Health Action in Crises (WHO/HAC)
Highlights - No 44: Monday, 31 January 2005

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 internal use and does not reflect the official position of WHO.

**SOUTH-EAST ASIA TSUNAMI CRISIS**

For up-to-date information on WHO interventions in crisis-affected areas:
General WHO Tsunami Web site (updated daily)

**Assessments and Events:**
- The focus is shifting from relief to rehabilitation. With the increasing number of people returning to their villages, the priorities now are provision of safe drinking water, proper disposal of excreta, prevention of waterborne and vector-borne diseases, psychosocial rehabilitation and rehabilitation of damaged infrastructure and systems.
- WHO works with local governments and partners to strengthen health surveillance and response systems. Many of the affected countries enter the rainy season, known for high transmission of mosquito-borne diseases, and all are endemic for dengue fever and malaria. Thanks to strong cooperation and coordination on disease surveillance along with early action on water and sanitation, no disease outbreaks have been reported.
- In the affected areas, WHO working with countries to strengthen mental health assistance and psychosocial support programmes. Mental health experts are providing guidance to help people cope with the impact of the tsunami.
- Malnutrition is a growing concern, since those who are malnourished are more susceptible to infections and at higher risk of dying. In Sri Lanka, initial studies are showing increased underweight prevalence rates. In Aceh, a recent rapid assessment of 600 children found that approximately 13% were acutely malnourished.

**Actions**
- In Indonesia, A preliminary assessment of health facilities was carried out by the Ministry of Health (MoH), the Centers for Disease Control (CDC) and WHO to determine the capacity of hospitals and public health laboratories. WHO has begun work in Meulaboh to establish a public health laboratory with the arrival of a specialist and necessary equipment.
- Although the joint WHO-UNICEF assessment of 50 priority IDPs camps in Banda Aceh revealed no immediate health issues, poor water and sanitation conditions continue to be a major concern. WHO is working with the MoH to develop an action plan to improve water and sanitation conditions.
- Also in cooperation with the MoH, WHO has defined an action plan to provide emergency reproductive health support to the estimated 800 pregnant women living in relief camps in Banda Aceh. The MoH has sent 300 midwives to the area.
- In Sri Lanka, a psychosocial support unit has been set up in Batticaloa district to coordinate the work of all agencies involved in this area of work.
- To date, 715 contaminated wells have been cleaned out of a total of 2,000 wells in the Jaffna District. WHO has provided pumps, chlorinometers, water purifying tablets and training for village level operators and supervisors.
- In Thailand, WHO supports the Department of Mental Health for the development of a long-term in the most affected areas. A rehabilitation centre will be set up in Khao Lak to provide treatment and counselling for up to two years. The centre will be staffed by psychiatrists and nurses from around the country, working in rotation.
- In Myanmar, approximately 10,000 people in the Irrawaddy Delta area are still in need of food, water, basic health care and shelter. WHO provided five new Emergency Health Kits, and facilitated donations for treatment courses of anti-malarial drugs (approximately 22,000).
- In India, WHO assisted with vaccination campaigns for measles and polio in several states as well as in the Union Territories of Pondicherry and Andaman and Nicobar Islands.
- In Somalia, a second WHO field visit to the tsunami-affected villages of Forham and Haflun revealed that access to clean water is precarious. New water wells need to be dug to replace those destroyed by the Tsunami. Sanitation is also very poor.

*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/)

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Assessments and events:

- During the last polio NIDs in West Darfur, 307,385 children were vaccinated (98.2% to 150.5% of the target population was reached). Three administrative units in Jabal Marra, Jabal Moon and sarf Gedad were not covered due to security reasons. In North Darfur, the results of the campaign in SLA areas have been received and their analysis is pending.
- In South Darfur, the analysis of the first round show the need for micro plans in the field; reliable information on population movement to estimate needs; population awareness-raising materials from the State Ministry of Health (MoH) and Federal MoH; adequate vaccine supplies to NGOs, and improved supervision.
- There are six Medical Emergency Response Teams (MERT), one for each Darfur state. Established in partnership with the Swedish Rescue Services Agency, they will provide support to the UNSECOORD medevac system (including first aid training, post-incident trauma care, and stabilization prior to and during medevac). WHO is providing the medical component, while the evacuation remains the responsibility of UNSECOORD. This partnership with Sweden is the first of its kind by WHO. The plan is to run it until UNAMIS take over later in the year.
- The MERT are operational in North Darfur. In South Darfur, the MERT clinic is scheduled to be fully running in a few days.

