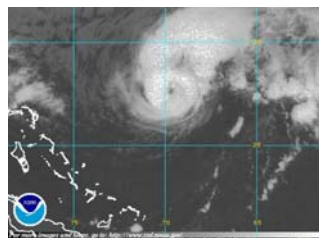
Events:

- A five-day workshop (6-10 September) was held on the West Bank and Gaza Strip Health Sector Review in Cyprus. Approximately 20 Palestinian MoH staff, together with international experts (including WHO staff) and representatives from major donor agencies, discussed the Task Force's findings in the areas of financing, governance, health status, service delivery, and health performance.

Actions:

- Between 10-19 September, WHO arranged for the third mission of six British Mental Health consultants. This mission constituted part of the in-service training and team-building component of the Mental Health Project. Trainings addressed 49 staff from the Community Mental Health Centres of Ramallah and Hebron, as well as Bethlehem's Psychiatric Hospital.
- WHO, in conjunction with the Ministry of Health, hosted the monthly Health Coordination meetings in Ramallah and Rafah on 15 September. In Ramallah, Care International presented the findings of two assessments: the 2003 nutritional assessment in West Bank and Gaza Strip, and the assessment of the logistics chain at the Ministry of Health Central Drug Stores.
- WHO distributed the August issue of the *Health Inforum* newsletter, which features the main health-related events for the month, including the Polio campaign in Rafah and El Mawasi, the health coordination meeting in Salfit, the four-day ICRC conflict surgery seminar, and the Palestinian-Israeli Conference on Diabetes in Tulkarem.
- 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.

HURRICANE IVAN AND TROPICAL STORM JEANNE



Satellite image of Tropical Storm Jeanne

—HURRICANE IVAN: GRENADA, JAMAICA, CAYMAN ISLANDS—

Events:


- Hurricane Ivan struck the Caribbean beginning on 7 September 2004, affecting Grenada, Barbados, St. Vincent and the Grenadines, Jamaica, Haiti, the Cayman Islands, Cuba, the Yucatan Peninsula of Mexico and the USA.
- In Grenada, approximately 80% of health facilities are reported to be damaged. Grenada's main hospital, St. George's Hospital, was damaged and is only partially operational. The Princess Alice hospital was left completely non-functional.
- In Jamaica, damage to the health facilities was not severe. Most facilities have started to provide services to patients. Lack of power, water and supplies, as well as below-normal staff turnout, have been the major problems.
- In the Cayman Islands, although the Grand Cayman Island Hospital is now open, there are several health centres that are not fully operational. There are also serious environmental health concerns due to the lack of water supply.
- WHO/PAHO assessments indicate that the primary needs in the health sector are related to coordination, the provision of primary and secondary health care, medical supplies, epidemiological surveillance for disease control (vector control), environmental health and water supply and restoring hospital services.

Actions:

- WHO/PAHO has launched an appeal to cover immediate health needs after Hurricane Ivan.
- Staff from WHO/PAHO and regional experts were deployed to Grenada, Jamaica and the Cayman Islands immediately after Hurricane Ivan to work with a multisectoral assessment team (comprised of disasters experts, epidemiologists, physicians, environmental health experts, health service advisor and a humanitarian management SUMA team for each country).
- With the breakdown of water and sanitation systems, there is increased risk of communicable and vector-borne diseases. The WHO/PAHO Caribbean Epidemiology Centre is assisting the Ministry of Health of Grenada to monitor conditions in shelters.
- WHO/PAHO supported the mobilization of 12 nurses from the neighbouring

