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### Humanitarian crisis and cholera in the Republic of South Sudan

**Situation highlights: humanitarian crisis and cholera outbreak**

The Republic of South Sudan is experiencing a humanitarian crisis due to civil unrest. Recent violence has spread from the capital Juba, to the neighbouring states of Jonglei, Unity, Upper Nile and Lakes. Four other States are indirectly affected by virtue of population displacement into them.

In addition to the violence and insecurity, there has been an outbreak of cholera. The cholera outbreak is the main public health concern and has become an emergency within the emergency. Since the beginning of the outbreak on 23 April, 1500 cumulative cholera cases including 31 deaths (case fatality rate 2.1%) have been reported.

There are reports that thousands of people have been killed in the civil unrest and 1.4 million people have been internally displaced along ethnic lines. Over 360 000 people have fled to neighbouring countries. More than 4.9 million people are estimated to be in need of emergency assistance in this humanitarian crisis with 1.9 million people targeted with health services.

WHO graded this humanitarian crisis as a Grade 3 on 12 February 2014.

### Health priorities

Health partners identified the following priorities within the first six months of the response:

- The cholera outbreak is the main public health concern currently. Multi-sector coordination and response to the expanding cholera outbreak, including surveillance and outbreak monitoring.
- Response to the Hepatitis E outbreak.
- Restoration of emergency and essential primary and secondary health services for trauma, infectious diseases, reproductive health (especially safe deliveries/obstetric care and acute newborn care), care for victims of sexual and gender-based violence, and continuity of treatment for chronic conditions.
- Procurement, storage and distribution of life-saving and essential medicines and supplies.
- Provision of safe drinking water, adequate sanitation and hygiene facilities.
- Referral and care of children with medical complications of severe acute malnutrition.
- Provision of life saving surgery to the critically injured and supporting medical evacuation of patients caught in cross fire.
- Protection of health care workers and health facilities.
- Strengthen the early warning surveillance and response system for outbreak-prone diseases.
- Vaccination against measles and polio with vitamin A supplementation.
- Infection control in health care facilities including safe transfusion and medical waste management.
- Vector control, especially the provision of Long Lasting Insecticidal nets against malaria.
Health emergency highlights

Emergency Risk Management and Humanitarian Response

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http://www.who.int/hac/crises/ssd

- Emergency mental health and psychosocial care.
- Risk communication to communities.

Health response
Delivering health services
- WHO supports basic health services delivery by providing technical guidance, essential medicines, medical supplies, emergency health kits and supports supervision, monitoring and evaluation to the displacement areas.
- WHO and health partners have provided support for 1,247,478 medical interventions, 386,936 consultations, 4,652 assisted deliveries, and 485 C-sections.

Providing essential medicines
- Eight complete Interagency Emergency Health Kits (IEHK) and supplementary units, 151 basic IEHKs, 15 Trauma kits A and B, 20 cylinders of oxygen, 77 Oral Rehydration Salt modules, 12 basic Diarrhoea Diseases Kits along with other medical supplies have been provided to the government and NGOs. These are medicines and supplies to treat 263,300 persons. Emergency supplies were pre-positioned to prepare for the rainy season.

Strengthening disease early warning and surveillance
- Ongoing technical support was provided to the Ministry of Health to establish and run early warning and disease surveillance systems in displacement camps.

Responding to the cholera outbreak
In response to the cholera outbreak, WHO has provided:
- WHO has established a command and control centre for cholera response coordination and mobilized additional human resources (epidemiologists, logisticians, public health officers, technical expertise) for WASH and social mobilization.
- Rapid outbreak investigation and laboratory confirmation with the Ministry of Health.
- Disease surveillance and daily monitoring of alerts to prioritize response and laboratory tests.
- Case management including the coordination of treatment sites, the training of health care workers and the provision of cholera kits.
- Infection control measures including providing training and supplies for health facilities and for the management of dead bodies.
- Increasing access to care and population awareness through oral rehydration treatment corners and strengthening the referral system.
- Coordination of the Health Cluster response and inter-cluster actions.
- Stock mapping with Health Cluster partners.
- Ensuring water quality/sanitation in health care facilities, in collaboration with WASH Cluster.
- Social mobilization – working with the Ministry of Health, UNICEF and NGOs to ensure the population is receiving correct health and hygiene messages.

