SUDAN

DARFUR CRISIS
Event: A UN high-level mission led by James Morris, Executive Director of the World Food Programme, and Ambassador T.E. Vraalsen travelled to Darfur on 28-30 April. The team visited IDP locations in the three Darfur states, and met with IDPs, local/central government authorities and representatives of humanitarian agencies. The team confirmed a critical humanitarian crisis underpinned by serious concerns about the protection of the affected population.

Actions:
- In South Darfur, WHO, OCHA, MSF-Holland, the State Ministry of Health and other state authorities mounted an emergency operation to stabilize and then transfer to a safer location approximately 1,000 IDPs previously cut off from external assistance in Kaliek. Five children under-five died during the transfer.
- An early warning system protocol has been prepared and WHO staff will travel this week to Darfur to begin implementation.
- Across the Greater Darfur, 52 disease surveillance officers have been trained and six reporting units are now operational.
- Two outbreak response kits, ten cholera kits and four new emergency health kits are positioned in case of the need for an outbreak response.
- The MOH, UNICEF, WHO and NGOs have agreed upon principles for an immediate response to a measles outbreak.
- WHO is coordinating contingency planning for possible outbreaks of diarrhoeal diseases.
- In the three Darfur States, WHO is supporting 172 environmental health workers to ensure that vector control, waste disposal measures and health promotion are in place for 310,000 people in El Meshtel and Abu Shouk, Kaalma and Geneina.
- An engineer from WHO/Centre for Environmental Health Activities (Amman) has spent a week in Nyala working with local groups to test water quality, examine water sources, and prepare guidelines for vector control.
- The MOH and WHO are preparing materials and identifying facilitators for clinical training of primary health care cadres in each State over the next three months.
- WHO will attend a briefing in New York on 12 May 2004 on the Joint Needs Assessment and transition-planning exercise (JAM), which will be initiated as part of the peace process.

DEMOCRATIC PEOPLE’S REPUBLIC OF KOREA (DPRK)

Events:
- On 22 April, an explosion at the Ryongchon railway station in North Pyongan Province left 161 people dead and approximately 1,300 injured. (Source: IFRC, 29 April)
- In four hospitals in Sinuiju, there are 370 injured, two-thirds of which are children. The majority have injuries in the face and head. Approximately 90 patients have eye injuries.
- Many of the injured will require long-term rehabilitation and reconstructive surgery. Support for health services will be required beyond the immediate relief phase.
- The Ryongchon train disaster will be incorporated in the CAP mid-term review, and will be used to call increased attention to the underfunding and vulnerability of the health sector in the DPRK. WHO has...
still less than 50% funding of the UN CAP.

Actions:
- WHO immediately delivered medical supplies and equipment valued at about US$ 100,000 to Ryongchon and Sinuiju. These supplies were transported from existing stocks in Pyongyang. WHO has helped coordinate the procurement and delivery of medical supplies and equipment from other humanitarian organizations.
- WHO is working to strengthen disease surveillance in Ryongchon, provide technical advice for the management of the injured in the Sinuiju hospitals, conduct needs assessments and monitor supplies.
- Blood transfusion materials have been sourced from ongoing projects by WHO.
- The large number of eye injuries represents a technical challenge. Eye preparations have been ordered by WHO and are expected to arrive in two batches: on 4 and 8 May, respectively.
- Three county hospital kits have been dispatched (one to Ryongchon county hospital on 24/04, one to Sinuiju Provincial Hospital on 25/04 and one to Sinuiju Hospital No.1 on 30 April.
- WHO is working with NGOs as they collaborate in the health response. Ryongchon County Hospital will be rebuilt by ADRA, a Swiss NGO, while WHO will provide the equipment. At the request of WHO, specialized medicines and supplies were brought by Caritas Hong Kong.
- The Republic of Korea has pledged emergency relief items worth US$ 400,000 and an additional US$ 200,000 in cash. The latter will also be used to replenish WHO stocks for the ongoing strengthening of the health system in DPRK.
- The government of Japan provided ten Basic Health Kits and burn dressing kits. The total cost of this donation is valued at US $100,000. Some of these supplies reached DPRK on 29 April and were transferred by WHO to Ryongchon on 30 April. A second batch will arrive on 4 May to Pyongyang.
- An electronic pledge of 500,000 Kroner have been received from the Norwegian government for the emergency response. A plan of action has been prepared by the WR for this fund.

