IRAQ

More information is available at: http://www.emro.who.int/iraq/

Fire damage to Al Jamila market, the main wholesale food market in Sadr City, is causing food shortages and increased food prices. Rising prices are also affecting several governorates.

ECHA is inviting members to develop a common plan of action to cover humanitarian needs both in Iraq and the surrounding countries.

Assessments and Events

- Fighting continues in Baghdad’s eastern suburb of Sadr City. In the 21 days since clashes began in centre-south Iraq, OCHA reported 597 deaths, including 272 civilians.
- In some areas of Sadr City, lack of potable water is critical as pipes are exposed to raw sewage. Repair is stalled until security has improved.
- The acute watery disease and cholera surveillance system in Basra and Sadr City has been restored, however it remains weak. Overall, health services are weakened by the destruction of facilities such as the primary health care department and laboratory in Basra.

Actions

- WHO worked with the Government and UNAMI to ensure the delivery of drugs and supplies to hospitals in Sadr City and Basra during the recent fighting. WHO advocates for safe humanitarian corridors during such violent crises and for protection of health facilities, stores and medical supplies.
- On 23-24 March, WHO participated in the Sixth Scientific Conference of Salah al-Din organized by the MoH and co-sponsored by CDC Atlanta.
- The WHO Regional Office and headquarters are looking for resources to support the Country Office purchase additional supplies and undertake necessary actions in support of the MoH. WHO purchased four surgical kits to replenish stocks. Each kit provides supplies for 100 persons for ten days.
- WHO is requesting US$ 19.1 million in the 2008 CAP. These needs remain unmet. Out of the US$ 265 million requested in the CAP, around US$ 31 million are needed to cover urgent health needs during the coming 12 months.

KENYA

On 14 April, a US$ 189 million revised Emergency Humanitarian Response Plan for Kenya was launched to support people affected by post-election violence and by impending drought in Kenya’s arid and semi-arid areas up to the end of 2008.

As many MoH facilities are getting back to normal, MSF is planning on phasing out activities in some locations over the coming weeks.

Assessments and Events

- A coalition Cabinet was announced on 13 April, with 40 ministers and 52 assistant ministers. Kenya has now a Ministry of Public Health and Sanitation and a Ministry of Hospital Services.
- On 15 April, the Government issued a cholera outbreak alert in Nyanza Province. Up to 1300 cases have been reported and more than 60 people have died in an outbreak affecting 16 districts, most of which were afflicted by the recent violence.
- In Mount Elgon, MSF reports an increasing number of injured as the violence that has been affecting this area has not abated.

Actions

- In Nyanza Province, health authorities and WHO are supporting the district and provincial response to the cholera outbreak, with special focus on case management in hospitals. A joint approach is being prepared for partners and the province to fill identified gaps. Chlorine for the treatment of water supplies was also supplied.
- In the context of the Emergency Humanitarian Response Plan, WHO is requesting external assistance to:
  - strengthen coordination and health information management (assessments, monitoring, dissemination) in the most critical provinces as well as in Nairobi;
  - ensure surveillance and respond to disease outbreaks;
  - strengthen primary health care services and ensure the availability of medical supplies in IDP camps and host communities.
- Under the revised Response Plan, WHO is requesting US$ 1.17 million, of which US$ 395 700 have already been received from the CERF, Australia and Turkey. WHO also advanced US$ 240 000 from its own regular budget.
LIBERIA

Assessments and Events
- Health authorities have declared a yellow fever outbreak.
- Health services remain unevenly distributed: many communities in the south-east and other hard-to-reach areas are underserved due to geographical constraints, poor infrastructure and limited staff capacity.
- Maternal mortality is estimated to have increased from 578 deaths per 100,000 live births in 2000 to 994 in 2007.
- Innovative and alternative strategies are needed to accelerate the reduction of maternal, infant and under-five mortality and to improve the response to disease outbreaks, particularly in hard-to-reach and isolated areas. An integrated package of high impact interventions for basic health and nutrition is also essential. The main priorities include:
  - Disease surveillance;
  - Essential drugs and supplies as well as reproductive health, cholera and emergency health kits;
  - Health facilities in under-served areas;
  - Training on the delivery and management of health care;
  - Treatment for rape and other forms of Sexual and Gender-Based Violence;
  - Health information system and financing mechanisms.

