

*Each week, the World Health Organization Department for Health Action in Crises in Geneva produces information highlights on the health aspects of selected humanitarian crises. Drawing on the various WHO programmes, contributions cover activities from field and country offices and the support provided by WHO regional offices and Headquarters. The mandate of the WHO Departments specifically concerned with Emergency and Humanitarian Action in Crises is to increase the effectiveness of the WHO contribution to crisis preparedness and response, transition and recovery. This note, which is not exhaustive, is designed for internal use and does not reflect any official position of the WHO Secretariat.*

## NIGER



### Assessments and events:

- The nutritional situation during the first trimester of 2006 remains precarious. End of March, the Famine Early Warning Systems Network classified Niger in warning phase, one phase down from emergency level.
- The national disease and nutrition surveillance system reports 18 846 cases of moderate malnutrition and 2 925 of severe malnutrition between 1 January and 30 April. Maradi, Tillaberi and Tahoua are the most affected regions.
- Between 1 January and 23 April, 3 059 cases of meningitis, including 220 deaths were reported in Maradi, Dosso, Niamey and Tillabery. During the same period, 145 414 cases of malaria, including 244 deaths, were reported a 7% increase compared to last year.
- From 1 March to 20 May, 89 cases of cholera have been reported, including 14 deaths.

### Actions:

- WHO is supporting health authorities. The strategy is focused on:
  - Strengthening surveillance and control of diseases outbreaks and reinforcing preparedness against diseases with epidemic potential;
  - Coordination of health partners and information management to ensure targeted, appropriate response in under-served zones;
  - Developing and implementing emergency policies and strategies to ensure access to health and nutritional care.
  - Capacity building for the management of severe malnutrition at local level by training health personnel and ensuring that therapeutic food is available;
- WHO needs funds to recruit an epidemiologist, to continue training of local health staff and to provide cholera and nutrition kits as well as Artemisinin-Based Combination Therapy against malaria.
- No voluntary contributions have been received in 2006 yet.

## GUINEA



### Assessments and events:

- Cholera cases have been occurring since April 2005 and are expected to continue with the arrival of the rainy season.
- Cholera continues to affect four out of seven prefectures of Guinea Forestière. In Guéckédou, 583 cases were recorded between 1 January and 14 May, including 68 deaths. New cases were confirmed during the past week in N'Zérékoré (21 cases/3 deaths) and Kissigougou (25/5).
- In recent years, outbreaks have increased in length, frequency and lethality.
- The affected areas lack safe drinking water; hygiene and sanitation conditions are reportedly inadequate. Health workers, particularly in rural areas, need more appropriate training.
- Local health authorities have requested support to boost the response, including cholera kits, water treatment supplies as well as training on diagnosis and case management for health workers.

### Actions:

- WHO, UNICEF and partners have provided local health authorities with oral rehydration salts (Ringer Lactate), antibiotics and chlorine for the management of cases and helped establish a crisis committee. More supplies are needed to interrupt transmission.
- WHO prepared a project requesting cholera kits, rapid confirmation tests and transport media for samples.
- So far, no voluntary funding has been received for 2006 activities.

## UGANDA



### Assessments and events:

- The cholera outbreak in Kitgum is spreading: as of 15 May, 348 cases were notified, of which the majority were in Agoro (156 cases) and Potika (182) camps. Three deaths were reported (CFR 0.86).
- The MoH has sent an epidemiologist and clinical staff to support the local response but should the number of cases rise further, lack of human resources will become a critical constraint.
- The World Bank multilateral debt-relief initiative reduced Uganda's external debt by almost 90%. It is hoped that this will allow the Government to dedicate more resources to humanitarian programmes.

### Actions:

- WHO is supporting the MoH and all actors in containing the cholera outbreak. Cooperation with MSF-Holland and other partners is good.
- WHO and UNICEF have taken the lead for the logistics response. From 5 May to 16 June, a logistician from WHO/HAC is in Kitgum to support the MoH and all partners.
- All health centres, including private facilities, are being assessed with a view to expand service availability.
- All health partners are asked to report their stock of medicines. Under the umbrella of the district health authorities, WHO and UNICEF, interagency stock management will help prevent any rupture of stock.
- WHO and district health authorities in Pader are cooperating to enhance surveillance; WHO is leading a sensitization campaign on cholera prevention and hygiene in seven camps throughout the District.
- In 2005-2006, support was received from the European Commission, Finland, Norway, Sweden, the United Kingdom and the United States.

