In this issue: The health response to the crisis following the earthquake in Nepal and the Yemen crisis. WHO’s new registration system, building a global emergency health workforce

Nepal Earthquake

Situation highlights
On 25 April, a magnitude 7.8 earthquake near Kathmandu caused widespread damage. Latest figures (11 May) report that 8046 people have been killed, and 17 866 injured.

Of the 35 districts affected, 14 have been severely affected. A WHO rapid assessment team found that three district hospitals are completely damaged and 23 partially damaged. More than 900 primary health care centres and health posts have been rendered non-functional. Hospitals are in critical need of medical resources.

As of 7 May 2015, a total of 64 656 patients have been treated in hospitals and 10 642 patients have been admitted in and outside the Kathmandu valley.

Water supply and sanitation systems have been disrupted around Kathmandu as well as in other hard-hit districts. Lack of safe water and latrines, and inadequate solid waste management, increase the risks of diarrhoeal diseases, typhoid, cholera and trachoma. Many people continue to live in temporary shelters nearby dusty roads and in congested areas, increasing their risk of respiratory illnesses.

A new earthquake measuring 7.3 struck 12 May and was followed by several aftershocks including a 5.6 magnitude tremor in Kodari and a 6.3 magnitude tremor in Ramechhap.

Health Cluster priorities
- Consolidate and standardize health assessments ensuring the coverage of areas beyond district headquarters in consultation/coordination with the Ministry of Health and Population (MOHP) and health partners.
- Support health service delivery with a focus on restoration of primary health care services with the provision of medical supplies, tents and rehabilitation support.
- Provide essential drugs, supplies and ensure distribution of the medicines/supplies from District Health Office (DHO) to peripheral units.
- Ensure that cross cutting issues such as reproductive health, mental health, child health are coordinated and responded to.
- Strengthen communicable disease control and surveillance.

Health Cluster response
Health Cluster coordination: The Health Cluster opened a Gorkha field office on 4 May. Daily Health Cluster meetings have been conducted since the emergency began. Reproductive-health and mental health sub-clusters have been established.
Assessments: WHO has supported the MoHP rapid health assessment covering the 14 priority districts.
Support to health service delivery: Over 100 foreign medical teams have been registered and deployed by WHO in collaboration with the Government. Four district level hospitals destroyed by the earthquake are now in the process of being replaced by mobile field hospitals, managed by foreign medical teams. More than 1000 doctors, nurses and paramedics have been deployed to affected districts.
Provision of essential drugs and supplies: Ten tonnes of supplies and equipment have been delivered to Nepal and are being disseminated. In the first days of the health response, 134 different types of medicines and supplies were distributed to

Statistics

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>27 797 000</td>
</tr>
<tr>
<td>Gross national income per capita*</td>
<td>2260</td>
</tr>
<tr>
<td>Life expectancy at birth m/f (years)</td>
<td>67/69</td>
</tr>
<tr>
<td>Probability of dying between15 and 60 years m/f **</td>
<td>197/164</td>
</tr>
<tr>
<td>Total expenditure on health per capita* (2010)</td>
<td>80</td>
</tr>
<tr>
<td>Total expenditure on health as % of GDP (2010)</td>
<td>5.5</td>
</tr>
</tbody>
</table>

* purchasing power parity international $
** per 1000 population

Funding US$ 2015

| Requested | 41 816 520 |
| Received  | 5 178 793 |

Source: WHO/GHO

WHO received pledges of funding support for health humanitarian activities in Nepal from Australia, Estonia, the Central Emergency Response Fund and Norway.

For more information:
http://www.who.int/hac/crises/nepal
14 district hospitals, as well as Bir Hospital.

**Trauma and injury care:** Gaps in post-trauma care and rehabilitation have been identified. Handicap International has deployed four two-person teams to register, advise, prescribe and treat patients. The MOHP has distributed trauma treatment protocols to foreign medical teams.

The Health Cluster has recommended a strategy to reduce the number of long-term patients in hospitals by establishing alternative rehabilitation and extended care facilities.