Actions
- WHO supported the yellow fever outbreak investigation and the organization of an immunization campaign.
- The UN Trust fund is funding a joint UNFPA/WHO project on maternal mortality reduction. About US$ 1.4 million has already been pledged to support WHO’s activities.
- WHO is preparing a project with ECHO on Lhasa Fever control.
- WHO is requesting US$ 1.7 million in the Liberia Critical Humanitarian Gaps 2008 appeal. WHO’s planned activities are focused on:
  - Response to disease outbreaks and provision of emergency health kits;
  - Maternal health care services in rural and hard-to-reach communities;
  - Child maternal and child survival activities through integrated maternal and neonatal tetanus and measles campaigns.

ANGOLA

Assessments and Events
- Heavy rains in January and February in Cunene and Kuando Kubango provinces have displaced more than 56,000 persons. Huila, Moxico and Benguela also experienced very heavy rains.
- Areas of heaviest flooding are reporting high rises in cholera cases. From 1 January to 6 April, 5028 cases of cholera and 156 deaths (CFR 3%) were reported in Cunene, Huila, and Benguela. As many as 35,000 cases of cholera could be expected in 2008. This is in turn may lead to a greatly increased HIV-related mortality due to diarrhoea.
- Poor sanitation and hygiene and lack of safe water sources are reported in both IDP camps and host communities.
- Immediate needs include sanitation, safe water and medical supplies for diarrhoea as well as adequate shelter and other non-food items.

Actions
- WHO participates in the National Cholera Task Force and its sub-group on Water, Sanitation and Social Mobilization, and supports the MoH to ensure country-wide surveillance, and effective case management in cholera treatment centres.
- WHO and UNICEF are requesting a US$ 1.2 million Rapid Response grant from the CERF to assist populations hit by the floods in Cunene and Kuando Kubango and to provide an effective national response to the cholera outbreak. Supporting the MoH, the Ministry of Energy and Water and regional and local health authorities, WHO’s response will focus on:
  - Providing diarrhoeal disease kits and supplies, safe water and hygiene supplies, and essential information on how to avoid cholera in the most vulnerable communities;
  - Supporting the MoH in organizing and facilitating sessions on life saving response and cholera case management in treatment centres;
  - Supporting coordination, monitoring, evaluation and reporting.
DEMOCRATIC REPUBLIC OF THE CONGO

Assessments and Events
- On 15 April, an airplane crashed into a highly populated neighbourhood in Goma during take-off; Provincial Health Inspection authorities report 36 dead and 146 hospitalized.
- In Orientale, an outbreak of meningitis is reported in Goria in Bas-Uélé health district. Between 4 February and 30 March, 23 cases and 6 deaths have been reported. Meanwhile in the Aru, Aripa and Laybo health districts of Ituri, 646 cases and 36 deaths have been reported during the same period (CRF 5.7%).
- In Equateur, indicators are showing a high level of acute severe malnutrition. Combined action from FAO, WHO and UNICEF is necessary to improve the survival of children under five.

Actions
- In Goma, UNFPA, UNICEF, WHO, ICRC, Merlin, MSF-France and MSF-Netherlands provided medicine and surgical equipment to the six hospitals where wounded were referred.
- In Orientale, WHO provided local health authorities with equipment and fuel to facilitate the meningitis outbreak investigation and response. The NGO Medair provided drugs, disinfectants and sampling materials. In Ituri, WHO supported the health authorities in conducting a meningitis vaccination campaign in March. More than 80 400 persons were vaccinated.
- WHO’s activities are funded by CERF and Pooled funds through the common humanitarian work plan.

