Health Action in Crises (WHO/HAC)
Highlights - No 49: Monday, 7 March 2005

The WHO/HQ Department for Health Action in Crises produces 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

Assessments and Events:
• Most countries are entering the second phase of post-disaster health activities, focusing on rebuilding infrastructure, increasing capacity and assessing and rehabilitating health systems.
• A Country Support Task Force is being set up in Delhi. WHO is translating the work plans into projects covering activities such as disease prevention, service delivery enhancement and coordination.
• No communicable disease epidemics have been reported in India, Maldives, Myanmar, Sri Lanka or Thailand. In Indonesia, localized cases of measles were reported and a measles vaccination campaign was organized from 28 February to 5 March to make up for the low coverage of that held in February.

Actions:
• In Meulaboh, Indonesia, WHO and the District Health Authorities have initiated a planning exercise with health partners to address issues of access to essential primary health care services.
• WHO and the NGO Pharmaciens Sans Frontières are assessing the pharmaceutical situation in Meulaboh. The warehouse of the District Health Office, which served all the Primary Health Care Centres in the area, was devastated and large quantities of drugs need to be sorted out. The storing system will be reorganized and a tracking system set up.
• In Calang, health authorities, in consultation with WHO, announced their post-disaster health priorities, which include immunization and communicable disease control, outpatient clinical care with an emphasis on primary health care, maternal and child health and nutrition.
• In India, WHO provides technical assistance to the Tamil Nadu Government to develop a financial protection system for families living below the poverty line in the case of catastrophic illnesses.
• In Sri Lanka, a WHO laboratory expert reported on the list of laboratory equipment prepared by the MoH. An initial estimate of the reagents and consumables requested is approximately USD 600,000.
• A WHO water and sanitation specialist visited Galle to discuss required water and sanitation activities, including drain cleaning, garbage disposal, water quality and capacity strengthening.
• WHO is also participating in a number of prospective projects on mental health and psychosocial response in Sri Lanka, Maldives and India.
• In Maldives, a WHO epidemiologist went for a two-day visit to Meemu Atoll with a team from the Maldivian Government to investigate recently reported mumps cases and assess the capacity and surveillance systems.

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

WEST BANK and GAZA STRIP

Assessments and events:
• A meeting held in London on 1 March under the sponsorship of the United Kingdom and the United States brought together the Leader of the Palestinian Authority and the Israeli Prime Minister. The meeting is considered a new foundation stone for the resumption of the peace process in the region.
• UNRWA presented a blueprint to a better future for four million Palestine refugees to the international donor community in Geneva. The Agency is requesting an additional USD 1.1 billion over the next five years to work on improving the life opportunities of the refugees and enhancing their ability to support themselves. The blueprint can be seen at:

Actions:
• WHO is sponsoring the participation of Palestinian MoH representatives in the Regional meeting on Food Safety on 5 and 6 March and in the Codex Alimentarius meeting from 7 to 10 March, both held in Amman.
WHO attended the meeting of United Nations Office of the High Commissioner for Human Rights (OHCHR) on 3 March. Future cooperation on human rights activities was discussed, including the establishment of an inter-agency human rights working group.

WHO and OCHA offices in Gaza held a meeting with the MoH on 2 March to discuss the need to strengthen cooperation between the three organizations. This would improve the reporting system and advocacy for patients and health personnel rights.

WHO Mental Health Project supported the training and performance of a Palestinian local drama group composed of the patients and staff of the Bethlehem psychiatric hospital.

Current WHO humanitarian actions in the West Bank and Gaza Strip have been made possible by 2004 funding from USAID, AFUND, and the Government of Norway, as well as pre-2004 funding from ECHO.

**SUDAN**

**Assessments and events:**

- Violence and general insecurity are continuing in western Sudan. Attacks were reported near Kutum in North Sudan and UNHCR reported tensions in the south-west of West Darfur.

- The Darfur region Early Warning and Response System has doubled its coverage in the last four weeks.

- The primary reason for health consultation is Acute Respiratory Infection (ARI), 15%, followed by malaria, 5%. ARI is also the second leading cause (10%) of mortality.

