**SOUTH-EAST ASIA TSUNAMI CRISIS**

For up-to-date information on WHO interventions in crisis-affected areas:

[General WHO Tsunami Web site (updated daily)]

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### Assessments and Events:

- No disease outbreaks have been reported, but vigilance is needed as conditions in affected areas remain favourable for communicable diseases and people’s capacities are overstretched.

- Focus is shifting from relief to rehabilitation. The aim is to have in place sustainable systems that can withstand future calamities and better and more equitably serve the population. WHO helps both national and local authorities make the best use of external recovery assistance. Rehabilitation and reconstruction must be country driven, not supply-driven.

- Malnutrition is a concern. In Indonesia, nutritional surveillance needs to start immediately, integrated with disease surveillance. A rapid assessment of 600 children carried out by UNICEF found that approximately 13% were acutely malnourished. Malnutrition was strongly associated with a high prevalence of diarrhoea (42.6%), coughing (69.7%), fever (55.9%) and vomiting (34.6%). Acute malnutrition, when combined with these health conditions, increases the seriousness of the situation. The nutrition surveillance system will include surveys (joint UN and government).

- Complementary food and about 70 tons of infant formula are ready to be distributed in Aceh. WHO has asked for of the Nutrition Intervention Taskforce to discuss the actual need (in terms of quantity) of infant formula, how to target infants who require a breast milk substitute, and how to monitor the distribution.

- On 2 February, WHO briefed the UN Inter-Agency Task Force on the tsunami on mental health and distributed a “Mental Health in Emergencies” handbook. While mental health will be addressed both within and outside the health sector, clinical interventions introduced outside the health system in an uncoordinated manner can cause more harm than good. WHO advises groups to carefully study the “International Society for Traumatic Stress Studies guidelines” before initiating trauma-focused training initiatives.

### Actions

- WHO, UNICEF and an Australian environmental health team have completed an assessment of the water, sanitation and health situation of IDPs in Banda Aceh. Results showed that the minimum “Sphere” standards were not being met. A joint WHO/UNICEF assessment team restated that the construction of latrines and the supply of potable water and clean water for washing should be priorities in all new IDP settlements.

- In India, WHO provided technical support for a measles vaccination campaign, with vitamin A supplementation for children aged 6 months to five years, and oral polio vaccine for children under five. Over 71,000 children have been vaccinated. Missing TB patients in Tamil Nadu were located and have returned to DOTS TB treatment. There was no significant damage to any TB health facility, drug store or records. Drugs are available and special measures have been taken for the diagnosis and treatment of patients residing in relief camps. HIV/AIDS awareness work is being planned.

- WHO is providing technical assistance to a plan covering household sanitation, solid waste management, clean water facilities, monitoring of water quality, and ensuring food safety. While most water supply systems have been restored, sanitation services need to be improved in the camps. Communities also need to participate in environmental sanitation programmes.

- In collaboration with Indian Nursing Council and Tamil Nadu Nursing Council, WHO has developed a strategic plan for training nursing professionals in psychosocial support and health action in crises.

- In Sri Lanka, though water is not a problem in IDP camps, the water supply in affected communities is not adequately addressed. The removal of debris obstructing the septic tanks in Galle district remains a priority need. Latrines...
and toilets are being constructed in several districts. Proper sanitation facilities will determine the evolution of the public health situation.

- Training of psychosocial workers continues. Trained staff is to be in place in camps and schools in Galle by the end of the week. Psycho-social counsellors in Jaffna are conducting family and group counselling which includes mothers and youths.
- In Somalia, WHO provided the MoH with essential drugs. Major constraints include difficult transportation and limited presence of both government and implementing agencies as the affected area is so isolated.
- WHO is planning the establishment of a task force trained to manage hazardous waste in Maldives, to address concerns over the asbestos which may be among the debris of damaged and destroyed buildings. Guidelines on health and safety issues related to cleaning areas contaminated by hazardous waste such as asbestos and oil drums have been issued.

