WEST BANK AND GAZA STRIP

Assessments and events:
- The 2005 Consolidated Humanitarian Appeal for the West Bank and Gaza Strip will be launched 30 November in Jerusalem. The following needs are highlighted in the Appeal:
  - Palestinian residents of the West Bank and Gaza Strip are frequently unable to access medical care when they need it due to a combination of insecurity and movement restrictions.
  - Demand for blood transfusion services increased 178% between 2000 and 2003. Hospital emergency wards treated 52.6% more injuries in 2003 than in 2000, and major surgical admissions increased by 31%.
  - Infant mortality has increased every year since 2000.
  - The number of small clinics and mobile units in the health sector has increased. This has made it harder for authorities to ensure quality of services, particularly for conditions that require emergency treatment in hospitals.
  - Delays at checkpoints have limited the effectiveness of immunization campaigns. Although more than 90% of children aged under five received measles vaccination, less than two-thirds have acquired immunity.
  - Environmental health threats are on the increase. Closures have had a negative impact on solid waste collection. Bacterial contamination of piped water has increased by 39% in some areas.

WHO notes that both Israeli and Palestinian children have had personal experience of conflict-related violence (sometimes witnessing violence affecting a family member). The overall well-being of both Palestinian and Israeli communities continues to be undermined by the ongoing situation. For example, the number of Palestinian people receiving treatment at community health centres has increased by 38% since 2000. More information: http://www.reliefweb.int/appeals/index.html

Action:
- In 2005, within the framework of the CAP, WHO will support the following activities within the West Bank and Gaza Strip:
  - Nutrition surveillance, mental/psychosocial health, the management of non-communicable diseases, medical waste management, supplies of essential medicines, food safety, better-functioning health systems and improved health information.
  - Stronger partnerships for health (bringing together the Ministry of Health, UNRWA, municipalities, Ministry of Labour, Ministry of Social Affairs, health service providers, and NGOs).
- On 25 November and in collaboration with the Ministry of Health, WHO/Healthinforum organized the district health emergency coordination meeting in Rafah to review the emergency situation in the district and follow-up on district health sector preparedness. Other emergency coordination meetings focused on emergency preparedness.
- WHO and the Municipality of Barcelona arranged for two consultants to visit mental health facilities in Gaza to explore the possibility of a twinning agreement. It is hoped that a contribution from the city of Barcelona could benefit the MoH/WHO Community Mental Health Centre in Gaza.
- Current WHO humanitarian actions in the West Bank and Gaza Strip have been made possible in 2004 through funding from USAID, AGFUND, and the Government of Norway, as well as pre-2004 funding from ECHO.
DARFUR CRISIS

Assessments and events:
• Due to increasing security fears, the NIDs (National Immunization Days) against polio—scheduled to be implemented throughout Darfur between 21 and 23 November—have not been fully carried out. In North Darfur, the polio campaign did not achieve full coverage. The joint supervision with UNICEF in Kerban, Gabr El Ghanam, Korma, and Kobe areas (SLA area) was cancelled. In Taweela, the campaign has not started yet. In South Darfur, MoH vaccinators were prevented from immunizing by IDPs in Kalma camp. Instead, children will be vaccinated by staff from UN organizations and NGOs.
• Flaws in specimen collection have been identified at the National Public Health Laboratory in Khartoum. A workshop, facilitated by specialists from the National Public Laboratory and NAMRU-Cairo, will be held next week for 25-30 health workers involved in specimen collection.

Actions:
• The Kass hospital in South Darfur is experiencing a large number (approximately 1000 per day) of Out-Patient Department attendances. The need for drugs has increased dramatically and there has been a rupture of stock during the past week. Responding to an emergency request from the Hospital administration, WHO immediately delivered a New Emergency Health Kit (meeting the basic health needs of 10,000 persons for three months) and a trauma kit (covering 100 interventions), in addition to requested drugs (specifically, Paracetamol, Quinine, Chloramphenicol and Flagyl).
• On 23 and 24 November, the office of Water and Environmental Sanitation (WES) and UNICEF hosted a workshop on hygiene promotion effective methods in North Darfur. This was followed by a workshop on 25 November on drinking water surveillance and monitoring.
• WHO has made recommendations to improve the management of drug/medical supplies distribution at the hospital level during 2005.
• Funding for WHO humanitarian operations in Darfur has been provided by African Development Bank (AfDB), UK’s Department for International Development (DfID), the Humanitarian Aid Office of the European Commission (ECHO), and the governments of Netherlands, Italy, Ireland, Norway and United States.

[Map of Darfur and Sudan]

-Cote D'Ivoire-

Assessments and events:
• Access to health care by conflict-affected populations in Cote D'Ivoire remains limited. Health sector facilities are either operating at minimal capacity or not at all. Other reports suggest that the health system is breaking down: staff are lacking, public health programmes have been suspended, mass vaccination campaigns against poliomyelitis and measles (in the West) have been cancelled, and there are many reports of inadequate medicine stocks. The redeployment of health workers to affected areas is an immediate concern.