CHAD

Assessments and Events
- In the east, insecurity persists affecting humanitarian operations. On 1 April, over 40 civilians were wounded in armed fighting in Ade.
- More than 5300 of the 13 000 people who had fled West Darfur have been moved to Kounoungou and more will be settled in Mile, both near Guereda. Meanwhile, at least 10 000 refugees from the Central African Republic have arrived since January. Voluntary transfers to camps will also be organized.
- Approximately 36 cases of hepatitis E have been reported during the last week of March in the IDP site of Dogdoré, with MSF-F taking a lead in the response.
- In the south, the MoH confirmed that the number of meningitis cases reached the epidemic threshold in the Bedjondo district, in March before decreasing again. No deaths were reported. The alert threshold has been reached in other districts. Only sporadic cases have been reported in the east and no district has yet reached the alert threshold.
- Since May 2007, Chad has experienced a major polio outbreak: 21 cases were detected in 2007 and two more in 2008. Chad is among the most active polio transmission focuses, with risk of exporting the virus to neighbouring countries.

Actions
- In the east, WHO is concentrating on surveillance, epidemic response and the provision of primary health care to IDPs.
- WHO participated in a meeting organized by UNHCR on the construction of a health centre in Bandikao, Gozbeida district.
- In the south, health authorities, supported by WHO and NGOs, in particular MSF-France, are providing medication and plan to conduct a vaccination campaign in the affected areas.
- In order to interrupt the transmission of polio, WHO and partners are supporting the MoH to improve supervision and organize mass campaigns to vaccinate all un-reached children. As part of programme monitoring, any children with acute flaccid paralysis will be referred to health facilities for further investigation.
- As of 14 April, the 2008 Humanitarian Appeal for Chad is only funded at 18%. The Appeal currently requests US$ 290 million for 14 NGOs and eight UN agencies. Recent WHO’s activities in Chad have been funded by ECHO Italy, Finland and the CERF. ECHO has pledged EUR 500 000.

Health Action in Crises
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ETHIOPIA

More information is available at Ethiopia EHA Weekly Updates

Assessments and Events
- As of 13 April, 6880 cases of measles and 13 deaths have been reported in Addis Ababa, Afar, Amhara, Oromia, Gambella, SNNPR and Tigray.
- Between 7 and 13 April, nine cases of meningitis have been reported, bringing the total since the beginning of the epidemic season to 320 cases and ten deaths (CFR 3.1%) in Addis Ababa, Afar, Amhara, Oromia SNNPR and Tigray.
- The drought in the Somali region is affecting all woredas. The increase in risk by food insecurity, water shortages, diarrhoeal diseases and malaria is dramatic. In addition, disease surveillance and coordination are weak, and drugs and medical supplies insufficient.
- In Oromiya, five districts are affected by the drought in the Guji Zone. Measles, malnutrition and diarrhoea diseases have been reported in these affected regions.

Actions
- WHO is providing technical support and essential drugs to 50 health facilities, and supporting coordination; one international and three national staff are supporting the MoH in implementing activities in the Somali region.
- Overall, 140 231 people have been vaccinated against meningitis in Addis Ababa, Amhara, Oromia and SNNPR.
- In Oromiya, WHO, UNICEF, the Federal MoH and the Regional Health Bureau are planning a measles vaccination campaign in 13 districts of the Borena Zone with the distribution of vitamin A and de-worming medicine.
- Meanwhile, the Federal MoH, WHO, UNICEF and UNFPA are finalizing the health, nutrition and hygiene and sanitation plan for 2008. The plan addresses malnutrition, diarrhoeal diseases, meningitis, measles and malaria and request approximately US$ 81 million.

OCCUPIED PALESTINIAN TERRITORY

More information is available at: www.emro.who.int/palestine/

Assessments and Events
- Fuel supplies to the Gaza Strip are still stopped. On 15 April, eight UN organizations issued a joint statement to express their concern as this is having a severe impact upon the population and UN operations. The current situation is a threat to the health and well-being of the population.
- If the situation deteriorates further, the main threats to health would include:
  - Increased risk of maternal, infant and under-five deaths, of waterborne disease, of trauma and depression;
  - Poor and deteriorating social and economic coping mechanisms with lack of access to health care;
  - Disrupted distribution or shortages of drugs, medical kits and blood supplies;
  - Restricted mobility of ambulances and health staff;
  - Overload in hospitals and possible disruption in the functioning;
  - Population movements.