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	<p>British Virgin Islands to Grenada.</p> <ul style="list-style-type: none"> Based on assessed needs, WHO/PAHO is facilitating the procurement of urgently needed medical supplies. <p style="text-align: center;">—TROPICAL STORM JEANNE: HAITI AND THE DOMINICAN REPUBLIC—</p> <p>Events:</p> <ul style="list-style-type: none"> Tropical Storm Jeanne caused serious damage in Puerto Rico, Gonaives and Port de Paix in Haiti and the northern parts of the Dominican Republic. Official numbers of dead, injured, and missing are not yet available. <p>Actions:</p> <ul style="list-style-type: none"> In Haiti, a rapid assessment of Gonaives indicates that 80% of the region's 108,000 persons are in need of food, water, shelter, and medical care. WHO/PAHO is deploying medical experts to the affected region, participating in assessments, and procuring and shipping medical and water and sanitation supplies. In the Dominican Republic, the Ministry of Health sent a special contingency medical group to Hato Mayor and San Pedro de Macoris. A coordination group constituting members from the Public Health and Social Assistance Council (SESPAS) and PAHO/WHO's Essential Drugs Programme PROMESS (which is based in Haiti) has been formed to procure medicines and medical supplies. The epidemiologic evaluation of shelters (housing more than 12,000 people) is underway. <p style="text-align: right;"><i>See www.paho.org/disasters for the latest details.</i></p>
<p>BAM EARTHQUAKE</p> 	<p>Events:</p> <ul style="list-style-type: none"> Nine months after the earthquake, the health situation in Bam is characterized by inadequate access to curative care, insufficient primary health care services, unsafe drinking water and poor environmental health resulting from irregular waste collection and disposal. Reconstruction of health facilities is underway. The main private hospital has been re-inaugurated, and another hospital and 12 Health Houses are either being or have been reconstructed. <p>Actions:</p> <ul style="list-style-type: none"> WHO is supporting the Ministry of Health and Medical Education (MoH&ME) in facilitating weekly health sector coordination meetings with participants from several different international organizations and NGOs. At present, WHO is preparing to re-equip 12 Urban Health Centres (UHCs), two general polyclinics, the District Health Network Centre, the District Health Centre, and the Behvarz Training Centre. In addition, it will procure nine ambulances. WHO, together with MoH&ME, has developed an extensive training programme. The programme entails Continuous Medical Education (CME) training for 60 physicians and Emergency Preparedness and Response (EPR) training for PHC health staff in Bam. WHO's reconstruction of Bam as a "Healthy City" is being supported by the Australian Government. An office is established in the Governor's Office and several coordination and planning workshops have been held. WHO is supporting MoH&ME in conducting a feasibility study for the establishment of a secretariat for health issues in crises. Funding for WHO operations in Bam is provided by the UK Department for International Development (DFID) and the governments of Norway and Australia.

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INTER-AGENCY INITIATIVES

- **Central African Republic (CAR).** Following an earlier request by OCHA for CAP assistance in the Central African Republic, WHO is supporting the CAR UN country team from 11 to 26 September with preparing the Common Humanitarian Action Plan.
- **Sudan.**
 - WHO will participate in the next Inter-Agency Standing Committee (IASC) Taskforce on Darfur on 21 September.
 - On 23 September, the WHO Representative of the Director-General for Health Action in Crises has been asked to address the UN Inter-Departmental Task Force in New York on the report on the Crude Mortality Rate among accessible IDPs in North Darfur and West Darfur for the period mid-June to mid-August 2004.
- **Burundi.** From 16 - 24 September, the OCHA inter-agency Internal Displacement Division is supporting the Burundi Country Team with elaborating the humanitarian strategy and programme for 2005 and integrating the findings of the IDP survey in common UN programming and sectoral strategies.
- **Liberia.** Preparations are underway in Washington, D.C., for the UN Development Group/World Bank first Liberia Results-Focused Transition Framework (RFTF) review meeting on 24 September. The Representative of the Director-General for Health Action in Crises will participate.
- **IASC Working Group.** The next IASC Working Group meeting will be held in New York, 22 and 23 September. Draft agenda items include Darfur crisis response, 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.
- **Transition issues.** WHO will participate in the 21 September meeting of the UNDG/Executive Committee on Humanitarian Affairs (ECHA) Working Group on transition issues in New York.
- **UNHCR Poverty Reduction.** WHO will attend the UNHCR meeting on improving poverty reduction by including durable solutions for displaced persons in development aid policies and projects, which will be hosted by Denmark in Geneva on 22 September.
- **Training.**
 - WHO is participating in the 19-24 September UN-Civil Military Coordination training course in Slovenia.
 - The UN Joint Logistical Centre training course is taking place in Copenhagen, Denmark, from 20-24 September. WHO is a member of the UNJLC and is participating as a trainer (presenting the SUMA Supply Management software).

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

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