

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. The WHO contributions in each situation are provided through a mix of different WHO programmes: the staff involved is drawn from WHO field and country offices, often with support from different departments in WHO regional offices and Headquarters. The remit 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.

HORN OF AFRICA



Assessments and events:

- Food distribution has begun in the most affected areas. But clean water, adequate sanitation, immunization, health education and access to primary care health are also key to reducing morbidity and mortality and prevent the spread of diseases.
- Children under-five are the most vulnerable to diseases and infections stemming from undernutrition. Other groups at risk include people living with HIV/AIDS, whose immune systems are already weakened, and pregnant or breastfeeding women who are at increased risk of anaemia which can lead to complications during childbirth.

Actions:

- From 2 to 24 April, WHO is conducting a mission to the Horn's countries to evaluate and review emergency health activities and support the finalization and implementation of projects and work plans funded by the UN Central Emergency Response Fund (CERF).
- WHO is supporting the countries' MoHs to coordinate the health response, promote disease prevention and surveillance, monitor malnutrition, train health workers in proper diagnosis and treatment of disease and malnutrition and deliver essential drugs and medical supplies.
- WHO is also working with UNICEF and the MoHs to promote and conduct measles immunization campaigns and vitamin A supplementation.
- WHO estimates that a total of USD 12.3 million is required to cover the health needs of the people at risk for the next 9 months. The UN Central Emergency Response Fund (CERF) has granted two donations of USD 1.9 and 2.1 million respectively to WHO for life saving activities in the Horn of Africa (220 000 for Djibouti, 1.34 million for Eritrea, 813 600 for Ethiopia, 730 000 for Kenya and 704 540 for Somalia).

SOUTH ASIA EARTHQUAKE



More information is available at:
http://www.who.int/hac/crises/international/pakistan_earthquake/en/index.html

Assessments and events:

- Over the past two weeks, the 125 health facilities contributing to the Disease Early Warning System have recorded an average of 89 500 consultations per week, for a total covered population of almost 4 million.
- At 23% and 7% respectively, acute respiratory infections (ARI) and acute watery diarrhoea (AWD) remain the main causes of morbidity. The number of ARIs has been decreasing since mid-February, while the number of AWD is expected to increase with the change in weather conditions.

Actions:

- In *Mansehra*, over 50 health facilities were visited by WHO and partners to draw an overall picture of the system in place in the district. A special tool was developed to analyse the data.
- In *Rawalakot*, the MoH, with support from WHO, UNICEF and the NGO Medair, is organizing a district-wide community hygiene campaign.
- An extensive training programme on mental health has been initiated for over 400 paramedical staff, including Lady Health workers, from Rawalakot and neighbouring areas.
- In *Balakat*, isolated cases of acute jaundice syndrome, hepatitis E and suspected acute viral hepatitis were reported. WHO carried out investigations and water quality testing and contributed to the public health response and the dissemination of health education messages.
- WHO will conduct PHAST (Participatory Hygiene and Sanitation Transformation) hygiene promotion sessions in spontaneous settlements.
- In *Battagram*, WHO donated 100 anti-rabies vaccines to the District Health Officer to support an ongoing campaign.
- WHO activities are supported by Australia, Canada, Denmark, the European Commission, Ireland, Italy, Japan, the Republic of Korea, Kuwait, Monaco, Norway, the Slovak Republic, Sweden, Switzerland, Turkey, the United Kingdom, the United States and many private contributions.

⇒ On 10 April, the IASC-UNDG Task-force updated on the Action Plan from Relief to Recovery, the integrated UN Resident Coordinator/Humanitarian Coordinator's Office, the gender mission, the return process, UNHAS funding and the OCHA Donor Support Group to Pakistan.

SUDAN



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

Assessments and events:

- There is a shortage of health workers in Sudan; with an average of 2.8 per 1 000, nearly 240 000 people would be needed to match the global average of 9.3 per 1 000.
- Insecurity and under-investment in health have resulted in poor working conditions, while shortage of basic supplies, sanitation, electricity and water put health workers and patients at serious risk of injury and infection.
- As of 9 April, 2 371 cases of suspected meningitis and 274 deaths (CFR 11.6%) were reported in three states of Southern Sudan, *Northern Bahr Al Ghazal, Warrab* and *Western Bahr Al Ghazal*.
- Between 28 January and 9 April, 10 689 cases of cholera and 285 deaths (CFR 2.7%) have been notified in seven of the ten states of South Sudan (*Central, East and West Equatoria, Jonglei, Lakes, Upper Nile and Unity*).