## SUDAN



More information is available at:  
<http://www.emro.who.int/sudan/>

### Assessments and events:

- In *Upper Nile* and *Jongli*, Southern Sudan, an upsurge of violence has resulted in displacements, injuries and deaths.
- In *South Darfur*, more than 2 750 households moved to camps around Nyala town due to insecurity. The influx is straining services, such as health, water and sanitation.
- With the onset of the rainy season, malaria incidence is increasing in *Darfur*.
- As of 19 May, 5 713 cases of meningococcal meningitis had been reported in *North* and *South Sudan*, including 467 deaths (CFR 8.17).
- From 28 January to 21 May, 14 196 cases of cholera and 424 deaths (CFR 2.99%) have been reported in *Southern Sudan*. The outbreak, which began in Yei, has spread to seven of the ten states of Southern Sudan (*Central, East and West Equatoria, Jonglei, Lakes, Upper Nile, Unity*). In *Northern Bahr el Ghazal* reported cases of acute watery diarrhoea are being investigated.
- In *Khartoum*, the UNSECOORD security phase has been raised from 1 to 2.

### Actions:

- In *South Darfur*, partners in Kalma camp have finalized preparations for vector control. WHO and the State MoH are providing technical advice, chemicals, protective clothing and spraying equipment. UN agencies, CARE and OXFAM will participate.
- WHO and the MoH vector control department visited Otash and Elseref camps to monitor safe drinking water.
- In *North Darfur*, 16 cases of acute jaundice were reported, of which 13 in the area of Shangil Tobayi. WHO and the State MoH are monitoring the outbreak and supporting hygiene and sanitation activities in the camps.
- The State MoH and WHO continue monitoring water quality in El Fasher and the surrounding camps. Cases of diarrhoea have decreased by 40% over the last two weeks.
- In *Gedaref*, WHO donated basic supplies and equipment (a component from the New Emergency Kit) to the State MoH.
- In 2006 contributions were received from the European Commission, Finland, Ireland, Switzerland, the Central Emergency Relief Fund and the 2006 Common Humanitarian Fund.

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## BURUNDI



### Assessments and events:

- In the north west Bubanza Province, a week of heavy rainfall caused two rivers to burst their banks, killing nine and displacing thousands others.
- Since the elections in September 2005, the UN Mission in Burundi has started withdrawing its observers. To date, 40% of the military have left. Discussions are ongoing on the establishment of a UN integrated mission to help consolidate the peace process.
- On 1 May, the Government announced that deliveries, caesarean sections as well as healthcare for children under five will be free of charge in all public facilities. Infant and under-five mortality, at 114 and 190/1000 live births respectively, and maternal mortality, estimated at 1000/100 000 live births per year, are above regional averages.

### Actions:

- WHO, the UN the Red Cross and the MoH organized a field mission to Bubanza Province to assess the situation after the floods. WHO and the MoH provided technical support and disinfection supplies.
- WHO is still advocating for additional meningitis vaccines: only 5000 doses are available nationwide while 300 000 are required.
- WHO and UNICEF are submitting a US\$ 500 000 project to support the essential care package.
- WHO supports a referral system in several provinces aiming at diminishing maternal mortality linked to obstetrical complications. Discussions are ongoing with the MoH and donors to expand the service to all provinces.
- Following the Government's announcement on waiving of user fees, WHO is supporting advocacy to mobilize the necessary resources.
- So far, no voluntary contributions have been received for 2006 activities. A CERF grant of US\$ 2.1 million is being attributed to Burundi under the "forgotten emergencies" window.

## HORN OF AFRICA



Progress and financial reports are available at:

<http://www.who.int/hac/crises/inter-national/hoafrika/en/index.html>

⇒ From 22-30 May, the OCHA Inter-Agency Internal Displacement Division and representatives from Norway, Denmark, Italy and Sweden are in Somalia to review the humanitarian and internal displacement situation and look at ways to improve support for the implementation of the cluster approach.

### Assessments and events:

- UN sources mention 8.5 million people as affected. Lives are threatened by under-nutrition, measles, diarrhoeas, acute respiratory infections, meningitis and malaria (an outbreak of dysentery has been reported in Mandera, Kenya), maternal risk and HIV/AIDS.
- Humanitarian, transitional and developmental programmes need solid information on the numbers at risk and the threats, and good insight of how one can assist affected populations without further undermining their coping strategies and institutions.

