Health Action in Crises
Highlights No 256 - 27 April–3 May 2009

Each week, the World Health Organization Health Action in Crises in Geneva produces information highlights on critical health-related activities in countries where there are 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 operational use and does not reflect any official position of the WHO Secretariat.

SRI LANKA

More information is available at www.who.int/hac and http://www.searo.who.int/LinkFilsys/Sri_Lanka_ESR_27April09.pdf

- The cluster approach was activated in March. WHO shares the information with the Government and UN and international agencies on a regular basis.
- The Emergency Relief Coordinator announced the allocation of a further US$ 10 million from the CERF.
- HAC will participate in the 6 May IASC Weekly meeting on the humanitarian situation in Sri Lanka.

Assessments and Events
- According to OCHA’s latest report, more than 169 000 people are presently accommodated in camps, including at least 153 000 in Vavuniya, 11 000 in Jaffna and 5000 in Trincomalee. Between 20 000 and 50 000 people are believed to remain trapped in the conflict zone.
- Because of the recent large influx of people, camps in Vavuniya are over-crowded and only provide limited access to shelter, water and sanitation. Schools and other public buildings have been taken over to accommodate IDPs.
- The only outbreak reported so far is chickenpox with 7149 cases notified as of 22 April. the daily admission rates are decreasing.

Actions
- UN agencies and national and international NGOs continue to support the Government in the provision of health, shelter, food, water and sanitation.
- Since January, a WHO field office in Vavuniya is organizing and coordinating Health Cluster activities. WHO is participating in assessments, providing technical assistance to health authorities and helping monitor and evaluate ongoing activities.
- WHO and health partners are helping the MoH to ensure health care for the IDPs by strengthening health facilities in the area and by providing mobile health care. Immunization, antenatal care, health education, environmental health, mental health and disease surveillance services are in place. WHO also:
  - provided essential medicines and equipment to treat injuries and prevent outbreaks,
  - supported the construction of wards field clinics,
  - provided equipment and support to boost hospitals’ surge capacity,
  - supported health staff deployment and mobility.
- WHO released a second tranche of US$ 175 000 from the South-East Regional Health Emergency Fund to prepare for the surge and replenish medical supplies. WHO also received funding from Italy and the CERF.

SUDAN

For more information see www.who.int/hac and http://www.emro.who.int/sudan/

- WHO and health partners are conducting regular health coordination meetings. Through the Health Cluster, The State MoHs and partners update on the response. Health partners met with USAID to discuss gaps in health sector.

Assessments and Events
- In Darfur, the health situation remains stable, with morbidity rates within normal ranges and mortality rates below the emergency threshold.
- In South Darfur, 182 suspected cases of meningitis had been reported as of 19 April, of which 21 were confirmed.
- In West Darfur, following the departure of MSF-France and MSF-Swiss from Jebel Marra, most of areas are inaccessible for State MoH staff. However, the UN and NGO staff can still access them to provide health care.

Actions
- In Darfur, UN and the Government of Sudan drafted a joint Action Plan for Darfur. The main points of the Health Cluster segment focus on the provision of primary health care services, medicines and medical supplies and emergency obstetric care, the supervision of clinics, the analysis of epidemiological information, the maintenance of the existing cold chain, the re-establishment of treatment for severe and moderate acute malnutrition and the enhancement of nutritional surveillance system.
- In North Darfur, the State MoH, WHO and UNFPA visited Kebkabay and Saraf Omra following the withdrawal of MSF-Belgium to assess emergency capacities, identify needs, help Saraf Omra authorities upgrade the local health facility and help Kebkabay’s two primary health care centres resume services. WHO trained staff in El Fashir teaching hospital on meningitis management and response, infection prevention and universal precautions.
- In South Darfur, the State MoH and WHO monitored service provision and distributed hygiene and meningitis education and communication materials to
### 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/hac/](http://www.who.int/hac/)

#### CHAD

Beleil and Kalama villages. Case investigation and reporting will be strengthened.

- In *South Darfur*, health partners organized meningitis vaccination campaigns in Al Salam, El Serif, Beleil/Kalama and Al Jeer camps, targeting more than 120,500 people. In *West Darfur*, a similar campaign in Jebel Marra covered more than 31,000 people.
- WHO’s activities in Sudan are funded by the CERF, the Common Humanitarian Fund, ECHO, the ERF, Finland and Italy.

