Health Action in Crises
Highlights – No 57: Monday, 9 May 2005

Each week, the World Health Organization Department for Health Action in Crises in Geneva produces information highlights on the health aspects of selected humanitarian crises. The reports usually cover a selection of the situations for which a combined UN system humanitarian appeal has been launched.

The WHO contributions in each situation are provided through a mix of different WHO programmes: the staff involved is drawn from WHO field and country offices, often with support from different departments in WHO regional offices and Headquarters. The remit of the WHO departments specifically concerned with Emergency and Humanitarian Action in Crises is to increase the effectiveness of the WHO contribution to crisis preparedness and response, transition and recovery. This note, which is not exhaustive, is designed for internal use and does not reflect any official position of the WHO Secretariat.

DARFUR

Assessments and Events:
- The third and last of the series of seminars on the Sudan National List of Essential Drugs was held in El Fasher. A total of 36 professionals, including clinicians, general practitioners and pharmacists, participated in the seminar facilitated by WHO and the Federal MoH.
- In North Darfur, 13 cases of measles were reported between 24 and 30 April, bringing the total number of cases since 22 May 2004 to 1,167, including 43 deaths. Nine suspected meningitis cases were reported during the same period, with no related death.
- In West Darfur, State MoH and NGOs staff members were put on alert following the report of three cases of meningitis. Active case finding is continuing.
- In South Darfur, 458 suspected cases of hepatitis E were reported during that period; however Hepatitis E incidence in Kalma camp is decreasing thanks to the sustained efforts of NGOs to provide potable water.
- In summary, between 22 May 2004 and 29 April 2005, 24,068 cases of suspected Hepatitis E, including 187 deaths, (CFR 0.77%) were reported from the Greater Darfur through the Disease Early Warning (EWARN) system.
- A measles mass vaccination campaign in the Greater Darfur is planned for July.
- Preparations are ongoing for the second mortality survey that will be carried out in all three Darfur states in May and June, as a joint initiative between the UN and the Government of Sudan.

Actions:
- In North Darfur, the pharmacy of El Fasher Hospital is now making full use of the inventory management tools provided by WHO. The reconstruction of the blood bank is completed at 95 percent, while the completion of the central laboratories is at the final stage.
- In North Darfur, WHO is preparing a sensitization campaign aimed at reducing morbidity and mortality due to communicable diseases - covering the use of Oral Rehydration Therapy (ORT), personal hygiene, safe water use, antenatal care, traditional health practices, home-based care and early referral to health clinics. Clinicians will also be trained with a view to improving the rate at which key symptoms and signs are identified.
- At El Fasher Teaching Hospital, the newly developed draft Action Plan for water supply and sanitation improvement and rehabilitation includes the construction of new septic tanks and latrines, the fitting of laundry facilities and showers and the installation of drinking water points inside the wards. Improvements also focus on solid waste management with the provision of containers, burners and pits, as well as of training for medical and cleaning staff.
- In West Darfur, following a request from hospital staff, a trauma kit, a New Emergency Health Kit and additional medical supplies were delivered to Kulbus hospital. In cooperation with ICRC, a cholera kit was placed in Zallinigi hospital.
- A series of two-day training workshops on Early Warning and Response System (EWARN) were held for 42 State MoH and NGOs staff members in Zallinigi and Garcilla.
- Environmental Health assessments were also carried out in the Zallinigi and Garcilla local hospitals, which provide services to nine IDP camps in addition to

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the towns of Zallingi and Garcilla (total population of over 150,000). The water supply, sanitation and vector control situation was inventoried, and the Hygiene Promoters working in the camps were interviewed. Where necessary, recommendations were made.

- Following the assessments, the implementation of family planning and the provision of delivery rooms are being studied at in Zallingi, Garcilla and Deleig.
- In South Darfur, 100 paracheck tests for malaria were supplied to the NGO tear Fund which is running therapeutic feeding centres in El Daein area.
- A temporary microbiology laboratory will be established in Nyala Hospital to facilitate the examination of cerebrospinal fluid (CSF) samples, thus speeding the diagnosis of new cases of meningitis.

**IRAQ**

**Assessments and events:**

- On 24 April, the Iraqi MoH launched one its largest ever mass immunization campaigns against measles. Planned for 14 days, the campaign aims at vaccinating 2.7 million children aged 1 to 5 years in 13 governorates. A second phase, to start on 15 May, will target another 1 million children in the remaining 5 governorates. The first four days of the campaign have already provided vaccination to 36 percent of the targeted children.
- The campaign is supported by WHO, USAID and the Iraqi Red Crescent Society. USAID has provided WHO with a grant of around USD 1.3 million for:
  - Social mobilization;
  - Training of MoH staff;
  - Logistical support;
  - Monitoring.