IRAQ

Events:
- The security situation for people in much of Iraq remains tense; a number of attacks occurred during the weekend of 1-2 May. However, the situation in the hotspot of Falluja and Najaf has improved and Iraqi forces are now patrolling the city. Najaf is also calm.
- On 30 April, WHO officials—headed by the Deputy Regional Director for EMRO, the Representative of the DG for Health Action in Crises and the WR/Iraq—met in Amman with the Minister of Health, the Coalition Provisional Authority Health Adviser and World Bank officials to review the status of health care in Iraq and to agree on next steps to support health planning and priorities for Iraq.

Actions:
- WHO continues to support the Ministry of Health in the areas of disease surveillance, programmes for disease prevention and control, emergency rehabilitation of laboratories, emergency supplies, policy development, capacity building, etc.
- WHO, as task manager of the UN Health Cluster, is preparing its contribution for the Donor Meeting in Doha on 22-23 May.
- WR/Iraq is planning to visit Kuwait on 8-9 May, to strengthen the WHO hub.

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DJIBOUTI

Events:
• On 13 April, following torrential rains in almost all districts of the country, the Ambouli River burst its banks affecting densely populated neighbourhoods of the capital Djibouti. An estimated 300 people died, approximately 1,500 were left homeless, and 100,000 were affected.
• Four health centres, serving the most affected population, had their equipment, medicine stocks and files washed away. Assessments highlight the need for urgent stocks of medicines and supplies to ensure resumption of health services in damaged centres and to be ready for possible outbreaks of cholera and malaria.
• The health sector’s main concern is to prevent, detect (as early as possible) and respond quickly to any outbreak of cholera, dengue fever, and/or malaria. The probability of such outbreaks is heightened, given the damage to the water and sewage systems as well as the poor hygiene awareness among the population. A contingency plan for a possible outbreak of cholera has been initiated.
• National and health sector coordination meetings are being held daily.

Actions:
• WHO has provided surge capacity, including backstopping from the WHO Regional Office for the Eastern Mediterranean and Headquarters and immediately releasing emergency funds.
• Efforts by WHO are underway to mobilize resources to cover the costs of transporting supplies to the country. This will free other resources for surveillance activities and disease control.
• WHO/Djibouti is currently finalizing a project proposal, with the aim of securing further funds for disease surveillance activities.
• WHO was charged with providing technical and operational support, particularly in regards to the following:
  ➢ Conducting a health needs assessment;
  ➢ Serving in a liaison and coordination capacity and exchanging information with various bodies involved in health-related relief;
  ➢ Reviewing the contingency treatment plan for cholera and the treatment guidelines;
  ➢ Undertaking and advising on surveillance activities;
  ➢ Providing logistics support;
  ➢ Developing a plan for public education;
  ➢ Procuring medicines and necessary supplies for possible outbreaks, in collaboration with USAID (through an emergency donation of US$ 300,000) and the Italian Government (through an emergency donation amounting to US$ 51,708).
• As part of the WHO surge capacity for crisis response, an epidemiologist and logistician were sent to Djibouti to help the UN Country Team provide support to national authorities. The Needs Assessment document is available on the WHO Web site.

WEST BANK AND GAZA STRIP

Event: The European, Palestinian and Israeli Cities (EPIC) for Health and Social Partnership Network met in Turin, Italy, on 20 April, with the participation of the mayors and technical representatives from most of the cities. Attendees shared their experiences one year after the launch of the network, and reiterated their commitment to the initiative and the development of concrete actions in 2004.

Actions:
• With the support of WHO, each city represented at the EPIC meeting began a link with their counterparts and an area of intervention was chosen from the three main ones proposed in the initiative: environmental and public health, vulnerable groups and primary

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health care.

- A HAC/HQ mission to the WHO office for the West Bank and Gaza Strip will take place on 5-7 May to review the WHO strategy for support to the health of the Palestinian people, and management arrangements for WHO work in the occupied Palestine territory.