Actions:

- WHO, UN agencies and NGOs travelled to Um Baru, North Darfur, on 24 January to carry out a needs assessment for 300 families who have returned from Chad in last 3 weeks.
- Following last week’s four suspected meningitis cases in Serif Omra, in the west of North Darfur, one death has been reported. Distribution of Cerebro-Spinal Fluid (CSF) specimen containers has begun.
- In South Darfur, 11 suspected cases of Hepatitis E in Dereje camp are under investigation by the Rapid Response Team from State MoH. Contacts have been interviewed and blood samples taken for laboratory confirmation.
- WHO has made a large donation of drugs to El Fasher Teaching Hospital, in North Darfur.
- The rehabilitation of Kass and El Dein Hospitals in South Darfur is ongoing. An engineer employed by WHO is supervising the work.
- The recruitment of a national doctor who will work as WHO Focal Point in Nyala Teaching Hospital, South Darfur, is under way.
- A consultant in Water and Sanitation is preparing an assessment on solid waste disposal in Nyala Hospital, South Darfur, and town and a revision of sanitation activities in Kalma camp.
- WHO has distributed Paraceck tests to International Medical Corps who are running Primary Health Care facilities in Al Geer and El Seref camps, South Darfur.
- Funding for WHO humanitarian operations in Darfur is provided by UK’s Department for International Development (DFID), the Humanitarian Aid Office of the European Commission (ECHO), and the governments of Netherlands, Italy, Ireland, Norway, Czech Republic and United States.

Assessments and events:

- WHO is following the situation in Rafah terminal (southern border crossing). The terminal, which had been closed since 12 December 2004, was re-opened earlier in this week. According to the Palestinian Ministry of Health, 2,500 persons are waiting on the Egyptian side of the border to return to the Gaza strip.
- A UN coordination meeting took place on 24 January, to discuss a procedure for UN Advocacy and Public Information. A consensus was found on the following main functions:
  - To serve as a venue for the UN system to consult, decide on and conduct joint advocacy activities;
  - To serve as an interagency forum for the development and implementation of UN public information strategies.

Actions:

- Two nutrition consultants have begun a one-week mission in the West Bank
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/
WHO and the Jordan Food and Drug Administration (JFDA) met on 27 January to finalize the preparations of a series of national food safety training courses for food control managers, inspectors and control laboratory technicians. The first course will be attended by 23 food control managers from the MoH and all Governors Department of Health in February.

Assessments and events:

- The floods that began on 15 January have affected close to 192,000 people in and around Georgetown, East Coast, East Bank and West Demerara. The flood rose to over 2 metres in the worst affected areas and the level of the water is dropping at the slow rate of about 4 cm per day. Some 50 pumps have been installed or reactivated, but their limited capacity and the poor conditions of the drain channels prevent rapid discharge of floodwater. Engineers from the Guyana Defence Force estimate that the floods will persist at least for another 2 to 3 weeks in certain areas.

- Most septic tanks and latrines were flooded and are unusable. Their contents have spilled into the flood water, making it hazardous to health. Warnings have gone out that water from the pipes should be disinfected before drinking.

- The floods had impact on the health facilities in Regions 3 and 4. Surveys conducted by WHO/PAHO revealed that in Region 3, a quarter of the 12 health centres are closed and have suffered some damage. Region 4, with a population of 75,000, is the most affected; 22 of the 36 health centres were flooded, 12 health care facilities are out of operation, three have limited functional capacity and only seven are fully functioning. The damage reported includes loss of supplies (needles, drugs, vaccines, cotton, bandage, etc.) and damages to water pumps, refrigeration units (cold chain), furniture and electrical wiring.

- Over 4,300 people are living in 43 shelters, up from 3,300 a week ago, an increase more likely due to improved counting than to an actual increase in persons. Needs include removal of garbage, mosquito nets (long-lasting, pre-impregnated), baby food, diapers, sanitary napkins and provisional sanitary facilities.

- There is an increase in skin rashes (42% of the cases) and fevers (30%) but the number of diarrhoea cases is stable at around 15%. Vigilant monitoring and active case detection continue. Since 22 January, epidemiological data is being collected daily and made available to the Ministry of Health (MoH).