**Actions:**

- WHO delivered six packages of equipment and supplies for the National Drug Quality Control Laboratory, the Vaccine and Sera Institute and Public Health Laboratories.
- Under the UNDG Iraq Trust Fund Water Quality Control Programme, WHO procured six vehicles to support the Ministry of Environment water quality surveillance activities.
- A five-day workshop on installation, operation and troubleshooting of laboratory equipment was conducted in Amman this week for three Iraqi health staff from the Baghdad and Basra Public Health Laboratories. The local agent of the equipment manufacturing company facilitated the workshop. The training updated the team’s technical skills and abilities to install, operate and troubleshoot the electrophoresis machine and information and experience sharing.
- Preventive malaria and leishmanisis spraying campaigns have started in all governorates. WHO is in contact with the MoH-CDC Baghdad and the WHO focal points in the governorates to ensure that all needed technical and logistical support is provided.
- Two persons from the Salah Al Deen and Thi Qar governorates completed a four-week fellowship on improving surveillance systems in Alexandria, Egypt.

**WEST BANK and GAZA STRIP**

**Assessments and events:**

- On 5 May, WHO participated to a meeting called by the MoH, in cooperation with the Italian Cooperation, to discuss the findings of the health survey on health expenditure conducted by the Palestinian Central Bureau of Statistics (PCBS) on September 2004 and presented in January 2005. With the support of an international consultant, the MoH will analyse the results for future planning purposes.
- On 5 May, WHO, together with other concerned parties, participated in a Food Security workshop organized by the Palestinian Ministry of Planning in Ramallah, to draft a national strategy. Participants agreed on a strategy to cover the three main areas of food security, food safety and nutrition.
- WHO participated to a meeting with UN agencies on Mr Wolfensohn’s 100-day plan after the disengagement organized on 6 May by the UN Special Coordination Office for the Middle East (UNSCO) together with the World Bank. The Quartet Principals (the US Secretary of State, the Russian Foreign

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Minister, the EU High Representative for the Common Foreign and Security Policy, and the UN Secretary General) had announced the appointment of Mr. James D. Wolfensohn as Special Envoy for Gaza Disengagement on 18 April. Mechanisms for coordination between the UN agencies and the Quartet representative are still to be established.

**Actions:**
- On 2 May, WHO, in cooperation with the MoH, organized the first District Health Emergency Coordination Meeting in Bethlehem to collect information on the population’s general health status in that district and to establish a mechanism to better assist the health needs of the people.
- In the framework of its coordination activities for the preparation of the disengagement plan implementation, WHO is following up on the preparedness of the health sector in Gaza. Meetings were held with different actors in the health field including UNRWA, ICRC and international NGOs. WHO also participated in the Operational Coordination Group (OCG) meeting facilitated by OCHA to further discuss disengagement issues.
- On 6 May, WHO presented Health Inforum and Mental Health projects in the biweekly EC forum where humanitarian aid agencies meet with donors.

**DEMOCRATIC REPUBLIC of the CONGO**

**Assessments and Events:**
- In the Oriental Province, OCHA reported a deterioration of the security situation in the district of Ituri: over 5,000 displaced people were reported displaced while acts of banditry on humanitarian personnel and material were reported. Joint MONUC and Congolese armed forces (Fardc) operations are ongoing against militias operating in the area.
- According to the UNHCR in Goma, there is a significant number of Rwandan refugees being repatriated from South Kivu – over 1,500 since the beginning of the year.
- The number of cholera cases reported in Ituri is decreasing; 206 cases were reported last week compared to 399 the preceding week. This improvement is attributed to the joint efforts of humanitarian actors on the field.
- The number of cholera cases in South Kivu is ongoing, with 158 cases – including 25 deaths – reported last week.
- The measles outbreak in Kinshasa is continuing. Since the beginning of the outbreak, more than 2,300 cases – including 23 deaths – have been reported. Children aged 1 to 5 years are the group most affected by the epidemic representing 78 percent of the patients.