**DEMOCRATIC REPUBLIC OF CONGO (DRC)**

**Event:** As part of the Good Humanitarian Donorship initiative, a pilot assessment is currently taking place in the Democratic Republic of Congo.

**Actions:**

- Staff were deployed from HAC/HQ to support the WHO Country Office as the UN Country Team helps national authorities and donors assess health and nutrition needs. This work is carried out in close collaboration with UNICEF, under the coordination of UN-OCHA. The findings of the assessment will form part of the common humanitarian strategy for the DRC.
- Two consultants arrived in DRC on 29 April and will stay for approximately one month in order to facilitate the multi-stakeholder health needs assessment, which will involve the UN, NGOs, the Red Cross movement and national health authorities.
- Two other interlinked processes currently underway are: (1) a health needs assessment undertaken by European Commission health officials and (2) a review of health priorities in DRC by the national authorities and Belgium in mid-May. WHO is providing technical inputs to both.

**MADAGASCAR**

**Events:**

- The number of people in need of humanitarian assistance as a result of Tropical Cyclone Gafilo—which struck Madagascar in early March and affected 773,000 people—is likely to rise as access to the affected populations improves. Last week, the country's disaster management agency voiced concern over what it described as a "desperate situation" in cyclone-affected north-western regions. (Source: IRIN)
- A WHO/AFRO consultant assessing the health sector response to the consequences of Cyclone Gafilo has reported a substantial rise in the number of cases of malaria, diarrhoeal diseases, measles, conjunctivitis and acute respiratory infections, particularly in the most affected districts.

**Actions:**

- As part of the UN appeal for Madagascar launched 19 March, WHO appealed for US$ 371,200 to procure urgent medical supplies and restore medical facilities.
- The Government of Madagascar requested that WHO provide technical expertise for a health needs assessment, financial support and kits. WHO/AFRO responded through the immediate dispatch of US$10,000 for the purchase of drugs, which was followed by the transfer—on 31 March—of an additional US$ 12,000 from HQ to AFRO for the procurement of relief items for affected populations in Madagascar.
- WHO provided 3,600 insecticide-treated mosquito nets and emergency drug kits sufficient to meet the needs of 130,000 inhabitants for a period of three months.
- WHO has facilitated the re-enforcement of the early warning system, in collaboration with the Ministry of Health and other health sector partners.
- WHO has provided support to the Ministry of Health in the area of health sector coordination.
- Preparations are underway for a joint AFRO/HQ mission to the affected areas.

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TANZANIA

Event: A cholera outbreak has been reported in the Lugufu refugee camp in the Kigoma Rural District and the Niarugusu camp in Kasulu. The first cases appeared in late March and, as of 29 April, the cumulative cases were 355 with zero deaths. Cases are being detected early and proper clinical management is in place. Lugufu camp has about 90,000 refugees from the DRC and there is a severe shortage of water. To date, there are adequate supplies of IV fluids, although supplies are rapidly being depleted. Food vendors are closed, and improvements have been made in health education and sanitation.

Actions:
- An assessment mission comprised of representatives from the Ministry of Health, WHO, UNHCR and NGOs departed on 1 May for Kigoma. The aim of the mission is to provide technical support at the Lugufu refugee camp.
- UNHCR and the Red Cross mobilized IV fluids, which were sent to Kigoma on Friday, 30 April.