SUDAN

**Assessments and events:**

- A new camp is being opened in North Darfur. Basharia, south of El Fasher is the new proposed site for Abu Shoak II.
- In North Darfur, an increase in malnutrition rates is reported. Tawilla suffers from a lack of health service provision.
- Three cases of suspected meningitis have been reported in North Darfur.
- Discussion between WHO and IRC have led to a tentative agreement for the building of a health clinic in Hashaba, North Darfur.
- In West Darfur, the NGO Medair has reported nine cases of measles. A vaccination campaign has immediately been conducted on 1,700 children together with further investigation by WHO.
- In West Darfur, new areas are closed to humanitarian workers, affecting NGOs working in Arara who have to use alternate routes.
- According to needs identified in 2005 workplan, funds have been allocated and medical equipment requested for El Daiein Hospital, South Darfur.
- The Finnish Red Cross is looking to improve access of IDPs to the Specialist Hospital in Nyala, South Darfur, and is liaising with WHO for planning.
- Administrative harassment of NGOs is ongoing at roadblocks in South Darfur.
- An outbreak of bloody diarrhoea affecting 35% of children and suspected cases of meningitis and acute flaccid paralysis are reported in Kalma camp, South Darfur.
- Some 1,000-2,000 people are moving towards Gereida and Johanna, South Darfur, where renewed attacks by militia are reported. Also, 7,000 to 10,000 people returned to Labado where security improved with the deployment of AU forces.

**Actions:**

- At El Fasher Teaching Hospital, North Darfur, WHO provides support to improve the quality of services and ensure that IDPs receive free services.
- In West Darfur, WHO is encouraging NGOs who have this capacity to perform lumbar puncture in suspect cases of meningitis, for laboratory verification and strain identification. Culture media is being distributed to selected NGOs.
- WHO supplied trans-isolate media for suspected meningitis samples to Médecins du Monde in South Darfur.
- WHO also supported the supply of essential drugs, materials and rapid diagnostic tests to NGOs working in Primary Health Centres.
- The Medical Emergency Response Team (MERT) is fully operational in North and South Darfur while preparations are ongoing for the setting up of the MERT clinic in West 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.

**Rest of Sudan –**

**Assessments and events:**

- According to the Federal Ministry of Health (FMoH), between 22 January and 2 February 169 cases of meningitis, including 23 deaths (CFR 14%), were reported in Gadaref and Blue Nile.

**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/)
### Actions:

- WHO is supporting the FMoH to raise supplementary funds to purchase the necessary meningococcal meningitis vaccine and antibiotics to constitute a buffer stock in the event of a widespread outbreak.
- WHO, the FMoH and other partners have developed a preparedness plan and a Meningitis Outbreak Task Force has been established. The plan focuses on improving early detection capacity, laboratory investigation and confirmation of serogroups. It should secure the availability of buffer stock of meningococcal meningitis vaccine and oily chloramphenicol.
- WHO has provided trans-isolate media, rapid diagnostic tests, meningitis antiserum, antibiotic sensitivity tests and Gram stain. WHO will provide additional support by purchasing oily chloramphenicol.
- With WHO’s financial, logistical and technical support, localized vaccination campaigns are ongoing since 1 February in the affected villages, targeting 70% of the population.

### Assessments and events:

- The MoH has officially requested support from WHO for meningitis and hepatitis B adult vaccines (not included in the EPI list).
- On 1 February, the Operations Coordination Group (OCG) jointly led by OCHA and UNRWA, discussed the International Court Justice recommendation on the Separation Barrier. A checklist, proposed by OCHA, will be implemented by the Local Aid Coordination Committee so that UN agencies and NGOs can review the effects of projects being implemented in the villages or areas concerned by the Separation Barrier.

