Health Action in Crises
Highlights – No 77: 10 – 16 October 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.

SOUTH ASIA EARTHQUAKE

Inter-agency Work:
- On 10 Oct, WHO called an ad-hoc meeting of the IASC Health Cluster Working Group to
discuss assistance. Priorities flagged: the need to improve coordination on the ground in
Pakistan, and to facilitate access to remote valleys. A special Earthquake Task Force will
meet regularly in Geneva.
- An ad hoc meeting of the IASC Cluster WG on Emergency Shelter took place on 11
October.
- Activation of the United Nations Joint Logistics Centre (UNJLC) is expected by 12
October.
- The IASC Cluster WG on Water, Sanitation and Hygiene reviewed its response to the
Pakistan earthquake on 12 October.
- The IASC Nutrition Cluster Working Group discussed the minimum responses that are
expected from all agencies.
- An ad hoc meeting of the IASC Cluster Working Group on Early Recovery shared
information on efforts by each agency.
- OCHA called a GIST teleconference to assign roles and set due dates for data acquisition and
related tasks.
- WHO and InterAction are organizing an ad-
hoc teleconference on Mental Health and
Psychosocial Support for the affected
population.

Assessments and events:
- On 8th October, an earthquake of magnitude 7.6 on the Richter scale struck
Pakistan's Kashmir, northeast of Islamabad, near the Indian border. The UN
estimates the disaster has affected 4 million people (1 million severely) and
placed 500,000. The official death toll in Pakistan remained at 23,000
while Indian authorities say 1,300 people have died in Jammu and Kashmir.
Extensive rescue and relief efforts are underway.
- Major hospitals have been completely destroyed and many health personnel
perished. Medical, surgical and trauma kits are urgently needed, as well as
ambulances to transport injured survivors to health facilities for treatment.
- A mass measles vaccination campaign is urgently required to protect the
displaced population from outbreaks.
- Acute respiratory infections are expected to increase for the homeless due
to cold weather.
- Severe damage to the water and sanitation system, lack of access to
adequate shelter and food presents serious health risks.

Actions:
In Pakistan:
- WHO's Polio country network has been immediately activated to assist in
recovery work.
- A joint WHO/AMR operation centre located in the Institute of Medical
Studies, Islamabad has been established to coordinate with all health
partners. The field operation centre is set up in Abbottabad.
- A team of 14 WHO experts in public health, epidemiology, health system,
water and sanitation have started assessments in affected areas.
- Cash was remitted to WHO country office for local purchase of medical
supplies and other operational expenditures.
- WHO provided 5 New Emergency Health Kits (each kit provides medical
supplies for 10,000 people for three months) and ten trauma kits (A and B)
each caters for 100 surgical interventions.
- The WHO Director for EMRO and the Representative of the WHO
Director-General for Health Action in Crises are visiting Islamabad. High
level meetings with the Pakistan Authorities and the IASC country team
will focus on coordination.
- A UN Flash Appeal estimated at US$ 272 million was launched on 11
October. WHO is appealing for US$ 21.7 million to help meet the health
needs of affected population.
- The following donors are providing support to WHO: Australia (US$ 1,899,696),
Ireland (EURO 100,000), Italy (EURO 250,000 plus in-kind
donation of 5 Trauma kits A, 5 Trauma kits B, 5 New Emergency Health
Kits and transport), Principality of Monaco (EURO 100,000), Norway
(US$ 250,000), Sweden (US$ 1,928,020), Switzerland (US$ 100,000), the
United Kingdom (US$ 252,000), and USAID (US$ 2 million).

In India:
- WHO's country office provided US$ 11,600 for urgent relief items to the
Indian Red Cross.
- WHO's Regional Office for South-East Asia (SEARO) provided four
surgical supply kits that would assist several hundreds of injured persons.

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Crises Web site for more details: http://www.who.int/disasters/
HURRICANE STAN

Assessments and events:
- Heavy rains brought on by Hurricane Stan caused serious flooding and landslides along the coast of Central America and Mexico. The governments of El Salvador, Guatemala, Nicaragua and Mexico have declared state of emergency.
- El Salvador is simultaneously affected by a 6.2 Richter scale earthquake and volcanic eruptions. 69 deaths reported with more than 69 603 people seeking refuge in shelters. 21 health centres are damaged and 80% of roads network is affected. Sanitation and water is a major health issue.
- In Guatemala, floods and more than 900 landslides severely damaged housing and infrastructure in 251 of 331 municipalities in 15 of the country's 22 departments. Approximately 652 people died, 130 179 people are affected with 89 675 persons residing in temporary shelters.
- Mexico suffered damage to infrastructure, with 22 health centres damaged. 13 645 people are in shelters, 6000 houses destroyed and 8 deaths reported.
- In Nicaragua, the impact of Hurricane Stan appears less severe, still 1 407 persons are affected, 876 evacuated and 3 dead. 700 persons are in shelters.