- In the greater Darfur, 45 suspected cases of meningitis were reported between 1 January and 25 February, including two suspected deaths. None of the IDP camps in any of the Darfur states crossed either the “alert” or the “epidemic” thresholds in the last week. The overall case fatality rate (since 1 January) stands at 4.4% and the cumulative attack rate is 4.3 cases per 100,000 inhabitants.

**Actions:**

- WHO has prepared a meningitis outbreak response policy that has been widely distributed to all relevant agencies. Response plans, including health education for early detection of cases and antibiotics and vaccines storage, are being developed in all three states.

- Emergency supplies (including Pastorex test kits, drugs and material for meningitis treatment) have been positioned in the three Darfur states, while laboratory capacity for surveillance and confirmation has been strengthened.

- An increase in bloody diarrhoea has also been noted in North Darfur. An investigation has begun in Kalma camp to ascertain the gravity of the situation.

- In North Darfur, WHO carried out a workshop on the use of water testing equipment for 15 government employees.

- The State MoH, in collaboration with WHO, set up a vector control campaign in the camps of Abu Shouk and Zam Zam, North Darfur.

- In West Darfur, an environmental health assessment was carried out in camps in Al Geneina town, Seliea and Kerienik. Two hand pumps will be drilled in Abu zer camp within days.

- In South Darfur, drugs were distributed to Nyala and Kass Hospital. A donation of drugs worth USD 60,000 was delivered to Nyala Teaching Hospital.

- A joint WHO, UNICEF and MoH team plans to travel to Thur, South Darfur, this week following reports by MSF of 18 measles cases in the area including alleged deaths from the disease.

- A WHO Consolidated Appeal for Sudan has been prepared based on the UN Work Plan 2005. The Appeal outlines WHO’s strategic approach for assisting the country in its complex and predictably long transition towards peace.

- 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.

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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/)
Assessments and events:
- Since the beginning of February, heavy rain and snowfall have severely affected about 150,000 people in the south-western province of Balochistan. The unusually long and harsh cold spell is compounded by the population’s lack of food stores and other supplies due to a persistent drought.
- In the province, the death toll has reached 520. Infrastructure – including water supply and sanitation systems and electricity, road and communication networks – is severely damaged. In some areas, close to 80 percent of the crops have been lost. WHO and UNICEF have expressed a fear of outbreaks of waterborne diseases and acute respiratory infections. There is also risk of malaria in the coastal districts.
- The North Western Frontier Province (NWFP) and the Federally Administered Tribal Areas have suffered also from heavy rains, unprecedented snowfall ranging from 3 to 12 metres, landslides and avalanches. Close to 7 million people are affected, with 300,000 completely isolated and stranded. A total of 363 deaths and 450 injuries have been reported in NWFP.
- In Azad Jammu and Kashmir (AJK), 65 deaths have been reported and at least 25,000 people are affected by land slides and avalanches.

Actions:
- The Government of Pakistan has not requested international assistance but has welcomed help from bilateral and multilateral partners.
- According to local authorities, essential medical supplies are among the most urgent requirements. Emergency support is also recommended for control of possible outbreaks of waterborne diseases.
- The Joint Rapid Assessment missions to NWFP and AJK have been completed.
- WHO is providing emergency medical supplies for the affected areas for a value of USD 25,000 and six Basic Health Kits (each kit sufficient for 10,000 population for three months) to be distributed among the affected provinces.

Assessments and events:
- Several smaller-scale surveys in Northern Uganda have reported alarming results with crude mortality rates well above the emergency threshold.
- A mortality survey is under preparation in cooperation between WHO, UNICEF, IRC and the Ugandan MoH in three districts of the North of Uganda (Gulu, Kitgum and Pader). A survey protocol is under development. The survey is expected to take place between the end of May and the beginning of June.
- The system set in place by the projected survey would remain so as to provide a routine checking capacity afterwards.

Actions:
- An operational assessment was finalized in the two northern districts of Pader and Kitgum to prepare for the opening of two antenna offices. In cooperation with the sub-office opened in Gulu in December 2004, these offices will strengthen coordination and surveillance of and response to communicable diseases outbreaks.
- Funding for WHO humanitarian operations in Northern Uganda has been provided by Finland and Sweden.