**Child health:** A Child Health working group has been formed to identify priority areas for child health and coordinate with other sub-clusters including those on protection and nutrition. Health partners are providing training materials on the Integrated Management of Childhood Illness to health care facilities and foreign medical teams and diarrhoea kits and other commodities for the first three months of the response. District Public Health Officers, with technical and financial support from WHO, conducted a measles, mumps and rubella (MMR) immunization drive for children between six months and five years in two districts Bhaktapur and Lalitpur on 2 and 3 May. A total of 952 children were vaccinated. MMR vaccinations will continue in May in Kathmandu district. A further 500 children will be vaccinated.

**Communicable disease control and surveillance/EWARN:** The early warning system relies on the existing network of district surveillance medical officers (SMOs). These SMOs have been coordinating vaccination campaigns and investigating and responding to cases of infectious diseases. The MOHP is introducing prospective syndromic surveillance to detect outbreaks of epidemic-prone diseases based on observations at hospitals’ out-patient departments. To date, acute respiratory infections have been reported along with acute watery/bloody diarrhoea. The expansion of surveillance is planned once hospital-based surveillance is initiated.

**Reproductive Health:** Six hospitals have been identified as referral sites for emergency obstetric care and are providing services. Neonatal kits (50 000) and tents that can be used as maternity wards have been procured.

**Mental health and psychological support, noncommunicable diseases:** A mental health sub-cluster has been activated with WHO, IOM and the MoHP as initial partners. Activities will focus on three of the hardest hit districts (Nuwakot, Sindhupalchowk and Dhading). For the past three years, WHO’s country office in Nepal has been piloting a mental health programme, with support from mental hospitals. This will now be strengthened through a permanent team consisting of one psychiatrist, one psychologist and two support staff. The psycho-social working group under the Social Protection Cluster will work with the mental health sub-cluster to harmonize activities.

**Water, sanitation and hygiene and environmental health:** WHO is working to restore water and sanitation facilities in partially damaged health care facilities. WHO is currently supporting the restoration of water and sanitation in Kavre, Rasuwa, Nuwakot and Lalitpur, together with the Nepalese Red Cross. WHO is also setting up a mobile water testing laboratory with Department of Water Supply and Sewerage.

WHO is coordinating the WASH response in Lalitpur district, following its rapid needs assessment there. In collaboration with other WASH agencies, pit latrines have been built in temporary shelters, and WHO has ensured a regular supply of water and chlorine tablets and hygiene materials. So far there have been no outbreaks of waterborne diseases.
Yemen

Situation highlights

The humanitarian situation in Taiz is deteriorating as residential areas continue to witness heavy fighting. From 19 March to 27 April there have been 1244 deaths and 5044 injuries reported in health facilities. On April 26, 19 people were killed and 91 people were injured, including one nurse who was injured when Al-Thawra Hospital was hit, causing severe damage to the Intensive Care Unit. The Ministry of Health and Population health office in Taiz was attacked and two ambulances were stolen.

The roads connecting Sana’a to Aden, Taiz, Al-Dha’ale, and Lahj are becoming inaccessible, making the delivery of life-saving medicines a serious challenge.

Sanitation is becoming an issue as there is an accumulation of garbage on the streets of Sana’a and other governorates. In Aden, the districts of Khormaksar, Ma’alla, Tawahi, and Kalo’oa are experiencing acute food shortages and power cuts. Fuel shortages continue throughout the country, affecting the delivery of medical supplies and the functionality of health facilities and ambulances. Shortages in safe water are becoming more acute due to the scarcity of electricity and fuel supply.

According to WHO focal points in Yemen, health staff and ambulances carrying patients are constantly at risk of attack. In Sa’ada governorate, a number of health staff have left their duty stations due to fear of attacks on health facilities.

Al-Jumhooria Hospital in Aden was attacked by armed forces, and the WHO warehouse in Aden is being targeted by snipers - preventing staff from entering the building. The WHO office was also attacked several times. The Ministry of Health and Population office in Lahj was damaged, and the Ministry of Health’s emergency operations room in Aden remains closed as a result of an earlier attack.

