The WHO/HQ Department for Health Action in Crises aims to produce a running note on select current issues at weekly intervals. This note—which is by no means exhaustive—is designed for within WHO use only and does not reflect the official position of WHO.

SUDAN

DARFUR CRISIS

Events:
"People are dying now because they are living in totally unsatisfactory conditions, and many more could die in the coming weeks unless we prevent the lack of sanitation, malnutrition, shortage of clean water and the coming rains from combining into a recipe for death. We must work urgently to prevent a health catastrophe." - WHO Director-General LEE Jong-wook.

• WHO’s Director-General and Regional Director for the Eastern Mediterranean visited Khartoum and Darfur between 12-16 July to emphasize WHO’s commitment to working with the Sudan Ministry of Health and other partners to coordinate the health response, prevent communicable disease outbreaks, and rehabilitate hospitals. The visit underlined the need to counter the threat of major outbreaks of communicable diseases including cholera. The Director-General and Regional Director assessed the health situation at Kalma camp, which houses 50,000 people with 300 new arrivals each day, and commenced preparations for a cholera vaccination campaign in the camp.

• The Sudan Federal Minister of Health committed 100 million Sudanese pounds (US$ 40,000) per State per month to hospitals to provide services without charging user fees. It also committed to facilitating WHO-assisted training in hospital administration.

• Overall, the UN estimates the costs of humanitarian relief in the Darfur at US$ 240 million. To date, less than half of that has been pledged. WHO currently requires between US$ 1.5 and US$ 2 million per month to carry out its operations. The WHO strategy is being reviewed following the visit of the Director-General and EMRO Regional Director. Funding for WHO humanitarian operations in Darfur has been provided by AfDB, USAID, DFID, and the governments of Netherlands, Italy, and Norway.

Actions:
• WHO is advancing preparations for meetings between the SMOH, NGOs and aviation companies in each state to identify ways to better coordinate the transportation of samples for disease surveillance.

• Preparations continue for malaria spraying operations in El Fashir and El Geneina, to be conducted in late July and early August. Indoor residual spraying has been completed in Kalma with full community involvement.

• A joint assessment mission of WHO, OCHA, UNICEF, WFP, FAO, GOAL Ireland, MSF Spain, IRC and GAA took place on 10-13 July to north-eastern North Darfur. Key findings include: lack of health facilities; no transportation for medical obstetrical or trauma cases; insufficient water and sanitation; significant malnutrition among children aged under five; and acute respiratory infections, malaria, diarrhoeal diseases, and measles as the main causes of illness and death.

• In North Darfur, WHO has facilitated a training and follow-up with SMOH staff in charge of implementing the Early Warning System (EWARN) for disease surveillance and response.

• WHO is supporting the refurbishment of wards, operating rooms, laboratories and training staff in key referral hospitals. Despite improvements in the water system and paediatric ward of Kass Hospital, recent monitoring indicates that the need to improve quality of care is urgent; for instance, the last caesarean section mother died and the last weapon injury developed peritonitis. Efforts are underway to identify the specific training needs of...
health staff.

- In South Darfur, WHO conducted trainings with MoH and NGO staff for malaria control.

**Darfur Mortality Model (Deaths per Day)**

20 July 2004

Note: The above projections are rudimentary and are not to be considered as official WHO information.

**IRAQ**

Events:

- With financial support from the European Commission, a National Workshop on Food Safety in Iraq was organised by the MOH, WHO, and the Jordanian Food and Drug and Administration (JFDA) in Amman on 10-15 July. The workshop covered: (1) the current status of food safety in Iraq; (2) guidelines for strengthening national control systems in Iraq; (3) food safety programmes in Jordan; (4) a national strategy for food control and lessons from other countries; and (5) food inspection and food-borne disease surveillance and other hazards.

- According to recent information received from Basra, 38 cases of Vibrio Cholerae with different serotypes were reported as of 15 July.

- There has been an increase in the incidence of bloody diarrhoea and more investigation is ongoing concerning the distribution of cases.

- During the past week, there was only one case of measles reported.

- According to the reports received from the North, there is no major public health problem apart from an increasing incidence of diarrhoeal diseases (which follows a seasonal pattern).