Conducting immunization campaigns – cholera, measles, polio
- Cholera risk assessments have been conducted in Awerial, and Juba (two camps) and in Bentiu. The Oral Cholera Vaccine (OCV) mass vaccination campaigns have reached 130,000 people to date. WHO contributed with vaccines, transport implementation and coordination of OCV vaccination campaigns.
- Measles vaccinations were given to 287,749 children and 177,349 children were vaccinated against polio since December 2013. Measles trends have been on the decline since the measles vaccination campaigns were conducted.
Coordinating medical evacuations

- Since the beginning of the crisis in December, 422 patients have been medically evacuated and an estimated 6954 cases treated for gunshot wounds with the support of the Health Cluster and WHO.

Providing technical expertise

- WHO surged 30 specialized staff to support the humanitarian response and more experts will be mobilized in the days to come in response to ongoing the cholera outbreak.
- An initial surge team comprised of the health emergency team leader, a disease surveillance officer, a measles expert and a logistcian arrived in the country two days after the Grade 3 was declared. One senior technical officer and one epidemiologist were deployed a few days after the declaration of the cholera outbreak.
- To date, immunization experts, epidemiologists, disease surveillance officers, Health Cluster Coordinators, public health specialists, WASH/environmental health specialists, communication and data management experts and mental health specialists have been sent to the country to provide technical support.

Strengthening Health Cluster coordination

- The Health Cluster leadership was also strengthened through surging of senior advisers to the Health Cluster, revival of the Strategic Advisory Group and through the establishment of information management support to the Health Cluster Coordinator. As part of the surge deployment plan, the dedicated Health Cluster staff capacity was increased from one to seven.
- WHO is supporting health coordination mechanisms at central and state levels including deploying additional staff to enhance the Health Cluster coordination at central and sub-national levels.

Providing capacity building for health workers

- WHO supported the deployment of one anaesthetic and one theatre nurse to Bentiu Hospital and another 24 health workers to Bor state hospital.
- A total of 87 community health workers in Tongping, Juba, Minkaman, Malakal, Bentiu and Bor were trained on the principles of community based disease surveillance. Trauma management training has been conducted in three places benefitting 80 health workers involved in emergency major and minor surgery. Over 200 health workers operating in the conflict affected areas were trained on common case management and diagnosis and disease surveillance.

Strengthening psychosocial support

- WHO recruited a mental health expert to support the development of a comprehensive mental health and psychosocial emergency response plan.

The Balkans flooding: Bosnia and Herzegovina, Croatia and Serbia

Situation highlights

Continuous heavy rainfall which began on 13 May (due to cyclone Tamara) caused the worst floods in a century in Bosnia and Herzegovina, Croatia and Serbia. The flood waters triggered landslides which affected infrastructure and essential supply lines for power and drinking water. A state of emergency was declared and international assistance requested. WHO identified this crisis as a Grade 2 emergency on 21 May.

There are 3.1 million people affected by this crisis (Serbia 1.6 million, Bosnia and Herzegovina 1.5 million and Croatia 30 000). Over 67 000 people were evacuated (Serbia 32 000, Bosnia and Herzegovina 20 000 and Croatia 15 000). There were a total of 55 deaths (Serbia 33, Bosnia and Herzegovina 20 and Croatia 2).

Health infrastructure in all three countries have been damaged (Bosnia and Herzegovina 40 health facilities, Croatia 7 primary health care facilities and Serbia...
at least 14 health facilities). Public health risk assessment is on-going along with the shift to recovery.

Although there have not been any disease outbreaks reported so far, there are concerns that the lack of access to safe drinking water, increased mosquito breeding and the displacement of communities will increase the risk of communicable diseases. The area is endemic for tularemia and West Nile fever.

There is a serious risk of injury from displaced land mines and unexploded munition (left over from the Balkan wars of the 1990s) in Bosnia and Herzegovina. The flooding caused mine warning signs to be swept away.

**Health priorities**

- Repair and rehabilitation of the damaged health infrastructure
- Ensure access to safe drinking water
- Strengthen communicable disease surveillance, early warning and response systems for water and vector-borne diseases in particular.
- Provide large-scale cleaning, disinfection, fumigation (aerial spraying) and pest control
- Provide mental health and psychosocial support.

