**Health Action in Crises (WHO/HAC)**

**Highlights - No 6: Monday, 26 April 2004**

*The WHO Department for Health Action in Crises aims to produce a running note on select current issues at weekly intervals. The note is designed for internal—with WHO—use only.*

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**SUDAN**

**IDP and refugee populations**

**Source: ReliefWeb**

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**DARFUR CRISIS**

**Event:**
- In Khartoum, WHO alerted the UN Country Team that although the under-five mortality rate of 6.8 x 10.000/day detected in Kaalma camp on 10 April cannot be taken as representative for all Darfur, it is nonetheless indicative of high levels of risk for IDPs.
- According to OCHA, there are now an estimated one million Internally Displaced Persons (IDPs) in Darfur. The proper management of IDP camps has emerged as critical for human survival. As camp populations multiply quickly, systems for water, shelter, sanitation and management are soon overwhelmed.
- Extreme pressure is being exerted on health services in Darfur; in Kass (South Darfur), the rural hospital receives an average of 75 patients per day, 70% of which are IDPs.
- Malnutrition; diarrhoeal diseases; war-injuries; measles; respiratory, skin and eye infections; and rape (threatening women's reproductive, sexual, and mental health) are some of the health dangers faced by the affected population. With the onset of the rainy season, the threat of malaria outbreaks and acute diarrhoea will increase.
- According to a recent USAID humanitarian forecast for Darfur for January 2004-December 2005, there could be a progressive increase in acute malnutrition and crude mortality rates. The increase would be due to the coupled effects of the lean agricultural season and the environmental threats and operational difficulties brought about by the rainy season (including an increase in vectors, difficult land transport, special shelter needs, etc.).

**Actions:**
- A high-level UN inter-agency mission led by J. Morris, Executive Director, WFP, and T.E. Vraalsen, UN Secretary Special Envoy for Sudan, will visit Darfur between 27 April and 2 May 2004. WHO will participate.
- OCHA is setting up an inter-agency Task Force—connecting New York, Geneva, Rome and Khartoum—to look at staffing, logistics and administrative issues. WHO will be part of this Task Force.
- In conjunction with the Federal Ministry of Health (FMOH), WHO continues preparations for health partner workshops in each of the three Darfur states. The aim of the workshops is to advance the contingency plans co-drafted by the FMOH, UN and NGOs.
- Measles remains the priority. The WHO Country Office recruited a national epidemiologist to boost surveillance and received special technical support from EMRO in this area. In Khartoum, FMOH, UNICEF, NGOs and WHO reached consensus on the principle of vaccination for immediate outbreak response and on a strategy to reduce mortality in IDP camps. The strategy entails: (a) routine infant immunization, (b) catch-up campaign for all children nine months to 15 years, (c) vaccination of new arrivals, (d) proper case management, (e) administration of Vitamin A, and (f) surveillance. A mass measles immunization campaign is tentatively scheduled for late May.
- Standard WHO forms for rapid health assessment have been adapted for Darfur, in a format compatible with that used for disease surveillance.
• A database is being prepared to systematize information on health facilities, population, results of assessments and health activities in the three states.
• Jon Bennett, overall UN Team Leader of the Joint Needs Assessment (JAM) in Sudan, will provide a briefing on the JAM in New York on 12 May 2004. WHO plans to attend.
• At a press briefing in Geneva on 23 April, WHO issued a statement appealing for USD 5.4 million for six months (April to September 2004)—provided the situation does not get worse—to scale up and continue its work in Darfur.

**IRAQ**

**Events:**
• Four cases of cholera were locally confirmed in the southern governorate of Basra. All are children under five using the same water supply system.
• The outbreak of hepatitis E in Sadir City in Baghdad is under control. The source of the outbreak may be the water supply, although it has yet to be confirmed. Chlorination tablets have been distributed.
• The spraying campaign against malaria and leishmaniasis has started; it will be conducted in all governorates.

**Actions:**
• In response to the possible cholera outbreak in Basra, WHO has sent samples to Kuwait for re-confirmation and advised the MOH to increase chlorination, have Oral Rehydration Salts available at Primary Health Centres and start public information measures.
• At the request of the MOH, WHO is collaborating with NGOs to send emergency supplies including external fixations for fractures, blood group test kits and HIV and hepatitis test kits.
• WHO has prepared a contingency plan to address possible health risks if the political situation further deteriorates. The MOH, WHO and other partners are anticipating measures to address the health consequences of possible armed conflict in Najaf and Falluja, as the situation in those areas is particularly tense.
• EMRO is purchasing emergency supplies, as requested by WR/Iraq, and sending guidelines on the management of cholera cases and public information materials related to cholera prevention.
• WHO is preparing a proposal for the MOH that entails the use WHO focal points in the governorates to assist the MOH in assessing the availability of drugs and supplies.
• WHO has offered to the MOH the continuation of the arrangement of using WHO focal points in the governorates to carry out disease surveillance, in the light of the pulling out of Voxiva staff. The arrangement was supposed to end in late March, when the new disease surveillance system was to be put in place by Voxiva.
• On 30 April in Amman, WHO will participate in a meeting with MOH, CPA and the World Bank to discuss the health situation in Iraq.