Actions:

- The national Task Force, led by the Federal MoH, WHO, UNICEF and partner NGOs, is coordinating the response to the meningitis outbreak.
- In *South Sudan*, the South Sudan and the Federal MoHs, WHO, UN Agencies, NGOs and other partners continue supporting surveillance, case management, environmental control measures, health education and monitoring to respond to the cholera outbreak.
- Between 5 and 13 April, WHO conducted a mission with the World Bank to assist in the finalization of the Multi Donor Trust Fund financed health project for Northern Sudan.
- In *North Darfur*, WHO, Oxfam and the state Water and Sanitation agency worked on defining parameters for routine monitoring and a harmonized water quality analysis report. WHO provided its partners with reference materials, laboratory consumables/supplies and equipment to boost the response to bloody diarrhoea, on the increase in some camps.
- WHO is supporting the presence of a surgeon in Kutum rural hospital, near the border with Chad. WHO is also planning the rehabilitation of two rural hospitals in Shearia, an area that receives many IDPs from South Darfur.
- In *South Darfur*, WHO and CDC visited the Sudanese Red Crescent health facility in Bilel IDP camp and Médecins du Monde health facility in Kalma IDP camp to assess their level of preparedness for the forthcoming malaria transmission season. Both facilities have enough drugs and consumables.
- WHO coordinated with the Sudanese Red Crescent to ensure the supply and delivery of essential drugs for the Hamishkoraib hospital in *Kassala*.
- The second round of the national immunization days (NIDs), organized by the Federal MoH, the Government of National Unity, the Southern Sudan MoH, WHO, UNICEF and other partner organizations, provided polio vaccination to an estimated 8.1 million children under the age of five.
- In 2005, activities were supported by the European Commission, Ireland, Italy, the Netherlands, Norway, Sweden, the United Kingdom and the United States. In 2006 contributions were received from Switzerland, Ireland and Finland, as well as from the 2006 Common Humanitarian Fund.

DEMOCRATIC REPUBLIC OF THE CONGO



Assessments and events:

- The humanitarian situation in *Katanga* has deteriorated since military operations against local militias have resumed. According to a recent OCHA mission, Over 150 000 people have fled their homes in the last six months.
- WFP, that has begun air dropping food in Dubie, estimates that around 220 000 IDPs are in need of food aid in the province.
- A recent MSF survey in Dubie estimated the prevalence of global acute malnutrition at 19.2% and revealed crude and under-five mortality rates of 4.3 and 12.7 per 10 000 per day respectively, indicating a catastrophic situation.
- In *Ituri* and *North Kivu*, ongoing military operations are affecting security and causing population movements. Over 900 displaced households in North Kivu are reported to be in dire need of health assistance.

Actions:

- As the Health Cluster lead, WHO is advocating to donors to reinforce its presence in affected areas and built up its capacity – including in terms of supplies – to respond to the health needs of the populations.
- WHO is organizing a health assessment mission in *Katanga* with UNFPA

Health Action in Crises

WHO is working with partners to address the health aspects of crises in more than 40 countries. Check the Health Action in Crises Web site for more details: <http://www.who.int/disasters/>

More information is available at:
<http://www.who.int/hac/crises/cod/en/index.html>

- and UNICEF. The mission will visit the cities of Dubie, Mitwaba and Malemba Nkulu and is due to depart shortly.
- To respond to the acute needs of the displaced populations in *Katanga, North Kivu* and *Ituri*, WHO is looking into an intermediate solution through the Pooled Fund.
 - WHO is organizing the implementation of the health cluster approach at the provincial level. Under WHO supervision, priority humanitarian projects were selected for the Pooled Fund. The health sector has received USD 4.3 million, including 1.7 million for WHO, or 32.5% of the entire 13.5 million distributed through the Fund.
 - In 2005, WHO activities were supported by Belgium, the European Commission, Finland, Norway and the United Kingdom. In 2006, support has been given by Finland and from the Pooled Fund.

BURUNDI



Assessments and events:

- Food insecurity is chronic in Burundi, partly owing to conflict, internal displacement and poverty which are impacting on food production and distribution.
- Preliminary results from a food and crop assessment conducted late January indicate that the food production is low, particularly in the North-East. WFP has warned that 2.2 million Burundians will need food aid in 2006.
- Undernutrition increases susceptibility to communicable diseases such as diarrhoea and acute respiratory infections, resulting in increased morbidity and mortality, particularly among children.
- Since January 2006, about 24 000 Rwandese asylum seekers living in precarious conditions have been reported in the North, putting a further burden on areas already affected by food insecurity.

Actions:

- To help reduce maternal and neonatal mortality, WHO has set up in three provinces a referral system facilitating the transfer of emergency obstetric cases to referral hospitals. This successful programme, which provided VHF radios and ambulances, is being expanded to another four provinces.
- Concurrently, four national medical officers from various provincial hospitals have completed a training on obstetric surgery with the support of WHO. Another group of four is due to begin training shortly.
- WHO is working in close collaboration with the NGOs Handicap International France, *Gruppo Volontariato Civile* and African Humanitarian Action to implement the health segment of the Essential Care Package. The package is part of a health and repatriation project implemented by UNICEF, UNHCR, UNFPA and WHO to provide essential care to returnees from Tanzania, IDPs, host communities and impoverished people affected by the conflict.
- WHO has set up a health coordination mechanism with biweekly meetings to facilitate communication and ensure that all partners have access to updated information and technical guidelines.
- In 2005, activities were funded by the European Commission, the United Kingdom and the United States; there have been no contributions to date in 2006.