- There have been no reported new cases of malaria in the Ninawa governorate this year and, nationwide, there has been a decrease in the incidence rate of kala-azar and cutaneous leishmaniasis.

Actions:

- All WHO work in Iraq supplies the policies and programmes of the national Ministry of Health.

- WHO continues to support the main hospitals in Mosul City and Kirkuk through the provision of 18 service workers and two supervisors in Mosul, and 305 service workers and 22 supervisors in Kirkuk. WHO supports waste management in Mosul and Kirkuk, through the provision of rented vehicles. Such measures are to control the spread of nosocomial infection.

- WHO continues to provide medical oxygen to the 12 hospitals in the Ninawa governorate. During the month of June, 6,887 oxygen cylinders were provided.

- The WHO Regional Director has requested that all Ministers of Health in the region respond to the Iraqi Minister of Health’s appeal for medicines and medical supplies. The UN Health Cluster (WHO, UNICEF and UNFPA) met with the Minister of Health and will soon launch a coordinated response programme.

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**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/disasters/](http://www.who.int/disasters/)
WHO provided technical support to the Ministry of Health "High Policy Seminar" in Amman. The Seminar solidified the Health Vision for Iraq and, using a situation analysis, identified short- and medium-term goals.

WHO ensured that IV fluids and Oral Re-hydration Salts are available in Basra to respond effectively to Cholera. In addition, WHO has prepared protocols on case management for physicians and health professionals.

The rehabilitation of Public Health Laboratories in Najaf, Mosul and Baghdad continues, made possible through funding from the European Commission's Humanitarian Aid Office. In Mosul, nearly 25% of the rehabilitation is complete.

The WHO-supported malaria and leishmaniasis preventative fogging campaign is ongoing.

WHO sent 65 publications related to water quality and other environmental issues to the Water Quality Laboratory in the Environmental Directorate of the Ninawa governorate.

WHO participated in the WFP Iraqi Household Survey Workshop in Rome on 8 July. The methodology and findings of the WFP Iraq Household Survey (conducted December 2003) were shared.

WEST BANK AND GAZA STRIP

Event:

• In Beit Hanoun (north of Gaza Strip), movement continues to be restricted; most residents are unable to leave the city. UNRWA organized a food distribution operation to address the needs of 20,000 persons for 45 days.

• A Health Emergency Coordination Meeting was held in Gaza to discuss the health aspects of the emergency situation in Beit Hanoun and the continuous difficult situation in Rafah and Khan Younis, as well as to follow-up on the measles immunization campaign.

Actions:

• WHO and Ministry of Health officially opened two of the three Community Mental Health pilot centres in Ramallah/Al Bireh and Hebron.

• WHO facilitated a meeting between the Israeli Medical Association and the Palestinian Medical Association (West Bank). The objective of the meeting was to establish contact among the two associations and facilitate collaboration.

• WHO participated in the first Advisory Committee meeting of the Human Development Strategy organized by the Ministry of Planning and the World Bank. A report was given identifying the key performance challenges facing the social services and developing a set of strategies and interventions to address the challenges that can serve as input into the Palestinian National Authority’s social development plan.

• WHO facilitated a mission by representatives from ANAAO (Italian Medical Syndicate), which aims to commence a cooperation project based on technical exchanges and training activities.

• WHO continues to follow-up the emergency situation in the city of Beit Hanoun. Field visits have been conducted and periodical SITREPS have been disseminated through Healthinforum.

• Current WHO humanitarian actions in the West Bank and Gaza Strip have been made possible by funding from USAID and AGFUND.

LIBERIA

Events:

• The third phase of the DDRR (Disarmament, Demobilisation, Rehabilitation, Reintegration) process is now underway. As of 25 June, a total of nearly 45,000 ex-combatants had been screened at all sites, 32,100 (73%) of whom had received treatment for minor illnesses and injuries and 1,900 (4.2%) of whom had been referred to hospitals. A total of 189 amputees had been registered thus far.

• A grant of US$ 24 million to Liberia from the Global Fund to Fight Aids, Tuberculosis and Malaria has now been approved.