-Eastern Chad-

Assessments and events:
• Malnutrition, acute respiratory infections, diarrhoeal diseases, malaria, Hepatitis E (manifesting as acute jaundice syndrome), meningitis, measles, and violence-related trauma continue to affect the 200,000 Darfur refugees in Chad and their host communities.
• Unequal access to health care and basic supplies between the local population and refugees (the latter supported by humanitarian agencies) generates increasing tensions.

Actions:
• In addition to implementing interventions in refugee communities, WHO is supporting existing health services to the local population, and improving water and sanitation in the host villages.
• WHO continues to intensify efforts to lower the risk of epidemics among both populations by improving water and sanitation, increasing distribution of hygienic items, establishing an early warning system for epidemic-prone diseases, and preparing immunization campaigns. Preparations are currently underway for a campaign against meningitis.
Actions:
• WHO continues to move forth with its strategy to:
  ➢ Conclude a country-wide joint rapid health assessment, establish an emergency surveillance system (EWARS), and collect and disseminate health data;
  ➢ Supply and stockpile essential medical items not provided by others and ensure functionality of key health institutions;
  ➢ Support the crisis cell of the Ministry of Health and additional health sector coordination mechanisms;
  ➢ Provide technical guidance for the development of (a) mechanisms for the redeployment of health personnel to the most affected locations and (b) contingency plans for hospitals;
  ➢ Establish/reinforce WHO operational bases, first in Abidjan and then in Yamoussoukro.

LIBERIA

Assessments and events:
• A total of 99,146 ex-combatants have been demobilized through the disarmament, demobilization, rehabilitation, and reintegration (DDRR) process in Liberia.
• UNHCR and the Liberian National Red Cross Society have registered 10,045 Ivorian refugees in Nimba county, Liberia. Over the past weekend, some small groups of refugees attempted to return to Cote d'Ivoire. (Source: UNHCR)
• The second round of synchronized National Immunization Days (NIDs) against polio, which began on 18 November, ended in most counties in Liberia. The target population for the second round was 891,894. Provisional coverage is 102.7% (916,134), with further results expected within the week.

Actions:
• WHO was charged with supervising the medical screening component of the DDRR process.
  ➢ 98,166 demobilized ex-combatants were screened, of whom 70,707 (71.3%) were males and 21,611 (28.7%) were females;
  ➢ 32,772 (33.1%) had no medical problems and 3,092 (3.1%) were referred for further treatment in the referred hospitals;
  ➢ 451 (0.5%) war amputees were registered;
  ➢ Patients with skin infections ranked highest (at 12.8%), followed by those with respiratory tract infections (9.2%), and those with malaria (8.6%).
• WHO is coordinating health and nutrition sector activities in response to the Ivorian refugee situation in Nimba. During the past week, a joint plan of work was developed for the sector. The plan outlines key areas for intervention including: community mobilization and health promotion against sexual and gender-based violence, sexually transmitted infections, and HIV; basic hygiene practices; reactivation and strengthening of basic health care in the area; strengthening of surveillance, outbreak investigation, and response; supplying emergency surgical kits to two hospitals; and provision of ambulance and mobile clinic services.
• WHO donated medical kits to NGOs providing essential services to host and refugee populations in Nimba. Donations included:
  ➢ International Rescue Committee: one emergency surgical kit, one cholera kit, one malaria kit and one basic kit;
  ➢ Africare: one basic kit, one cholera kit, and one malaria kit;
  ➢ EQUIP: one cholera kit and one basic kit.
• Current WHO humanitarian operations in Liberia are supported by ADB, Norway, Finland, Norway, and UNDP.

IRAQ

Assessments and events:
• Rehabilitation of MoH Nursing Schools in Yarmuk (Baghdad) and Basra—as well as stage one of the rehabilitation of the National Blood Transfusion Centre in Baghdad—is complete. This was made possible through the support of the EC/UNDP Thematic Iraq Trust Fund (ITF).
• The National Conference on Nursing was held at the MoH, 23-25 November. The conference, which was chaired by the Minister and attended by more than 300 participants, aimed to determine mechanisms for implementing a national strategy for the development of nursing and midwifery.
• The Centre for Disease Control (CDC) Baghdad has received the software needed

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for the Schistosomiasis and soil-transmitted helminths (STH) survey. All requirements to conduct the survey are now met and the survey is expected to be carried out as soon as the situation permits.