**DJIBOUTI**

**Event:**
• 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 are affected. There was a temporary disruption of electricity and water supplies. Health services have been impacted, as drug stocks have been depleted or damaged, and one health centre was damaged.
• The National Crisis Committee (ORSEC) assessed the affected areas, and the National Office for Water of Djibouti restored damaged water supplies.
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pipes. The Ministry of Health put in place an emergency surveillance system and a coordination mechanism.

**Actions:**
- In addition to providing support to the MOH response, WHO participated in the UN needs assessment mission.
- One Emergency Public Health Expert was deployed from HAC/HQ to support WR/Djibouti in assessment and coordination.
- WHO procured and shipped ten New Emergency Health Kits, 10 Cholera kits, laboratory re-agents and drugs in bulk.
- One Logician was provided by HQ to follow-up on distribution.
- WHO provided updated technical guidelines on outbreak management.
- WHO assisted in the timely mobilization of emergency funds.

**DEMOCRATIC PEOPLE’S REPUBLIC OF KOREA**

**Event:**
- On Thursday, 22 April 2004, at 12:10 pm (03.10 UCT), two train wagons carrying explosives detonated at Ryongchon Station, Ryongchon Country, North Pyongan Province. According to the Government, the explosives were enroute to a construction site for a large scale irrigation project.
- The current death toll stands at 154, out of which 76 were children, the majority being from the primary school located three hundred meters from the site of the explosion. More than 1300 people were reported injured, with 350 people admitted to the hospital. Because of damage to the Ryongchong County hospital, the injured that required hospitalisation were referred to Sinuju, the provincial capital of North Pyongan province, about 20 kilometres away.
- The health services in DPR Korea are in a difficult situation due to the economic problems the country has been facing in recent years. Most hospitals do not have regular electricity or running water, and there is critical shortage of essential medicines and medical supplies. Therefore, the capacity to cope with a major disaster, such as the current tragedy, is very limited.

**Actions:**
- WHO is working with the OCHA, UNICEF, WFP and IFRC in the coordination of international assistance.
- WHO has relocated medical equipment and supplies worth about USD 100,000 from Pyongyang to the disaster site. These supplies were already in the country for the strengthening of hospital services and were provided as part of the humanitarian assistance.
- A continuous dialogue is maintained with Ministry of Public Health on the need for additional support. An agreement has been reached with ECHO and the county authorities that WHO will provide support for the rehabilitation of the damaged Ryongchon County Hospital within the ongoing project for strengthening of county hospitals.
- An assessment mission, consisting of UN agencies (including WHO), the IFRC, NGOs and representatives from the diplomatic community, visited the blast-site in Ryongchong County on 24 April.
**INTER-AGENCY INITIATIVES**

- The Inter-Agency Working Group on Emergency Telecommunications (WGET) is meeting in Geneva on 26 April. WHO, as a member, is participating.
- The Inter-agency Workshop on Common Services will take place in Geneva on 3 and 4 May 2004. Participants, including WHO, will look at the UN Joint Logistical Centre (UNJLC), the UN Humanitarian Air Service (UNHAS), the UN Information Centre (HIC), Information Communication Technology (ICT) and Civil-Military relationships (CMCoord).
- Preparations are underway for the Mid-Year Review of the UN 2004 Consolidated Appeals. WHO is reviewing its 2004 CAP priorities and funding needs.
- As an active member of the UN Development Group/Executive Committee on Humanitarian Affairs Working Group on the Protection of Civilians in Armed Conflict, WHO is contributing to the draft report of the UN Secretary-General on the protection of civilians in armed conflict.
- WHO is reviewing the draft inter-agency report on negotiations with armed groups, which comprises 216 examples of field practices. This is one of WHO’s responsibilities as a member of the inter-agency Task force on Negotiations with Armed Groups.
- Preparations have started for the UN Humanitarian Segment of the Economic and Social Council (ECOSOC), New York, 12–14 July 2004. In order to keep health action in crises high on the political agenda of all stakeholders concerned, WHO is providing inputs to the Secretary-General’s report on strengthening the coordination of UN emergency humanitarian assistance.
- WHO is reviewing the final draft of the inter-agency handbook on “Assessing the Humanitarian Implications of Sanctions”.
- WHO provided comments on the IASC draft paper “Civil-Military Relations in Complex Emergencies”. The paper is a general reference tool to be used when drafting country-specific guidelines (tailored to a particular emergency) on civil-military relations, in conjunction with the Military-Civil Defence Assets (MCDA) Guidelines of March 2003.

**INTER-DEPARTMENTAL AND INTER-REGIONAL ACTIVITIES**

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

- On 23 April, a briefing was organized by Communicable Diseases for the Associate Director of the National Center for Environmental Health for Emergency Preparedness, Centers for Disease Control and Prevention. Presentations of WHO’s activities on preparedness and response to biological, chemical and radiological threats were given by the following departments/units: Radiation and Environmental Health, Programme on Chemical Safety, Food Safety Programme, Health Action in Crises and Preparedness for Deliberate Epidemics.
- WHO’s 8th Induction Briefing on Health Action in Crises is taking place 26-30 April 2004 in Geneva, in collaboration with over 20 WHO technical and general management departments. The Briefing, which focuses on WHO’s vision, strategy and services for effective health action in crises, is being attended by 13 WHO Country Representatives and Liaison Officers, 11 Regional Focal Points and colleagues from partner agencies and donors.

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

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