**Actions:**
- The response to the measles outbreak includes:
  - Setting up of a committee, composed of representatives from WHO, the MoH, UNICEF and MSF- France and MSF-Belgium, to coordinate the response;
  - Starting on 5 May, expanded routine vaccination programmes for children aged 9 months to 2 years carried out throughout the city;
  - Identification of 30 health centres for free services in the most affected areas;
  - Distribution of sensitization materials to health staff;
- WHO is present on the field to support the strengthening of the epidemiological surveillance.
- In the Lower Congo Province, activities are ongoing in the context of the Marburg haemorrhagic fever outbreak in neighbouring Angola. Preparedness, cooperation, early warning and rapid intervention capacity are the main focus of the committee set up for the response.
- Current WHO humanitarian operations in the Democratic Republic of the Congo are supported by ECHO, Finland and Norway.

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**SOMALIA**

**Assessments and events:**
- Following torrential rains from 23 April in the highlands of Oromiya and the lowlands of Somali regions, the Wabe Shebelle River burst its banks, causing serious losses of human and animal lives, displacement of people and damage to crops, property, wells and road infrastructure.
- On 3 May, OCHA reported more than 100 people dead while many more remained missing. Initial assessments confirmed about 21,000 households or 105,000 people have been affected and have lost houses and properties. More than 50,000 livestock have died.

**Actions:**
- A team of government representatives and humanitarian partners conducted a rapid joint assessment mission of the areas most affected. The mission noted that:
  - There were severe damage to the water supply systems, including dams and wells;
  - A large proportion of the population uses surface water contaminated with human faeces, dead shoats and other wastes;
  - Pools of stagnant water covering major parts of the areas visited increase the risk of malaria.
- While no disease outbreaks have yet been reported, consumption of contaminated water poses a major risk of and water and sanitation related diseases such as diarrhoea, upper respiratory infections, conjunctivitis and skin diseases. The health situation is further aggravated by the prevalence of poor environmental sanitation, shortage of skilled health personnel and lack of community awareness on hygiene and sanitation.
- Relief items have been rapidly distributed and most of the immediate emergency needs are being met. Rehabilitation and recovery plans are currently under way.

**INTER-AGENCY ISSUES**

- **Angola/Tsunami.** On 4 May, WHO participated to the IASC Weekly meeting in Geneva briefed on the transition between emergency and development in Angola and on the Tsunami Response in Aceh Jaya, Indonesia.
- **Togo.** WHO participated to the UNHCR Task Force on Togo, Ghana and Benin that met in Geneva on 4 and 6 May.
- **Tsunami.** WHO attended the high level inter-agency tsunami recovery meeting in New York on 6 May. WHO also plans to attend the:
  - Second high level inter-agency tsunami recovery meeting with representatives of affected countries in New York on 3 June;
  - IASC Tsunami Taskforce, to which WHO is a member, in Geneva on 11 May;
  - OCHA national level workshops in late May in Indonesia, the Maldives, Sri Lanka and Thailand;
  - Inter-agency regional level workshop on lessons learned in Indonesia in late June.
- **Kyrgyzstan.** An inter-agency needs assessment mission to Kyrgyzstan is planned to take place around 10 May to facilitate integrated inter-agency contingency planning to strengthen the preparedness of UN agencies in the Kyrgyz Republic. WHO will participate.
- **Framework Team.** The next Framework Team meeting will take place in New York on 10 May. WHO is a member and will participate.
- **Liberia.** The first Liberia Results-Focussed Transition Framework Annual Technical Meeting will take place in Copenhagen on 9 and 10 May, hosted by the UNDP Nordic Office in Copenhagen. WHO participates.
- **Executive Committee on Humanitarian Action.** On 11 May, the ECHA meeting in New York will discuss (1) Emerging Crises: Niger, Guinea Bissau, and Togo; and (2) brief on preparations for the Secretary-General’s meeting with Regional Organizations on 25 July. WHO will participate.
- **Colombia.** On 11 May, UNHCR will hold an information meeting on the Mexico Plan of Action and the Colombia situation. WHO will attend.
- **Dialogue with Islamic NGOs.** On 11 May, the meeting NGO/IASC meeting in Geneva will focus on the role of the Islamic/Muslim Humanitarian sector. Islamic Relief will lead the discussion. WHO will participate.
- **IFRC Global Health and Care Forum.** The IFRC Global Health and Care Forum, which will focus on the utilization of volunteers within the areas of HIV/AIDS, health in emergencies and community health programmes will take place in Geneva from 11 to 13 May. The Representative of the WHO Director-General

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- **UN-CMCoord.**
  - The next UN-Training course for Civil Military Coordination (CMCoord) will take place in Santo Domingo, Dominican Republic, from 15 to 20 May.
  - Other UN-CmCoord training courses are planned from 12 to 17 June in Schwarzenburg, Switzerland and from 28 August to 2 September in Kuopio, Finland. WHO will participate.