- When the water recedes and the affected population begins to go back to their homes, the priority will be to recover the health system capacity in these areas, continue disease surveillance and provide medical assistance. Some of the activities required to reopen the health centres affected include:
  - Cleaning and disinfection of the infrastructure (floor, wall, etc);
  - Cleaning and sanitization of furniture and medical materials;
  - Collection and disposal of solid waste;
  - Restocking of drugs and medical supplies, and office supplies;
  - Cleaning of septic tanks, water tanks, toilets, or latrines.

Actions:

- WHO/PAHO is organizing and guiding the mobile health teams visiting the shelters and communities in the affected areas, mostly by boat. Every day, 35 health teams composed of seven to ten persons deploy to conduct epidemiological surveillance and treat diseases, mainly skin rashes.

- WHO/PAHO has prepared and disseminated epidemiological surveillance forms, trained personnel in epidemiological and disease surveillance in shelters and in the communities.

- WHO/PAHO also does the data analysis and coordinates the response to outbreaks in collaboration with the MoH.

- WHO/PAHO has prepared models for providing medical care in disaster situations, shelter care and school health and has developed clinical protocols and guidelines for the mobile teams.

- WHO/PAHO provided 1.4 tons of chlorine gas. This supply will bridge the gap before the regular supplier from Trinidad can deliver in the beginning of February.

- WHO/PAHO provides technical support to and coordinates all public campaigns related to health, water and sanitation to ensure that a clear and
consistent message reaches the communities in relation to drinking water, water for washing and the dangers of the flood water.

- A trucking system has been set up to supply the drinking water depots that have been set up along the east-west road in the affected areas. WHO/PAHO assisted in the dosage protocol for the disinfection of the delivered water. Together with the Environmental Protection Agency (EPA) of Guyana, WHO/PAHO conducts daily monitoring of the water in the distribution depots.

### BURUNDI

**Assessments and events:**
- At least five people have died and 168 have been taken ill as an epidemic of cholera broke out in the Northern part of Bujumbura. Over 75% of the cases are in the Kamenge district where the outbreak began on 13 January. Out the total, 41 cases – including the diseased – were under 15 years of age.

**Actions:**
- WHO, UNICEF and medical NGOs met during the third week of January to map out containment and preventive actions.
- The treatment centre set up by MSF will remain operational until the epidemic is declared over. There are now only 23 patients in the centre and none in the hospital.
- Cleaning and sanitization measures are ongoing in all affected zones. Community water pumps that had been closed during the beginning of the outbreak have been reopened.

### INTER-AGENCY ISSUES

- **Tsunami response.**
  - The IASC Tsunami Taskforce meets three times per week, involving both New York and Geneva-based agencies.
  - On 31 January, WHO and UNICEF briefed the IASC Tsunami Taskforce on health priorities of the affected communities.
  - On 2 February, WHO with UNICEF briefed IASC on the mental health situation in tsunami affected communities and on related activities in support of national governments.

- **Nepal.** The UNICEF Representative in Nepal updated the IASC weekly meeting in Geneva on the humanitarian situation in Nepal, with a focus on children.

- **Colombia.** During the same meeting, the OCHA Inter-Agency Internal Displacement Division briefed on the recent IDD Mission to Colombia.

- **Humanitarian Response Review.** The IASC Reference Group on the Humanitarian Response Review met in Geneva on 3 February. WHO is a member and participated.

- **Internal Displacement.** The Senior Network on Internal Displacement, met in Geneva on 3 February to discuss protection and spontaneous return of IDPs in Liberia and Northern Uganda. WHO is a member of the Senior Network and participated.

- **Laos.** The UN Department for Political Affairs will brief the next Framework Team meeting in New York on 8 February on its mission to Laos. WHO plans to attend.

- **Sudan.** A Sudan donor conference is planned for 9 February in Brussels. The meeting will focus on immediate needs, bring back donor attention back to the Sudan and discuss first steps towards the Multi Donor Trust Fund. WHO will participate.

- **HIV/AIDS and Refugees.** On 16 February, UNHCR will be hosting the third Advisory Group meeting on HIV and Refugees. The objective of the meeting is to present and discuss UNHCR’s HIV and Refugee Strategic Plan for 2005-2007. WHO will participate.

- **Montreux VI:** On 24 and 25 February the sixth edition of the Montreux Humanitarian Donors Retreat will be held in Montreux. The Representative of the WHO Director-General for Health Action in Crises plans to participate.

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