Actions
- UN agencies are working together on contingency plans should the situation worsen further. Health partners are particularly concerned with maintaining access to MoH health facilities. In Gaza, WHO is involving local and international NGOs in the sector response plan.
- Recent WHO’s emergency activities have been supported by ECHO, Italy, Norway, OCHA/Spain, and the CERF.

INTER-AGENCY ISSUES

- The Emergency Team Leadership Programme is taking place in Villars, Switzerland, on 13-18 April.
- UNHCR called a meeting on its 2008 Darfur Operations in Geneva on 14 April.
- A preparatory meeting for the July ECOSOC Humanitarian Segment in New York took place on 15 April.
- The IASC Weekly meeting in Geneva updated on 16 April on Zimbabwe.
- A Food Security Forum took place in Rome on 16-18 April.
- The UN Executive Committee on Humanitarian Action met on 17 April.
- Internal Displacement. The Norwegian Refugee Council and the UN High Commissioner for Refugees launched the Global Overview on Internal Displacement in Geneva on 17 April.
- Consolidated Appeals Process. The IASC CAP Sub-Working Group met on 17 April. The group discussed the Flash...
appeal overhaul, Training of Trainers: update based on last month’s discussion., MYR launch: update, NAF next steps, CAP events schedule and the issue of Online projects submission.

- **Disarmament, Demobilization and Reintegration.** The Inter-Agency Working Group met on 18 April. A retreat will take place on 2-4 April.

- **Human Rights.**
  - An international workshop on human rights and state fragility, organized by the Danish Ministry of Foreign Affairs and the Overseas Development Institute (ODI), will take place in Copenhagen on 21 April.
  - A consultation meeting on the IDP Law and Policy Manual, hosted by the Government of Austria, will be held in Vienna on 16-17 May.

- The IASC Taskforce on **HIV in emergencies** will meet next on 23-24 April.

- **Clusters.**
  - On 23 and 24 April, WHO will host the next face to face meeting of the Global Logistics Cluster.
  - The Global Health Cluster will meet face to face in Geneva on 7-8 May.
  - The Camp Coordination and Camp Management Cluster will meet again on 8 May.
  - A inter-agency workshop The Cluster Approach: How did you make it work? will be held in Kampala, Uganda, on 11-13 June. A Global Humanitarian Platform (GHP) event will take place on 9-10 June.

  - An inter-agency meeting on **Disaster Risk Reduction** will take place on 28 April.

  - The **IASC Gender Sub-Working Group** will meet next on 7 May. The second Training Workshop for Gender Advisers in Humanitarian Action will be held in Geneva 18-23 May. A preparatory meeting will take place on 15-16 May.

  - The fifth **Emergency Directors Meeting** will be held in Geneva on 17 June. A preparatory meeting will take place on 29 April.

  - **IASC Principals** will meet in Geneva on 30 April.

  - The 83rd **United Nations Civil-Military Coordination** (UN-CMCoord) Training Course will take place in Doha, Qatar, on 4-9 May.

  - The annual **RC/HC Retreat** will be held in Montreux on 5-7 May.

  - The IASC Taskforce on Safe Access to Firewood and alternative Energy in Humanitarian Settings (SAFE) will meet in Geneva on 8-9 May.

  - The UNDG-ECHA Working Group on **Transition** will meet on 14 May.

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**First Tri-Cluster Training Workshop - Versoix, Switzerland**  
**27 April-3 May 2008**

The first tri-cluster training workshop will provide an opportunity for ten potential coordinators chosen by the IASC Health, Water, Sanitation and Hygiene and Nutrition clusters to build leadership skills, gain knowledge about the cluster approach, and learn about cluster resources. Trainees will benefit from the cross-cluster linkages and networks.

**Please send any comments and corrections to crises@who.int**

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