Actions:

• WHO is coordinating the medical screening component of the DDRR
Recent monitoring missions have been undertaken in the cantonments of Gbarnga, Tubmanburg, Zwedru, and VOACareysburg. The use of screening guidelines was examined, and needs assessments were carried out. In Tubmanburg, needs included an emergency delivery kit in light of the lack of obstetrical facilities; improved sanitation and hygiene (including latrines); better coordination/collaboration among health actors (particularly in regards to reproductive health issues); and ambulance coverage. Similar needs were documented at other sites, with the need for improved sanitation measures being the most prevalent.

- **WHO** is supervising and monitoring the rehabilitation of the water system in Tubmanburg hospital.
- On 6 July, **WHO** presented seven motorbikes valued at US$13,062 to the Ministry of Health and Social Welfare for use by County Health Surveillance Officers. The motorbikes are intended to strengthen work of ongoing polio-eradication efforts.
- A Technical Consultative team comprising experts from **WHO**/HQ and **WHO**/Sierra Leone paid a two-day visit to Liberia to brief the Lassa Fever Task Force on the sub-regional framework strategy for the control and prevention of Lassa Fever in the Mano River sub-region. The team visited and assessed the capacity of the laboratory and the isolation ward in Phebe hospital in Bong county.
- **WHO** has recruited a consultant to work on the implementation of a Gender-Based Violence project in Liberia. This is made possible through funding by the Finnish Government. Other current **WHO** emergency and humanitarian operations in Liberia are made possible through the contributions of UNDP and the Government of Norway.

### Floods - Bangladesh, Nepal, India

**Events:**
- In Bangladesh, Nepal, and northern India, torrential rains have intensified the monsoon flood situation, causing loss of life and significant damage to infrastructure. The floods have affected 6.3 million people in 18 of 64 districts in Bangladesh (in northern areas) as of 15 July; a total of 18,037 families in Nepal as of 14 July; and approximately 12.37 million people in 23 out of 28 districts in the Indian states of Assam, Arunachal Pradesh, Meghalaya, and Nagaland as of 18 July. (Sources: **WHO**/SEARO, OCHA)
- In Bangladesh, mobile medical teams are providing basic medical care to people in temporary flood shelters, the Directorate General of Health Services (DGHS) has strengthened routine disease surveillance activities, and emergency medical supplies have been pre-positioned.
- In Nepal, the Royal Nepal Army, Nepal Police and District Armed Police provided rescue and relief support, the Nepalese Red Crescent Society (NRCS) and local and central relief committees distributed relief supplies, and health workers utilized pre-positioned health emergency supplies to provide medical care.
- In India, funds have been sanctioned for distribution of relief materials, and all districts have undertaken relief and rescue operations using Army and Air Force capabilities, with Air Force helicopters and Army speed boats engaged for rescue operations.

**Actions:**
- In Bangladesh, **WHO** and the Bangladesh Centre for Health Emergency Preparedness and Response are coordinating the public health response with the Disease Control Unit (DCU) of the DGHS. **WHO** is monitoring health developments with the Early Warning System to detect outbreaks, providing technical assistance to DCU on trend analysis of disease reports, and planning technical and managerial support for capacity-building of peripheral health workers.
- In Nepal, **WHO** coordinated with the Ministry of Home Affairs, NRCS, and other stakeholders to gather and share health sector information while...
monitoring the overall health situation in collaboration with the Epidemiology and Disease Control Division. The MoH has not requested additional assistance from WHO.

• The WHO Focal Point in India remains in close contact with the Ministry of Health and Home Affairs. WHO is assessing the possibility of fundraising to assist the Government of India in responding to the disaster.

INTER-AGENCY INITIATIVES

- **Consolidated Appeals Process (CAP).** The next Inter-Agency Standing Committee (IASC) CAP Sub-working Group will meet in Geneva on 20 July to discuss the list of 2005 CAP countries. OCHA is seeking agencies’ views on future CAPs for Eritrea, Haiti, Indonesia, Liberia, Tanzania and Zimbabwe, the proposed expansion of the Great Lakes regional CAP to include the Horn of Africa, and the possibility of issuing a CAP for Kenya. WHO is a member of the CAP SWG and will participate.

- **ECHA.** The next meeting of the UN Executive Committee on Humanitarian Affairs (ECHA) will take place on 23 July. Agenda items include a review of the deteriorating humanitarian situation in Chad, the ongoing crisis in northern Uganda, follow-up to the ECOSOC humanitarian affairs segment and strengthening human rights at the country level, and a brief update of the humanitarian situation in Nepal. The Representative of the Director-General for Health Action in Crises will participate.