**Actions:**
- WHO supported MoH’s food safety activities through a delivery including laboratory equipment (nine packs), culture media (two packs), and serological pipettes (one pack) to Baghdad. WHO is also rehabilitating the MoH Food Safety Laboratory.
- On 27 November, WHO shipped 510 cartons of health literature to Baghdad. This health literature—requested by the MoH—will be used by health institutions throughout Iraq.
- WHO procured and shipped five pallets of Angised Tablets (valued at US$139,000) and nine packs of sutures (valued at US$43,000) to Baghdad in response to a MoH request.
- WHO handed over 600 water and hygiene kits to IRCS on 28 November to be distributed to Fallujah's Internally Displaced Persons. WHO also prepared a draft work plan on environmental relief for Fallujah's displaced population.
- WHO has prepared a report for the MoH on main issues to consider in the assessment of maternal and child care services at primary health care centres.
- In conjunction with the MoH Director General of Technical Affairs, WHO assessed mechanisms for MoH staff development in the areas of programme planning and management as well as health economics.

**SLOVAK REPUBLIC**

**Events and assessments:**
- On 19 November a windstorm with gusts of up to 170km/h hit the Slovak Republic. According to reports from the Slovak Government, the storm killed two people, injured several dozens and completely destroyed a strip of forest 60 km long and 10 km wide.
- Approximately 10,000 people were blocked in their homes and more than 300 people where stranded in cars and buses. As of 24 November, 200 persons were still trapped in the area of devastated woods.
- The storm caused extensive damage to flora and fauna (destroying 80% of annual revenues from the forest), transport infrastructure, public utilities and buildings, as well as private property.
- The Slovak Government has established a Crisis Management Team to coordinate the response at the national level. There was an immediate international response at the level of civil society of neighbouring countries, first of all from the Czech Republic. (Source: OCHA)

**Actions:**
- The Slovak Government made an official request to the UN Office for the Coordination of Humanitarian Affairs (OCHA) to provide emergency financial assistance to support relief efforts. OCHA released from its disaster fund US$50,000 for the local purchase of relief items. WHO is monitoring the situation.

**INTER-Agency Initiatives**

- **Côte d’Ivoire.** On 29 November, an inter-agency meeting on Côte d’Ivoire is taking place in Geneva on recent developments, preliminary findings from the joint assessment missions and regional contingency planning and preparedness. WHO is attending.
- **International Day of Solidarity with the Palestinian People.** The annual observance of the International Day of Solidarity with the Palestinian People, organized by the United Nations Office in Geneva, is being held in Geneva on 29 November. WHO is participating.
- **Sudan:**
  - On 30 November, Jan Pronk, Special Representative of the UN Secretary-General, will launch the Sudan 2005 Plan of Work (available at [http://ochadms.unog.ch/cap](http://ochadms.unog.ch/cap)). The Representative of the WHO Director-General for Health Action in Crises will attend.
  - WHO will participate in the next meeting of the Inter-Agency Standing Committee (IASC) Task Force on Darfur, which will take place in Geneva on 7 December.
- **Civil Military Defense Assets.** On 1 December, the Advisory Panel on the Use of Military and Civil Defense Assets will meet to discuss standby arrangements for the deployment of Civil-Military Coordination Officers to humanitarian emergency situations in the field. This deployment will be the main theme of the Consultative Group meeting on 7 December. At that meeting, support from Member States will be sought for stand-by arrangements for the deployment of CMCoord Officers. WHO will participate in both events.

_Health Action in Crises_  
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Training. WHO will participate in the 11th Emergency Field Coordination Training around Geneva from 24 November to 2 December.

Education in Emergencies. Minimum Standards for Education in Emergencies will be launched in South Africa on 2 December at the Inter-Agency Network on Education in Emergencies' (INEE) Second Global Inter-Agency Consultation on Education in Emergencies and Early Recovery.

UNRWA. The ad-hoc Committee for announcing voluntary contributions to UNRWA will meet in Geneva on 6 December. WHO will participate.

Reproductive Health in emergency settings. WHO, as a member of the Inter-Agency Working Group on Reproductive Health in Refugee Settings, will participate in the IAWG meeting in Geneva on 7 December.

Somalia. Jan Egeland, Emergency Relief Coordinator, will launch the 2005 Consolidated Appeal for Somalia in Nairobi, Kenya, on 7 December.

IASC Plenary. Preparations are under way for the next IASC Plenary in Geneva on 9 December. The Representative of the WHO Director-General for Health Action in Crises will participate.

Great Lakes Region. On 15 and 16 December, WHO will participate in Nairobi in a regional scenario development and humanitarian analysis workshop for the Great Lakes Region.

SPECIAL: MENTAL HEALTH IN EMERGENCIES

On 18 November, the meeting "Complex Emergencies and Mental Health" was held in New York. Organized by the NGO Committee for Mental Health, the meeting served to share experiences and highlight strategies for effective mental health interventions in complex emergencies. Conclusions emphasized that interventions need to be prioritized early, within a coordinated response, and meet emergency needs while being cognizant of ongoing needs. Capacity-building and training were considered vital elements of the response.

United Nations’ Under-Secretary General for Humanitarian Affairs and Emergency Relief Coordinator, Jan Egeland, gave the Keynote Address, during which he stated: "Our existing capacity to address protection and ensure adequate psychosocial support is insufficient and this must be addressed."

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

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