CÔTE D'IVOIRE



Assessments and events:

- In spite of the return of the rains, meningitis remains a critical issue in the North of the country. An epidemics has been declared in the department of Tengrela, where 49 cases were reported between 6 March and 3 April.


Actions:

- With the support of WHO and UNICEF, the MoH conducted from 3 to 9 April a vaccination campaign among affected populations. More than 35 000 people over the age of 2 have been immunized in Tengrela, Kanakono, San and Bolona.
- The WHO sub Office in Bouaké has assisted health authorities in setting up a community-based surveillance network in affected areas; 52 community focal points were trained in the detection of suspected cases of meningitis and other epidemic-prone diseases. In contact with community leaders and focal points, they report all suspected cases to the nearest health facilities.

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	<ul style="list-style-type: none"> • WHO assisted in the preparation and implementation of awareness and hygiene campaigns for local communities. • In 2005, activities were funded by Belgium, Ireland and Italy ; 2006 activities are possible due to an initial CERF grant.
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<p>ZIMBABWE</p> 	<p>Assessments and events:</p> <ul style="list-style-type: none"> • Since the beginning of the year, more than 270 cases of cholera have been reported in Manicaland Province and 58 in Harare; more than 870 cases and 48 deaths have been reported nationwide. The cholera outbreaks in Harare and Chipinge, Manicaland, are ongoing. • The accumulation of urban refuse and erratic water treatment make the water supply potentially unsuitable for human consumption. <p>Actions:</p> <ul style="list-style-type: none"> • WHO is supporting the MoH with technical staff to conduct preparedness assessments, surveillance, contact tracing, health education and infection control. • WHO is providing medical supplies and equipment as well as information and education material on health and hygiene promotion. • No funds have been received in 2005 and 2006.
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<p>INTER-AGENCY ISSUES</p> <ul style="list-style-type: none"> • IASC-WG. On 10 April, the Chair of the IASC WG briefed the humanitarian community in Geneva on the outcomes of the 14-16 March 64th IASC Working Group meeting in Rome. • Human Rights and Humanitarian Action. On 11 April, the IASC Taskforce on Human Rights and Humanitarian Action discussed its 2006 work plan and a new project to mainstream human rights into the cluster approach. • AHI. On 12 April, the Working Group of the UNDG-ECHA Working Group on Transition issues set up to design a common UN plan to support the Avian Flu responses in Africa and associated funding mechanisms met with the World Bank to discuss the proposed UN plan. • Framework Team. On 12 April, the Framework Team meeting followed up on country reviews and pending country situations and discussed the Framework Team future. • Emergency Shelter. The IASC Cluster met on 12 April to discuss the establishment of working groups, the Guidelines for Assessment in Emergencies and the UN satellite imagery project UNOSAT. • Natural Disasters. An IASC WG consultation took place in Geneva on 12 April to discuss the draft <i>Operational Guidelines on Human Rights and Natural Disasters</i>. • UNHCR. On 21 April, UNHCR will brief the donor community in Geneva on its cluster responsibilities and activities in the designated pilot countries. • IASC Plenary. The next IASC Plenary meeting at the level of Heads of Agency will take place in Geneva on 24 April. The meeting will discuss the Humanitarian Reform initiatives, NGO engagement and participation in the IASC, the UN Department of Safety and Security (UNDSS) and humanitarian work as well as Avian and Human Influenza. • ECHA. On 26 April, the meeting of the UN Executive Committee on Humanitarian Affairs is expected discuss Darfur, Northern Uganda, South Sudan and the West Bank and Gaza. • Transition Issues. On 27 April, the UNDG-ECHA Working Group will report on the workshop which took place in Marrakesh, Morocco at the end of February, update on the UNDG/ECHA Multi-Donor trust Fund review and plan for the full UNDG Principals meeting to take place in the margins of ECOSOC in July. • West Bank and Gaza. A UN Seminar on assistance to the Palestinian people will take place in Cairo on 26-27 April. The theme of the seminar is "International Efforts at Alleviating the Palestinian Economic and Humanitarian Crisis". • Emergency Response Training. from 30 April to 13 May, WFP will hold a residential Emergency Response Training, in Revinge, Sweden, co-hosted by the Swedish Rescue Service Agency. • Information Management. Preparations are under way for the IASC workshop on inter-agency information management to take place in Geneva on 8-9 June. 	
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Please send any comments and corrections to crises@who.int

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