Assessments and events:
- OCHA reports that at least 70,000 people have fled their homes in Ituri’s Djugu Territory since 12 December, when fighting broke out between two militia groups in the area. On 28 February, humanitarian organizations suspended aid to over 54,000 of these people in the Kakwa, Tché and Gina areas, due to security concerns.
- Potential epidemics are becoming a concern as IDPs live in cramped conditions with only basic sanitation facilities. Despite poor security conditions, relief activities were resumed late last week, after eight days of what has been described as an “alarming” health situation.
- The security situation in Ituri remains tense. Militia loot, rape and kill in the Djugu area. The vaccination campaign in Bunia has again restarted after many forced interruptions. However, the security problems had a negative impact on the campaign and no children were vaccinated in the month of February.
- The cholera outbreak in South Kivu is ongoing although with a declining trend.
Some 186 cases were reported between 26 February and 4 March bringing the total number of cases to 3,195 with 43 deaths. The Cholera taskforce is facilitating case management and sensitizing the population. WHO is also providing cholera treatment supplies.

- Typhoid fever is still ongoing in the hospitals in Kinshasa. Since the beginning of the year, 19,599 cases, including 20 deaths, have been registered. A hospital strike prevents the availability of information since the end of February. The strike is also affecting the MOH capacity to deal with the outbreak.

**Actions:**

- The WHO team sent to investigate the plague outbreak in Zobia, in the northern Oriental Province, reported 58 cases, including 16 deaths. WHO’s activities include surveillance, tracing and follow up of contacts, support to the clinical management of cases and social mobilization activities in surrounding areas.
- The cholera outbreak in South Kivu is continuing but declining. WHO Cholera Task Force is on the ground providing technical advice and support for control and prevention activities.
- A WHO antenna office was opened in Mbandaka, Equateur Province. These antennas offices are serving both polio eradication efforts and integrated disease surveillance.
- WHO has received funding from OCHA for the control of typhoid fever in Kinshasa. Other current WHO humanitarian operations in the Democratic Republic of the Congo are supported by ECHO, Finland, and Norway.
- WHO has finalized the Strategy paper for DRC for 2005.

**INTER-AGENCY ISSUES**


- **Tsunami Response.**
  - Maldives. On 8 March, OCHA called an information meeting on the situation in the Maldives with the Minister of Finance of the Maldives and the Humanitarian Coordinator for the Maldives. WHO participated.
  - The next IASC Tsunami Taskforce meeting on 9 March will brief on the Tsunami Early Warning System for the Indian Ocean, assistance to indigenous people in Aceh and the funding, planning and upcoming activities for Tsunami relief and reconstruction. WHO is a member and will participate.

- **DRC.** On 9 March, the next IASC weekly meeting in Geneva will update on the humanitarian situation in the Democratic Republic of Congo. The meeting will also brief on the 2005 Montreux Donors’ retreat. WHO will attend.

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- **ECHA.** On 10 March, the UN Executive Committee on Humanitarian Affairs (ECHA) will discuss the humanitarian consequences of the deteriorating situation in Nepal and the Emergency Relief Coordinator’s mission to Sudan. WHO will participate.

- **Chad.** On 10 March, the Resident Coordinator a.i./UNCT in Chad will brief the Framework Team in New York on the recent and upcoming events could impact on UN conflict prevention activities in Chad. WHO is a member of the Framework Team and will participate.

- **Nutrition in emergencies.** The next UN System Standing Committee on Nutrition, 32nd Session, Brasilia, Brazil, from 14-18 March 2005, will table Nutrition in Emergencies on 17 March WHO plans to participate.

- **MCDA.** On 15 March, the next meeting of the Consultative Group on the use of Military and Civilian Defence Assets in Geneva will brief on the draft UN Humanitarian Civil-Military Coordination concept and its possible implementation. WHO is a member and will participate.

- **CAP.** Also on 15 March, the CAP Sub Working Group will discuss the redesign of the Financial Tracking System and the Needs Analysis Framework Workshop and strategic monitoring. WHO is a member and will participate.

- **HC Retreat.** The Humanitarian Coordinators Retreat 2005 will take place on 17 and 18 March.

- **IASC-WG.** Preparations are ongoing for the next IASC Working Group in Rome on 21 and 22 March. WHO will participate.

- **IASC Plenary.** The next IASC Plenary, at the level of Heads of Agency, will take place in Geneva on 7 April.

- **EFCT.** WHO plans to participate in the next Emergency Field Coordination Training (EFCT XII) from 18-26 April.

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

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