### Actions:

- A WHO-led team went on a short mission to the oPt in order to finalize the development of a Quality of Life (QOL) Instrument, based on the WHO guidelines, in coordination with Birzeit University and the Gaza Community Mental Health Programme. The team assisted in the technical planning of a pilot survey and discussed the incorporation of elements drawn from the QOL Instrument into the Palestinian Central Bureau of Statistics household survey.
- The WHO anti-stigma campaign on mental health organized the second presentation of the “Theatre of the oppressed”, where patients and staff from the Bethlehem Psychiatric Hospital performed on ways to cope with daily life situations for the patients’ families.
- WHO is supporting the establishment of two libraries in the Ibn-Sina College for Nursing and Midwifery. WHO will follow up on their development and provide them with new books related to the fields of nursing and midwifery in addition to the electronic newsletters and brochures.
- Current WHO humanitarian actions in the West Bank and Gaza Strip have been made possible by 2004 funding from USAID, AGFUND, and the Government of Norway, as well as pre-2004 funding from ECHO.

### IRAQ

### Assessments and events:

- 103 cases of malaria – with no attributable deaths – were reported in Iraq during 2004, compared to 1,029 in 2002, according to the MoH Communicable Disease Centre. In the past year, WHO supported the MoH with activities such as spraying and fogging campaigns, provision of bed nets and health education.

### Actions:

- WHO provided technical advice for the final draft of the Iraqi National Medicines Policy which was presented on 3 February at a one-day symposium held by the MoH in Baghdad. WHO actively participated in the symposium.
which was chaired by the Minister of Health and attended by Iraqi health professionals from universities, the Iraqi Syndicate of Pharmacy and senior officials from the MOH. Another meeting to conclude the review of the policy is scheduled later this week.

- WHO supported the participation of two members of the Iraqi MoH to the International Health Regulations Meeting, held in Cairo from 1 to 3 February.
- Three training courses including 35 participants from the Iraqi Ministry of Environment and Ministry of Municipalities, organized by WHO and the WHO Regional Centre for Environmental Health Activities are currently ongoing in Amman. The participants are being trained on conducting a sanitary survey, geographical information systems, and determining organic pollutants.
- The 35 participants came from all governorates and are expected to conduct training within Iraq to pass on their knowledge and experience.
- WHO is preparing to support the MoH with technical advice, incentives for health workers and the provision of transportation for an emergency Vector and Rodent control campaign in Falluja.
- WHO delivered 60 hepatitis A and E diagnostic kits to the MoH Communicable Disease Centre.
- WHO has coordinated between the MoH and the Becton-Dickinson Company for the training of MoH Iraqi laboratory technicians on the use of equipment used for early tuberculosis diagnosis.

GUYANA

Assessments and events:
- Guyana experienced excessive rainfall in January. The subsequent floods have affected an estimated 300,000 people.
- In response, the United Nations is appealing for USD 3 million to support the government’s efforts to meet urgent needs. The Flash Appeal, launched on 8 February 2005, covers a period of six months.
- Activities will address the humanitarian and community recovery needs identified in close collaboration with the government and aid partners in Guyana.
- The following priority sectors have been identified by the UN Country Team in collaboration with the government and civil society groups:
  - Water and sanitation (WHO/PAHO, UNICEF);
  - Social services including health and education (WHO/PAHO, UNFPA, UNICEF);
  - Access to healthy food and agricultural recovery (WFP, FAO, UNDP, WHO/PAHO);
  - Long term economic assessment (UNDP);
  - Capacity building for disaster management and coordination (UNDP in collaboration with other UN agencies).
- Leptospirosis has become a health concern, as the number of cases continues to rise – 43 people are being treated. This bacterial disease is usually caused by exposure to water contaminated with the urine of infected animals. WHO/PAHO has confirmed two deaths related to leptospirosis, and another nine suspected cases are being investigated.

Actions:
- In light of the identified needs, WHO is requesting USD 690,000 in urgent assistance to prevent communicable diseases, set up emergency centres, provide drinking water and sanitation, provide logistic support and coordination, and conduct education and information activities on disease prevention and stress management.
- WHO/PAHO has sent mobile teams to affected communities to provide medical services, water, bleach, disinfectant and information to the hardest-hit areas.
- The Pan American Health and Education Foundation (PAHEF), a supporting foundation of PAHO, has set up a special Guyana Fund to support recovery efforts, and is asking for financial donations to buy needed equipment and medicines.
- WHO/PAHO is actively monitoring new cases of leptospirosis and collaborating closely with the MoH to prevent a further increase in cases. Prophylaxis is being distributed on a large scale in flooded areas, with 120,000 persons already receiving a weekly preventive dose of 200mg of doxycycline.
**NEPAL**