Health Cluster priorities

- Support mass-casualty management in conflict-affected governorates, including the provision of trauma kits, drugs, medical and surgical supplies, deployment of surgical teams and referral services, and ambulance services.
- Provide integrated primary health care services, including mental health care.
- Provide life-saving maternal, new-born and child health, including antenatal, delivery and postnatal care for mothers; new-born care, routine immunization and screening and treatment of illnesses through health facilities, outreach and mobile services, all accompanied by social mobilization activities.
- Stockpile reproductive health supplies and provide reproductive health care through public health facilities.
- Procure, stockpile and distribute medical supplies to health facilities around the country.
- Update information systems and field reporting using available means of communication to ensure timely and effective response and avoid duplication of efforts.
- Medically evacuate the most critically injured who cannot receive effective trauma treatment in country.
- Provide health care to migrants and third-country nationals.

Health response


Support to health service delivery: In light of prolonged power outages, WHO teams are conducting regular visits to national vaccine stores to ensure that vaccines are safe and the cold chain is functioning. When the cold chain is at risk,
vaccines are transported to functioning vaccine stores.
WHO is deploying an integrated health and nutrition mobile team to provide lifesaving health and nutrition services to internally displaced persons.
WHO provided 18 000 litres of fuel to maintain emergency health operations including, cold chain, ambulances and hospital services in Hodeidah and Taiz Governorates.

**Provision of essential drugs and supplies:** WHO provided national NGOs with essential medicines and dressing materials to provide essential health care services for IDPs. WHO also provided life-saving drugs and dressing materials to the Al-Ma’alla polyclinic

**Trauma and injury care:** WHO provided trauma kits for 200 medical interventions and primary health care medicines and supplies for 10 000 beneficiaries for three months to Al-Thawra Hospital in Hodeidah Governorate and Haradh Hospital in Hajjah Governorate, as well as to public health offices in Ibb, Dhamar and Hajjah Governorates.
WHO also provided trauma kits for 150 medical interventions and primary health care medicines and supplies for 10 000 people for three months to mobile teams targeting internally displaced persons in Hajjah Governorate.

**Water, sanitation and hygiene and environmental health:** WHO has begun water chlorination in some schools that are housing internally displaced persons in Jaa’ar, Abyan Governorate and provided 6 water tanker trucks to a hospital and health units in Abs District, Hajjah Governorate.
WHO, in collaboration with OXFAM, provided 20 water tanks for internally displaced persons and the host community in Abs District, Hajjah Governorate.

---

**Building a global emergency workforce**

WHO’s new registration system will enable it to build a global roster of foreign medical response teams ready to deploy for emergencies. The Global Foreign Medical Teams Registry sets minimum standards for international health workers and allows teams to clearly outline their services and skills. This facilitates a more effective response and better coordination between aid providers and recipients.

**Medical teams respond to:**

**The earthquake in Nepal**

Over 100 foreign medical teams have been registered and deployed by WHO in collaboration with the Government to respond to the health needs of the population affected by the earthquake in Nepal. Four mobile field hospitals are being managed by foreign medical teams and more than 1000 doctors, nurses and paramedics have been deployed to affected districts.

**The cyclone in Vanuatu**

“This thanks to the system we have developed, the international response to the cyclone in Vanuatu was very fast and efficient,” says Dr Ian Norton, who leads the work on foreign medical teams at WHO.

“We supported the Ministry of Health to ensure that every foreign medical team that arrived in Vanuatu was registered in the system and had the right training and equipment. This meant that teams have been able to provide care quickly and effectively to the people most in need.”