**WHO/Health Sector response**

- The WHO European Regional Office set up an Emergency Support Team to support all affected countries with coordination, planning and guidance.
- WHO Country Offices were repurposed to focus on crisis response and surge staff has been deployed.
- The WHO European Centre for Environment and Health sent staff to Serbia to work with health authorities on site.
- WHO staff from the European and Africa Regional Office have been sent to Bosnia and Herzegovina and Serbia.
- A Public Health Officer went to Bosnia and Herzegovina and Serbia to support with the public health needs assessment.
- The Ministry of Health responded quickly to replenish medical supplies
- In Serbia, safe drinking water is being provided to the most affected areas.
- WHO and the Ministry of Health worked together to deliver health promotion materials on communicable disease preventive measures.
- WHO provided technical expertise by deploying environmental health staff and coordination experts.
- WHO and partners are strengthening the communicable disease Early Warning and Response System.

WHO delivered the following essential medicines and medical supplies:

- Bosnia and Herzegovina: Two Interagency Emergency Health Kits (IEHK) each containing medical supplies for 10 000 people for three months; and two portable self-contained water filtration systems (EmWat units) each for 3000-5000 persons.
- Serbia: One IEHK, 22 liquid storage tanks and one EmWat unit
- Croatia: One IEHK; one Diarrhoeal Disease Kit and one EmWat unit.
level. Of the acute emergencies graded under the Emergency Response Framework in 2012–2013, the most challenging have been those of Central African Republic, the Philippines, South Sudan and the Syrian Arab Republic, which were also declared Level 3 crises under the Inter-Agency Standing Committee’s new Protocols for Level 3 emergency responses.

The full text of this report can be found at: http://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_40-en.pdf

**WHA Technical briefing on “Health Care under Attack: a Call for Action”**

Following the alarming increase in attacks on health care workers and health care facilities in the recent years, the lack of respect for International Humanitarian Law and disregard for the principles of the sanctity of health care and the right to health in recent conflicts as well as in other contexts (e.g. attacks on polio workers), a technical briefing was organized during the 67th World Health Assembly to inform Member States and representatives of the international community on current evidence, initiatives, and challenges regarding attacks to health care.

The objectives of the technical briefing ‘Health Care under Attack: a Call for Action’, which took place on 21 May 2014 in Geneva were:

- To raise the awareness of the scale and nature of attacks on health care, through sharing of experiences from Member States and partners.
- To affirm the principles of the sanctity of health care and the right to health: Health workers and facilities are protected under International Humanitarian Law and the fundamental right to health care is gravely threatened when International Humanitarian Law is ignored.
- To call for action by inviting Member States to take the necessary measures to prevent attacks, to monitor the continuity of health services, to build alternative ways of deliver care in conflict and to promote respect for health care.
- To reaffirm the commitment of WHO to document the problem, propose solutions, affirm the right to health in such settings, and advocate for the protection of health care workers and facilities.

The Technical briefing was opened Dr Margaret Chan, Director-General of WHO and chaired by Dr Bruce Aylward, Assistant Director-General for Polio and Emergencies. The panellists were:

- Ms Valerie Amos, UN Emergency Relief Coordinator, who addressed the problem of attacks on health workers in the broader context of humanitarian relief.
- Mr Peter Maurer, ICRC President. He represented ICRC’s view and introduced the Health Care in Danger project.
- Dr Marguerite Samba, Minister of Public Health, Social Affairs and Humanitarian Action, Central African Republic, who talked about the challenge of addressing attacks on hospitals and health care workers in the context of a large scale humanitarian emergency.
- Dr Jose Llacuna, Regional Director from Region 8 in the Philippines (the most affected part of the Philippines). Dr Llacuna shared his experiences as both a survivor of the typhoon as well as a senior responder.
- Mr Juan Jose Quintana, Colombia’s Ambassador to the UN in Geneva, who talked about local and national solutions to the problem of attacks on health care workers and ambulances, including legal frameworks, awareness campaigns and the role of a distinctive protective emblem for health workers and assets.

As requested in the World Health Assembly resolution 65.20 of 2012, WHO is developing methodology to document attacks on health workers, health facilities, transports, and patients, in collaboration with its partners. The methodology will soon be field tested in a number of settings. WHO is also addressing the worsening problem of attacks on the health system through an expanding programme of advocacy, awareness raising, development of the data collection methodology, and on-going partnerships to identify effective preventive measures, including through the Safe Hospitals Initiative and the International Committee of the Red Cross’ Health Care in Danger project.

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