**Assessments and events:**
- Since 1996, a Maoist insurgency has been active across much of the country.
- On 1 February, Nepali King Gyanendra announced the dissolution of the coalition government and the formation of a new government under his own chairmanship.
- Close to 70% of the territory is under Maoist control and security forces do not venture in these areas. They are also virtually inaccessible to humanitarian activities and given the scarcity of funding, the UN Team’s assets are mostly invested in national programmes.
- Health workers and teachers are the only functioning government sectors. Despite its infrastructural and equipment weaknesses, the health system is functioning with on average nine health workers in each village.

**Actions:**
- WHO supports an emergency preparedness programme which focuses on building local capacity to respond to mass casualty incidents – such as earthquake, floods, or other events – through trainings.
- WHO has also initiated a three-year programme supporting activities to reduce hospital vulnerability in case of a disaster. Both structural and non-structural assessments of selected hospitals were carried out in collaboration with the National Society for Earthquake Technology.

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**DEMOCRATIC REPUBLIC of the CONGO**

**Assessments and events:**
- The epidemic of typhoid fever in Kinshasa continues. Between 29 January and 4 February, 2,680 cases have been recorded, including 18 cases with complications, and 6 deaths have been reported. The current strike of medical personnel in Kinshasa is hampering data collection.
- The cholera outbreak in South Kivu continues. Between 29 January and 4 February, 490 cases – including 2 deaths – have been reported, for a total number of 2,256 cases and 35 deaths (CFR 1.5%) since the beginning of the epidemic.

**Actions:**
- In South Kivu, WHO provides technical support to the committee in charge of the response to the cholera outbreak, ensuring centralization and analysis of collected data and proposing adjustments to the response according to the evolution of the epidemic. WHO is also sending a Cholera Kit to Bukavu to assist detection and treatment.
- Current WHO humanitarian operations in the Democratic Republic of the Congo have been supported by ECHO, Finland, Norway and AGFUND.

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**INTER-AGENCY ISSUES**

- **Tsunami response.** The IASC Tsunami Taskforce occurs three times per week, involving both New York and Geneva-based agencies. WHO is a member and participates.
- **UNHCR.** On 7 February, UNHCR held a donor briefing in Geneva to launch the Supplementary Appeal for the Repatriation and Reintegration of Congolese (Democratic Republic of the Congo) Refugees and to update on the Burundi Repatriation Operation. WHO participated.
- **DDR.** WHO participated in the first meeting of Geneva based agencies on Disarmament, Demobilization and Reintegration (DDR) in a Peacekeeping Environment.
- **Laos.** The UN Department for Political Affairs is briefing the next Framework Team meeting in New York on 8 February on its mission to Laos. WHO is attending.
- **Sudan.** A Sudan donor conference is planned for 9 February in Brussels. The meeting will focus on immediate needs, bring back donor attention to the Sudan and discuss first steps towards the Multi Donor Trust Fund.
- **Chad/Sudan.** On 11 February, UNHCR will provide an update on UNHCR’s 2005 operations in Chad and Sudan. WHO will participate.
- **Gender.** The next meeting of the IASC Gender Taskforce is expected to take place in Geneva on 16 February. Items on the draft agenda include the 2005 Workplan, follow up to IASC Statement on Gender-Based Violence (GBV), update on Agencies’ progress with regard to gender mainstreaming, Beijing + 10 and gender and the tsunami response. WHO co-chairs this TF.
- **HIV/AIDS and Refugees.** On 16 February, UNHCR will host the third Advisory Group meeting on HIV and Refugees. The meeting will discuss UNHCR’s HIV and Refugee Strategic Plan for 2005-2007. WHO will participate.

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• **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.

• **Post-conflict Need assessment.** Under the UNDG-ECHA working group on transition issues, WHO is discussing with its partners how best to contribute elements of sectoral guidance for Post-conflict Need assessment drawing from HAC toolkit for Analysis of Disrupted Health Systems.

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

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