- **Reportback on ECOSOC.** The ECOSOC Humanitarian Affairs Segment took place in New York from 12-14 July. WHO was represented by Executive Director, WHO Office at the United Nations, New York. On behalf of the United Nations country team in Sierra Leone, WHO Representative/Sierra Leone intervened on implementation aspects during a panel discussion on the transition from relief to development. During the panel debate on natural disaster reduction, participants raised questions about private sector involvement, Good Humanitarian Donorship in natural disasters, and challenges in increased dialogue on natural disaster reduction. The panel debate on humanitarian security reiterated the neutral and independent character of humanitarian assistance. The debate raised questions about civil-military relations, coordination, and integrated missions, which are feared to risk blurring political/humanitarian boundaries. Some discussion took place on Somalia, which faces a multifaceted catastrophe, compounded by conflict and drought. Informal briefings took place on gender mainstreaming in humanitarian assistance, Good Humanitarian Donorship and the 2nd World Conference on Disaster Reduction, in Kobe, Japan, in 2005.

- **Framework Team.** On 27 July, the Framework Team will meet in New York to discuss its evaluation and to take stock of country initiatives. UNICEF will assume the chairmanship. WHO is a member of the Framework Team and plans to attend.

- **Human Rights and Humanitarian Action.** The newly printed IASC publication "Frequently Asked Question on international humanitarian, human rights and refugee law in the context of armed conflict" is ready for distribution. WHO, as a member of the IASC Taskforce on Human Rights and Humanitarian Action, provided input. The publication will be widely distributed and can be viewed online at: [http://www.who.int/disasters/repo/13860.pdf](http://www.who.int/disasters/repo/13860.pdf)

- **Security.** WHO plans to participate in the 22 July meeting of the IASC Taskforce on Collaborative Approaches to Security Sub-working Group. The focus of the meeting, to be held in Geneva, is "Initiating Dialogue".

- **Women, Peace and Security.** WHO is providing input to the Secretary-General’s 2004 Report to the Security Council on Women, Peace and Security.

- **Women's Health Initiative.** The first draft workplan for the scoping phase of the Women's Health Initiative had been developed and shared with UNAIDS for comments. The first objective for Phase I of the workplan is to develop a tool for the rapid assessment of the quality and the responsiveness of health services to women's health needs in conflict settings and to undertake a review and field testing of this assessment tool.

- **DRC.** WHO will participate in the Good Humanitarian Donorship meeting in Kinshasa, Democratic Republic of Congo (DRC), on 27 July. Participants are expected to review the progress of the pilot project, explore next steps, and exchange views on issues including criteria for prioritization within a common humanitarian strategy and the Consolidated Appeal, strengthening the role of the Humanitarian Coordinator in the CAP process and finding ways to ensure beneficiary input in the humanitarian strategy. This meeting will contribute to preparations for the 2005 DRC CAP/CHAP workshop, which is scheduled to take place in Kinshasa on 28-30 July.

- **Haiti.** WHO plans to participate in the Haiti Donor Conference in Washington, D.C., on 19-20 July.
SPECIAL

Disaster Preparedness Start-up in the European Region

- WHO's Regional Office for Europe convened a workshop in Skopje, Macedonia, to develop a common framework for national disaster preparedness. Participants included MOH National Coordinators for Disaster Preparedness, many of them newly appointed, and WHO country staff from Albania, Armenia, Azerbaijan, Czech Republic, Georgia, Kyrgyzstan, Poland, the Russian Federation, Serbia and Montenegro, Kosovo, Tajikistan, TFYR Macedonia, and Turkey. Participants discussed and developed a common framework for assessing levels of preparedness, explored key areas for policy and guidelines, and agreed on trainings and intra-regional collaboration to enhance capacity for disaster response.

- WHO/EURO has signed collaborative agreements with countries in the region and the above 12 countries have prioritized disaster preparedness as a key area for joint public health action. The region is beset by natural disasters such as earthquakes and floods and is emerging from years of complex emergencies.

- WHO Geneva provided technical input to develop this landmark workshop and facilitated the three-day event, which was also attended by representatives from the Italian, Norwegian and Austrian governments.

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