**Assessments and Events**

- Security incidents are reported in the east. Due to constant harassment, CARE is withdrawing from Touloum and Iridimi refugee camps.
- More than 17,500 Central African refugees had crossed the border into Samalat as of 29 April. Their health is good but there is concern because of the upcoming rainy season.
- From 1 January to 26 April, 1165 cases of meningitis and 128 related deaths (CFR 11%) were reported in Chad, of which 37 and three deaths (CFR 8.1%) were notified in eastern Chad. During the same period, 974 measles cases and four deaths were notified in eastern Chad’s eight medical districts. Of these, 18 were reported between 20 and 26 April, including 14 in Abeche district.

**Actions**

- On 29 and 30 April, WHO began training community relays on the early detection of malnutrition in children under five.
- WHO donated essential medicines to the health centre of Daha upon the request of MSF-France. WHO also pre positioned céftriaxone and needles for lumbar puncture in eastern Chad’s eight medical districts to support meningitis outbreak preparedness.
- WHO is participating in interagency activities to support refugees in Daha ahead of the rainy season. WHO is planning an evaluation mission next week to further assess medical assistance.
- WHO activities are funded by ECHO, Italy, Finland, Spain and the CERF. A request for a rapid response CERF grant for US$ 157,718 has been submitted.

For more information see [www.who.int/hac](http://www.who.int/hac).

**On April 29, monthly meeting of Cluster Health of the East of Chad: Revision of the priority projects for the review semi courses of CAPE 2009 and the situation of meningitis in the East of Chad were the subjects of the day.**

#### CENTRAL AFRICAN REPUBLIC

Assessments and Events

- Security concerns continue, particularly in the north. Clashes have been reported in Kabo between the military and armed groups pushing an increasing number of refugees into Chad. Health consequences are so far unknown since humanitarian flights to these areas have been suspended.

**Actions**

- From its sub office in Ndele, WHO is conducting regular assessment missions to surrounding prefectures and is supporting local authorities for disease surveillance.
- Funding for WHO’s emergency activities has been received from Finland, the Humanitarian and Development Partnership Team and the CERF.

#### FLOODS IN SOUTHERN AFRICA

- In Angola, the floods, which affected about 220,000 people, have subsided but the consequences continue to be felt in some areas. According to authorities in Cunene, the situation is under control. From 1 January to 19 April, 563 cholera cases and two deaths were reported (CFR 0.4%).
- In Namibia, there are threat of cholera after floods affected about 220,000 people. Severe destruction to infrastructure is hindering access to health care.
- In Zambia, floods continue in the west and northwest affecting 700,000 people in five provinces. The incidence of waterborne diseases remains low, although most protected water sources were damaged. More than 50% of affected districts indicated that their water sources are susceptible to contamination.

**Actions**

- In Angola, WHO received US$ 700,023 from the CERF to support the health sector response to natural disaster mitigation related to flood and cholera response. WHO is establishing a partnership with a national NGO to strengthen social mobilization in camps. At national level, WHO supports the MoH to

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### DEMOCRATIC REPUBLIC OF THE CONGO

**Assessments and Events**
- Attacks against civilian populations continue in North Kivu.
- Outbreaks of cholera continue in Katanga, with 57 new cases reported between 13 and 18 April (1534 cases and 40 deaths (CFR 2.6%) since 1 January) and in South Kivu, with 62 new cases 2 deaths during the same period (2622 cases and 22 deaths (CFR 0.8%) since 1 January).

**Actions**
- WHO is coordinating response activities with other Health cluster partners.
- In Katanga, WHO provided essential medicines and supplies against cholera for the case management of patients.
- WHO’s activities in the DRC are funded by the CERF, the Common Humanitarian Fund, ECHO, the CERF, Finland, Ireland and Italy.

### NIGER

**Assessments and Events**
- Meningitis remains a concern. There was a slight decrease in the number of cases reported from 13–19 April compared to the previous week, with 1036 cases with 39 deaths. Since 1 January, 11 085 cases and 442 deaths (CFR 4%) have been reported.

**Actions**
- WHO and UNICEF, MSF-Belgium, MSF-Spain and MSF-Switzerland are supporting a mass vaccination campaign in 22 districts. Overall close to 3.8 million people are targeted by the campaign.
- WHO’s activities in Niger are funded by Norway, Belgium, France, Spain and the CERF.