The first medical team arrived from Australia to support the local health workers just 2 days after the cyclone hit. Over 20 teams (including more than 50 doctors, 40 nurses, 24 paramedics and 12 midwives) provided assistance. Teams continued to arrive (some by boat) to fill positions as other teams returned to their home countries.
"WHO’s work to improve the global response to emergencies has benefits for all countries." Dr Ian Norton, lead for foreign medical teams at WHO

In previous responses including the Haiti earthquake and the South Asia tsunami, some foreign teams arrived without informing the national health authorities or coordinating with other international responders. Although they had good intentions, sometimes these people lacked appropriate skills and local knowledge, were unfamiliar with the international response systems and standards, or brought inappropriate equipment that did not match the health needs of the people.

**Strengthening emergency response through lessons learned**

The standards developed by WHO build on lessons learned during previous emergency responses including the West African Ebola outbreak, for which WHO coordinated the deployment of nearly 60 foreign medical teams provided by 40 organizations. It was the first time that foreign medical teams were deployed during an outbreak.

Ebola care during this multi-country outbreak has called for unique medical knowledge and equipment, and has carried risks for health workers. The progress that has been made against Ebola is in part due to the response by the national and international teams working together in 72 Ebola treatment centres across 3 countries.

“WHO’s work to improve the global response to emergencies has benefits for all countries. It is helping to build the skills and capacities of national teams to respond to their own emergencies and eventually be better able to help other countries,” says Dr Norton.

WHO is developing best practice guidelines and standards for teams to respond to specific needs including care of children, pregnant women, patients with disabilities and older people.

---

**Health Sector and WHO funding requirements from 2015 SRPs**

**April 2015**

<table>
<thead>
<tr>
<th>No.</th>
<th>Country</th>
<th>Health sector (US$)</th>
<th>WHO (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Afghanistan</td>
<td>38,800,000</td>
<td>10,000,000</td>
</tr>
<tr>
<td>2</td>
<td>Central African Republic</td>
<td>63,200,000</td>
<td>15,000,000</td>
</tr>
<tr>
<td>3</td>
<td>Democratic Republic of the Congo</td>
<td>43,800,000</td>
<td>20,000,000</td>
</tr>
<tr>
<td>4</td>
<td>Iraq</td>
<td>189,219,062</td>
<td>134,993,820</td>
</tr>
<tr>
<td>5</td>
<td>Myanmar</td>
<td>22,745,188</td>
<td>1,350,000</td>
</tr>
<tr>
<td>6</td>
<td>Nepal</td>
<td>75,000,000</td>
<td>5,000,000</td>
</tr>
<tr>
<td>7</td>
<td>Niger</td>
<td>10,060,266</td>
<td>5,545,671</td>
</tr>
<tr>
<td>8</td>
<td>Nigeria</td>
<td>16,987,498</td>
<td>8,775,000</td>
</tr>
<tr>
<td>9</td>
<td>occupied Palestinian territory</td>
<td>21,000,000</td>
<td>3,382,750</td>
</tr>
<tr>
<td>10</td>
<td>Somalia</td>
<td>71,457,320</td>
<td>13,957,344</td>
</tr>
<tr>
<td>11</td>
<td>South Sudan</td>
<td>90,000,000</td>
<td>16,760,000</td>
</tr>
<tr>
<td>12</td>
<td>Sudan</td>
<td>65,263,853</td>
<td>13,630,000</td>
</tr>
<tr>
<td>13</td>
<td>Syrian Arab Republic SRP</td>
<td>317,905,316</td>
<td>131,600,669</td>
</tr>
<tr>
<td>14</td>
<td>Syrian Arab Republic 3RP</td>
<td>369,255,663</td>
<td>33,595,000</td>
</tr>
<tr>
<td>15</td>
<td>Ukraine</td>
<td>50,000,000</td>
<td>21,600,000</td>
</tr>
<tr>
<td>16</td>
<td>Vanuatu</td>
<td>4,215,051</td>
<td>3,024,000</td>
</tr>
<tr>
<td>17</td>
<td>Yemen</td>
<td>61,870,411</td>
<td>25,297,538</td>
</tr>
<tr>
<td><strong>TOTAL US$</strong></td>
<td></td>
<td><strong>1,340,135,932</strong></td>
<td><strong>455,487,792</strong></td>
</tr>
</tbody>
</table>