Health Action in Crises
Highlights No 257 - 4–10 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/LinkFiles/Sri_Lanka_ESR_7May09.pdf

On 5 May, the Health Cluster meeting in Colombo included the participation of all agencies working for health in IDP settings and of USAID and EU.

The second round of CERF Rapid Response window allocated US$1 million to WHO, UNFPA and UNICEF to enhance humanitarian response for IDPs.

The UN and the Government have launched an appeal for US$ 50 million to meet the most immediate humanitarian needs of an estimated 250,000 people in the north, including their health needs.

Assessments and Events

- More than 115,000 people have fled LTTE-controlled areas between 20 April and 3 May, with an estimated 15,000 - 20,000 remaining trapped.
- Approximately 178,000 IDPs are being hosted in schools and public buildings in Vavuniya and Trincomalee and 11,000 in Jaffna district. The MoH has established an IDP Health Coordination Office in Chettikulam to enhance health services in camps and the referral hospitals.
- The main conditions reported in camps are acute watery diarrhoea, skin infections and conjunctivitis. The disease surveillance mechanism is successfully helping to prevent outbreaks of communicable diseases. The only outbreak reported so far is chickenpox with 7149 cases notified as of 22 April. The increased number of diarrhoea cases can be due to inadequate latrines and safe drinking water to some of the IDP camps established recently.

Actions

- WHO and Health Cluster 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.
- Referral hospitals are severely stretched. Chettikulam hospital was upgraded with the support of WHO, France and the German Red Cross to care for the increased number of patients referred from camps.
- WHO received medical supplies donated by the Italian Government. These supplies, sufficient to meet the health needs of 20,000 people for three months, are to be sent to Jaffna and Vavuniya during the coming week. WHO also donated emergency equipment and medicines to the MoH.
- The WHO Regional Office for South-East Asia moved two tents from the WHO Nepal Office to serve as hospital wards in two IDP camps.
- WHO recruited new staff, including an epidemiologist and an information officer, to strengthen its field office in Vavuniya.
- 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.

CHAD

For more information see www.who.int/hac

Assessments and Events

- Central African refugees continue to arrive in southern Salamat province with up to 18,220 persons recorded by UNHCR as of 6 May. Daha camp health centre notified 263 new consultations between 27 April and 3 May, including 57 cases of acute respiratory syndrome, 31 suspected malaria cases, 27 acute watery diarrhoea cases and 10 acute bloody diarrhoea cases.
- Between 27 April and 3 May, 10 suspected measles cases were notified in eastern Chad including nine in Abeche district and two in Daha. Since 1 January, 992 cases have been reported nationwide, of which 962 were notified in eastern Chad (24 in Daha). Over the same period, 41 suspected meningitis cases were reported in eastern Chad, including four between 27 April and 3 May. So far no district has reached epidemic level.
- A case of yellow fever was confirmed in Iriba hospital in Wadi-Fira region.

Actions

- WHO conducted an evaluation mission in Daha to assess medical needs in the refugee camp ahead of the rainy season.
- WHO continues training community relays on the early detection of malnutrition in children under five. From 29 April to 2 May, 26 such relays received training in Abeche district.
Partners are preparing measures to respond to the case of yellow fever in Iriba. 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.

Assessments and Events
- In the North West Frontier Province’s Lower Dir district, an estimated 108 000 people have fled their homes as of 8 May to escape military operations. They have joined more than half a million people already displaced by the fighting in the province. There are 14 IDP camps in different districts of NWFP.
- Health Cluster partners are supporting the provision of health services in IDP camps, including medicines and equipment. Resources are sufficient for the current IDP population but preparations are needed should the number increase again in order:
  - to provide comprehensive primary health care services;
  - to monitor health threats through the disease and nutritional surveillance system;
  - to coordinate health interventions.
- Between August 2008 and March 2009, 22 outbreaks of varying severity were identified in the camps and hosting districts. The outbreaks included acute watery diarrhoea, bloody diarrhoea, measles, leishmaniasis, malaria, chickenpox and mumps.

Actions
- Health care is provided by the Department of Health, UN agencies and NGOs through facilities in IDP camps, health centres in the hosting districts and mobile medical teams. The health situation is monitored through the Disease Early Warning System and a nutritional surveillance and response mechanism.
- WHO provided medical supplies to the hospital in Mingora following an urgent request from health authorities.
- The WHO Regional Office for the Eastern Mediterranean sent a three-person mission to strengthen the Pakistan Country Office for the response.
- The CERF Secretariat granted WHO US$ 460 399 to strengthen emergency health interventions for IDPs in NWFP (in cooperation with UNICEF and UNFPA). WHO will strengthen health cluster coordination and health education and hygiene promotion health and support authorities and partner NGOs deliver essential emergency health care, filling the gaps in existing emergency services.

Assessments and Events
- From 22 March till 27 April, the Referral Abroad Department approved and issued about 650 referrals. From that date till the end of the month, a further 262 referrals were approved.
- In the Gaza Strip, about 32 000 people living in areas where water networks were severely or partially damaged during the recent crisis remain without access to water. An Oxfam assessment recommended, among other things, that the monitoring and surveillance system be strengthened and integrated with the water quality surveillance system across the Strip.

Actions
- WHO helped facilitate an agreement between the MoH in Ramallah and de facto authorities on the resumption of referrals. WHO is monitoring the referral system and the health of patients being referred.
- WHO, OCHA and the UN Special Coordinator in the occupied territories are discussing with Rafah border officials to explore the possibility of obtaining regular monthly statistics on patients leaving through the border.
- WHO chaired the WASH Cluster monitoring and surveillance committee responsible for collecting and analysing data on water quality and waterborne diseases and for updating the health education and promotion, and advocacy committees on the results.
- WHO has received support from OCHA, Italy, Norway and Australia. Spain, Switzerland and ECHO have contributed to the CAP.

OCCUPIED PALESTINIAN TERRITORY

More information is available at:
www.emro.who.int/palestine/ and on the
www.who.int/hac.

WHO is conducting the midterm review for the Consolidated Appeal Process for the health projects in Gaza.
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 inter-agency preparatory meeting on the ECOSOC Humanitarian Affairs Segment on 4 May.
- The OCHA donor briefing on Zimbabwe on 4 May.
- The IASC Humanitarian Coordination Group on 6 May.
- The IASC weekly meeting on 6 May on improving disaster response by reducing negative environmental impacts and on 13 May on the implementation of the cluster approach in Ethiopia and in Myanmar.
- A meeting of the IASC Contact Group on Good Humanitarian Donorship on 6 May.
- An inter-Agency meeting on Sri Lanka on 6 May.
- The IASC Sub-Working Group on the Consolidated Appeals Process on 8 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 Liaison Working Group in Geneva on 12 May on Myanmar.
- A meeting of the inter-agency Central Asia Taskforce on 12 May.
- The Humanitarian Coordinators Retreat in Montreux on 13 and 14 May.
- The inter-agency Needs Assessment Group on 19 May.
- On 20 May, WHO and HelpAge International will update the IASC Weekly meeting in Geneva on older persons and humanitarian assistance.
- The IASC Taskforce on Information Management on 25 May.
- The UNHCR briefing on Iraq on 28 May.

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

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