INTER-AGENCY INITIATIVES

- An Inter-agency Workshop on Common Services for UN operations is taking place in Geneva on 3 and 4 May. The meeting aims to: a) lay the foundation for a shared understanding of Common Services, b) examine inter-operability and inter-action between Common Services and c) discuss Common Services monitoring. The meeting is expected to produce recommendations for the Inter-Agency Standing Committee and facilitate agreement on next steps. WHO, through various inter-agency mechanisms, proactively participates in Common Services.
- On 3 May, the Representative of the Director-General for Health Action in Crises will meet with the Director of WFP/Geneva, Daly Belgasmi, to discuss WHO/WFP collaboration for health action in crises.
- As a Task Force member, WHO will participate in the ninth session of the Inter-Agency Task Force (IATF) on Disaster Reduction in Geneva on 4 and 5 May. Jan Egeland, Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, will chair a panel discussion on challenges to be addressed at the 2nd World Conference on Disaster Reduction (Kobe, Japan, 18-22 January 2005).
- On 4 May, the Representative of the Director-General for Health Action in Crises will lead an informal luncheon discussion on the UN system after 19 August 2003 at the first UNAIDS Global Country Technical Advisers' meeting in Martigny, Switzerland.
- On 6 May, UNRWA will hold an informal preparatory meeting with representatives of UN and other organizations that will participate in the UNRWA/Swiss Agency for Development and Cooperation (SDC) Conference in Geneva (7 and 8 June 2004).
- The first session of the Preparatory Committee for the 2nd World Conference on Disaster Reduction is scheduled to take place in Geneva on 7 and 8 May 2004. WHO will participate.
- On 11 May, the Representative of the Director-General for Health Action in Crises will meet with Pierre Krähenbühl, Director of Operations in the ICRC, and acting Director-General, ICRC, to discuss WHO’s initiative to secure better health outcomes in communities affected by crises.
- The next meeting of the UN Executive Committee on Humanitarian Affairs will take place on 11 May. Tentative agenda items include: a briefing by the Emergency Relief Coordinator on his recent mission to Colombia; the outcomes and follow-up to the recent high-level inter-agency mission to Darfur, Sudan, and the approach of non-UN humanitarian agencies working in insecure environments. The Representative of the Director-General for Health Action in Crises will participate by videoconferencing from Geneva.
- WHO is providing inputs on achievements, good practices, gaps and challenges for the future mainstreaming of gender perspectives into peace-support operations for the UN Secretary-General’s study on women, peace and security.

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INTER-DEPARTMENTAL AND INTER-REGIONAL ACTIVITIES

Note: Inter-departmental collaboration for a specific country has been listed under the appropriate country.

- The Regional Advisor for HAC in WHO's Eastern Mediterranean Regional Office (EMRO) gave a presentation on 29 April during the staff meeting of the department for Communicable Diseases, Surveillance and Response. The presentation covered the field assessment mission in Jordan on health preparedness for natural and man-made disasters. The mission was jointly carried out by EMRO and HQ (the Programme on Chemical Safety, the Laboratory in Lyon, Preparedness for Deliberate Epidemics, and HAC), in collaboration with the Organization for the Prohibition of Chemical Weapons, the Jordanian Red Crescent, and UNICEF.

8th Induction Briefing on Health Action in Crises

- On 30 April, WHO concluded its 8th Induction Briefing on Health Action in Crises for key field staff and partners. Fourteen WHO Representatives and Liaison Officers from countries in all six WHO Regions, nine regional and sub-regional Focal Points for Health Action in Crises, and several representatives of partnering organizations in Geneva attended the six-day briefing.
- An important component of the WHO strategy to improve Health Action in Crises, the briefing benefited from the participation of 20 WHO/HQ technical and general management departments.
- The Induction Briefing served as a platform to introduce WHO Country, Regional, and HQ staff to the functions (outlined below) of the new WHO three-year plan for improved health action in crises.
  - Function 1: Track the evolution and progression of crises in countries, ensure proper assessments are undertaken and acted upon.
  - Function 2: Coordinate support for, and strengthen WHO country teams as they contribute to more effective preparation and response by governments, civil society and other Stakeholders.
  - Function 3: Manage and re-route funds to support technical back-up to country teams from specialist groups in HQ, Regional offices, collaborating centres and technical networks.
  - Function 4: Support countries to prepare for and respond to the health aspects of crises through capacity-building, evaluation of responses, and lessons learnt.
- Eight out of ten WRs who attended the meeting committed themselves to either developing national disaster plans in conjunction with Ministries of Health and other key partners, or to review existing strategies in line with the new three-year plan for improved WHO performance in crises. Others are planning briefings and meetings within the next few weeks at the country level, in order to create an environment for meaningful national preparedness for crises.
- Running parallel with the Induction Briefing was a Training of Trainers course for regional staff to prepare for similar induction briefings at regional and sub-regional levels.

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

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