- **Sudan, Darfur.** Preparations are under way for an inter-agency meeting in Geneva on 18 May on environmental considerations and solutions in Darfur, Sudan. WHO will participate.

- **Humanitarian Response Review.** On 19 May, the IASC Reference Group on the Humanitarian Response Review in Geneva will provide a mid-term status report of the HRR process. WHO is a member and will attend.

- **Sustainable solutions for refugees.** On 20 May, UNHCR will convene the fourth High Commissioner’s Forum in Geneva on advancing the targeted use of development assistance for ensuring the sustainability of solutions to refugee problems. WHO will participate.

- **Training.**
  - Integrating Conflict Sensitivity into UN planning and programming. A workshop on integrating conflict sensitivity into UN planning and programming will take place in Turin, Italy, on 23 and 24 May. WHO plans to participate.
  - International Humanitarian Law. The ICRC and the Harvard Program on Humanitarian Policy and Conflict Research will offer an advanced training course on “International Humanitarian Law and Current Conflicts: New Challenges and Dilemmas” from 18 to 22 July. The course will be held on the Harvard University campus in Cambridge, Massachusetts, USA.

- **Disaster Reduction.** The eleventh session of the Inter-Agency Task Force on Disaster Reduction will take place in Geneva from 24 to 26 May. WHO is a member and will attend.

- **Public-Private Partnerships.** In order to share experiences and learn how to work more effectively with business and foundation partners to achieve UN goals, a meeting of UN Private Sector Focal Points will take place in Geneva on 26 and 27 May. WHO will participate.

- **Natural Disasters.** The next meeting of the IASC Taskforce on Natural Disasters, which will be held in Geneva on 29 May, will finalize the country team self-assessment tool and the final TF report before submission to the IASC Working Group in June. WHO is a member and will participate.

- **Gender.** Preparations are under way for the next meeting (tentatively set for 2 June) of the IASC Taskforce on Gender and Humanitarian Assistance. WHO co-chairs the work of the Taskforce.

- **IASC-WG.** The next IASC WG will take place in Geneva on 22 and 23 June. WHO is a member and will participate.

- **Economic and Social Council.** Preparations are under way for the ECOSOC Humanitarian Segment, which will take place in New York from 13 to 18 July. WHO will participate.

### SPECIAL EVENT

- **About 400 participants, many from affected countries, contributed to the Conference on the Health Aspects of the Tsunami Disaster organized by WHO between 4 and 6 May, in Phuket, Thailand.**
- **The event was a successful review of the lessons drawn from the response to this disaster.**
- **A consensus emerged on a number of points:**
  - National capacities are key for effective risk management and vulnerability reduction. Building public health capacity and promoting strong national management systems is essential.
  - Comprehensive post-disaster assessments are also a key element. WHO is working with other UN agencies, NGOs, ICRC and IOM to develop standard tools and mechanisms for the consolidation and dissemination of assessment reports.
  - Governments have indicated that they seek the UN authoritative support for response management and coordination. WHO is to serve as the health arm of the System.
  - Explicit and agreed upon benchmarks, standards and code of ethical practice are needed.
  - Commercial private sector groups have a role to play in preparedness and response along with voluntary bodies and the Red Cross and Red Crescent Movement. There is a need for clear principles for the private and public sectors to engage together in health aspects of disaster work in any country.
  - Bilateral donor agencies have critical importance in supporting national preparedness and response. Recipient groups need to be aware of donors’ priorities and of the importance of accountability on utilization of resources and achievement of results. At the same time, donor efforts must be underpinned by the principles of good donorship.
The military had a positive impact in supporting civilian assistance to the needs of communities affected by the disaster. More careful work is needed to enable military forces and humanitarian agencies to understand and interact with each other better.

There is a clear need for increased investment in building effective relations between humanitarian agencies and the media.

There was a wide endorsement of WHO’s four strategic functions – assessing health needs and identifying causes of ill-health and death; supporting coordination; identifying and filling critical gaps in health response; and building capacity of health systems.

WHO is committed to take account of the results as it continues to support professionals working for vulnerability reduction and disaster preparedness, disaster relief and recovery in all communities which are threatened by disasters and crises.

The results of the Conference are expected to be debated by delegates at the World Health Assembly to be held in Geneva from 16 to 25 April.

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

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