### Actions:

- A 90-day plan has been defined and discussed with partners in all countries.
- In *Eritrea*, WHO, the MoH and health partners are planning a measles vaccination campaign in Northern and Southern Red Sea, Gash Barka and Anseba regions beginning of June. WHO and UNICEF are working together to address the most urgent findings of the assessment conducted in the Northern Red Sea region. Local and international recruitments are ongoing.
- In *Ethiopia*, WHO distributed locally purchased essential drugs to affected woredas. Two national programme officers were recruited to support the regional and local health offices in training and coordination. Twenty health staff from the MoH were deployed to Borena, in Oromiya, to address the shortage of human resources.
- In *Djibouti*, an international emergency coordinator and a nutritionist have been recruited. Work has begun to reinforce nutritional surveillance.
- In *Kenya*, WHO and the MOH made a rapid assessment visit to the North Eastern Province to review the emergency response with local and international stakeholders. WHO has posted two national staff in Garissa and one national communication officer to Nairobi.
- In *Somalia*, WHO is supporting mobile outreach and community-based care and providing training on health coordination to health workers in Mogadishu. An international coordinator has been recruited to be posted inside the country in Wajid.
- The Emergency Relief Coordinator has granted WHO a total of USD 3.8 million from the Central Emergency Response Fund (CERF) for urgent, life-saving programmes in Djibouti, Ethiopia, Eritrea, Kenya and Somalia.

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## CENTRAL AFRICAN REPUBLIC



### Assessments and events:

- Described as “the World’s most silent crisis”, CAR remains one of the least assisted countries of the world as well as one of the poorest.
- Insecurity in the north west is preventing all UN activities. Fighting between armed groups and the military have reportedly caused displacement among the population.

### Actions:

- Using internal borrowing WHO implemented several projects, including reproductive health and polio eradication activities.
- WHO is providing financial support to the MoH for the transport of drugs from Bangui to Pahoua, a town near the border with Chad.
- WHO is providing support for the revision of the MoH plan of action 2006 on the subject of epidemiological surveillance and response.
- In 2005, WHO’s appeal for 2.6 million to reinforce surveillance, disease control, immunization and reproductive health, fight Sexual and Gender-Based violence and support HIV/AIDS programmes was left unfunded.
- 2006 activities have received support from Finland.

## ANGOLA



### Assessments and events:

- As of 16 May 2006, Angola has reported a total of 35 775 cases and 1298 deaths, that represents a case fatality rate of 4%.
- Eleven out of 18 provinces are affected; of all cases, 51% have occurred in Luanda and 21% in Benguela province. The crude fatality rate ranges between 1 and 30%. Although current trends show a decline in Luanda and Benguela provinces, a daily incidence of around 600 cases is still reported.

### Actions:

- MOH, WHO and other UN and NGO partners continue field activities including strengthened surveillance, specimen collection, case management, chlorination of water and distribution of safe water.
- WHO deployed six specialists to the field to support coordination, water and sanitation, logistics and epidemiological surveillance.

## INTER-AGENCY ISSUES

- **IASC Clusters Working Groups.**
  - The next meeting of the **Health Cluster** is scheduled for 6-7 June.
  - On 8-9 June, the **Early Recovery Cluster** will hold a workshop in Geneva and review the implementation of the Cluster approach in DRC, Liberia, Uganda and Pakistan.
  - The next meeting of the **Water, Sanitation and Hygiene Cluster** will take place in Geneva on 12-13 June.
  - The next meeting of the **Nutrition Cluster** is planned for 11-12 July in New York.
  - A triple cluster meeting (health, nutrition, water, sanitation and hygiene) is under preparation.
- **Cholera control.** On 24 May, WHO briefed the IASC weekly meeting in Geneva on cholera control in emergency settings.
- **ECHA.** On 24 May, the UN Executive Committee on Humanitarian Affairs discussed the Horn of Africa, Uganda and Sudan.
- **Integrated Missions.** On 26 May, a joint UNDG-ECHA meeting updated on the Integrated Missions Planning Process (IMPP).
- **Tsunami.** The next meeting of the IASC-UNDG Taskforce will take place on 31 May.
- **Pandemic Influenza.** On 31 May, WHO will brief the IASC weekly meeting in Geneva on Pandemic Influenza preparedness and mitigation in emergency settings.
- **Information Management.** Preparations are under way for a IASC workshop on this theme in Geneva on 8-9 June.
- **Human Rights of Internally Displaced Persons.** On 9 June, an ad-hoc IASC WG is expected to endorse IASC guidance on the Human Rights of IDPs in natural disasters.
- **Humanitarian Coordinators.** The first meeting of the IASC Group will take place on 19 June.
- **IASC Working Group.** Preparations are ongoing for the next meeting hosted by WHO in Geneva on 5-7 July.

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

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