### ZIMBABWE

**Assessments and Events**
- The cholera outbreak has started to decline since mid-March. Most of the cases (83%) are reported in Mashonaland West, Harare and Manicaland. Harare and Mashonaland West account for 67% of the cases. As of 27 April, 97 251 cases and 4254 deaths (CFR 4.4%) had been reported.

**Actions**
- WHO is supporting coordination of the Cholera Coordination and Command Centre (C4) in Harare and its activities in the provinces.
- The C4 is pre-positioning cholera emergency response kits supplies at the provincial level to reinforce preparedness and rapid response capacities.
- WHO received a new US$ 1.67 million grant from the CERF to support:
  - Health Cluster coordination, disease surveillance, and health information;
  - Strengthening of response to malaria outbreaks in endemic-prone districts;
  - Reactivation of the village health worker programme for cholera control.
- WHO cholera-related emergency activities are funded by Botswana, Greece, the Republic of Korea, the UK, the US, the African Development Bank and the CERF.

### OCCUPIED PALESTINIAN TERRITORY

**Assessments and Events**
- Fifty-four MoH primary healthcare clinics and 13 hospitals, and 30 primary healthcare clinics and 14 hospitals run by NGOs or privately require a stronger disease surveillance system.
- The water and sewage network was damaged during the recent conflict in Gaza, increasing public health risks. In several areas, leaks in the sewage system are reported, potentially contaminating drinking water.

**Actions**
- UN agencies and the MoH are working to strengthen communicable disease surveillance systems in Gaza.
- WHO is analysing if the risk of outbreak of waterborne and food-borne diseases conduct supportive supervisions in flood-affected provinces as well as in provinces reporting cholera cases.
- In Namibia, WHO is monitoring the situation and NGOs are helping to prevent an outbreak. WHO received US$ 556 721 from the CERF to strengthen the national health emergency response. Health and medical supplies are being dispatched.
in Gaza is still high. The WASH Cluster is supporting the WHO and Gaza MoH in preventing disease outbreaks, and is proposing an emergency project to strengthen and monitor the MoH disease surveillance system across the Strip.

- WHO requires US$ 9.7 million through the Special Appeal for life-saving and recovery needs in Gaza. WHO has received support from OCHA, Italy, Norway and Australia. Spain, Switzerland and ECHO have contributed to the CAP.

## INTER-AGENCY ISSUES

In order to keep health action in crises high on the inter-agency humanitarian agenda, WHO/HAC participated/will participate in the following meetings/activities.

- The first meeting of the IASC Taskforce on the **humanitarian consequences of urbanization** on 27 April.
- The WFP briefing on the operations of the **United Nations Humanitarian Air Service** (UNHAS) on 28 April.
- The OCHA briefing on the humanitarian situation in Pakistan and the international response on 28 April.
- The IASC Plenary meeting hosted by UNFPA in New York on 30 April.
- An inter-agency meeting with the Advisory Group of the **Central Emergency Response Fund** in New York on 28 April.
- The IASC Weekly meeting on 29 April on FAO’s approach to disaster risk reduction.
- The ECHA meeting on 27 April.
- The Launch of the final products of the IASC Task Force on **safe access to firewood and alternative energy in humanitarian settings** (IASC Task Force SAFE) in New York on 30 April.
- The inter-agency preparatory meeting on the **ECOSOC Humanitarian Affairs Segment** on 4 May.
- The IASC **Humanitarian Coordination Group** on 6 May.
- A meeting of the IASC Contact Group on **Good Humanitarian Donorship** on 6 May.
- A meeting of the IASC Gender Sub-Working Group e-learning initiative in Geneva on 8 May.
- A Global Cluster Leads meeting with the IASC Sub-Working Group on **preparedness and contingency planning** on 11 May.
- The **Humanitarian Coordinators Retreat** in Montreux on 13 and 14 May.
- On 20 May, WHO and HelpAge International will update the IASC Weekly meeting in Geneva on **older persons and humanitarian assistance**.

## CERF FUNDING FOR WHO HUMANITARIAN WORK PASSES US$ 100 MILLION

Funding received from the UN Central Emergency Response Fund (CERF) for WHO humanitarian work since March 2006 has passed the US$ 100 million barrier, underscoring WHO’s critical role in providing life-saving health interventions before, during and after emergencies.


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

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