Actions:
- PAHO provided Guatemala USS 100 000 for medicines and supplies, mobilization of emergency teams, and temporary installations in the National Council for Disaster Reduction (CONRED). Four vehicles were sent to MOH.
- In El Salvador, PAHO installed the Humanitarian Supply Management System (SUMA) and provided guidance on sanitary management of shelters and nutritional security in emergency situations. PAHO is working with MoH and NGOs on mental health interventions in shelters.
- PAHO is monitoring the situation in Mexico and has offered assistance.

NIGER

Assessments and events:
- The crisis continues and malaria remains the leading cause of mortality and morbidity.
- Between 28 and 29 September, 6 new cases of cholera with no deaths were reported in Tahoua, bringing the total number of cases reported between 13 July and 6 October to 469 cases (46 deaths).
- A mass measles immunization campaign has recently been completed with 94% coverage in the Diffa and Agadez regions successfully reducing the overall mortality and morbidity.

Actions:
- A nutritionist and a logistician have been recruited to support the WHO Niamey operations office.
- WHO conducted training courses for 80 healthcare workers on use of Artemisinin-based Combined Therapy.
- WHO conducted a course on treating malnutrition for 12 health workers in Niamey. To date, a total of 82 health workers (including 10 trainers) have received training.
- The fourth issue of the Epidemiological Weekly Morbidity, Mortality and Nutritional Surveillance Bulletin was published by the MoH with the support of WHO and UNICEF.

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SUDAN

On 14 October, the Humanitarian Liaison Working Group in Geneva will focus on the OCHA mission to Khartoum and South Sudan that assessed IDP return programmes.

Assessments and events:
- In Darfur, Acute Respiratory Infections (ARI), clinically diagnosed malaria, injuries and bloody diarrhoea remain the leading causes of morbidity. The majority of deaths are caused by clinically diagnosed malaria, followed by ARI and bloody diarrhoea.
- Due to deteriorating security, many international NGOs have suspended their health activities in Darfur.
- Meanwhile, in the rest of Sudan, IDPs’ return is underway. There are increasing concerns for food shortages in the South.

Actions:
- In North Darfur, a joint WHO/SMoH medical team conducts weekly visits to Tawila after suspension of health activities by NGOs.
- WHO is working with UNFPA to set up a referral system for Gender Based Violence.
- WHO provided technical support and protective gear to the SMoH and Spanish Red Cross for an emergency insecticide spraying activity in Fata Borno (Kutum).
- In West Darfur, WHO donated a New Emergency Health Kit (NEHK) to IMC for its Primary Health Care (PHC) clinics in Zalingei and delej IDP camps. Each kit contains essential medicines and supplies to support 10,000 for a period of 3 months.
- WHO is investigating increasing cases of severe malnutrition in the Morni IDP camp.
- In South Darfur, WHO conducted an assessment visit to the Ottash IDP camp to investigate the increase in Acute Respiratory Infections (ARI). The assessment revealed that cases was primarily due to over reporting and changes in population coverage.

INTER-AGENCY ISSUES

- 10-11 October the Stakeholders Workshop on Strengthening of the International Strategy for Disaster Reduction (ISDR) from discussed areas of broad ownership, understanding and commitment to a strengthened system to ensure coherent implementation of the Hyogo Framework. WHO participated.
- UNFPA and UNIFEM held a meeting in New York on 10-12 October on Gender Based Violence to strategize for global advocacy, improve effectiveness and accountability, and chart a concrete plan for coordinated UN and inter-organizational action. WHO participated.
- The IASC Cluster WG meeting on Camp Management on 13 October will review tasks to be accomplished by December 2005 and discuss global emergency preparedness, support to IDP situations and capacity mapping.
- The Senior Network on Internal Displacement on 13 October 2005 will debrief on the mission conducted by OCHA IDP Division (IDD) Sudan and update on future focus and priorities.
- Discussion points for the Inter-Cluster IASC Working Group Meeting on 14 October are: inter-cluster coordination, cross-cutting issues and status of implementation plans.
- UNFPA will hold a working conference “Women, Peace and Security: Implementing Resolution 1325: UNFPA’s Role, Responsibilities and Opportunities” in Bucharest, Romania, from 17-20 October 2005. WHO is invited.

CAP PREVIEWS

Preparations are well under way for the Consolidated Appeals Process (CAP) to be launched in November. In this week’s edition of Weekly Highlights, we are featuring seven countries/regions to provide a view of their current situation, and of the focus of work of WHO for the next year.

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CENTRAL AFRICAN REPUBLIC

Overall Situation as of now:
- Between 1995 and 2000, life expectancy dropped from 49 to 43 years, maternal mortality rate increased from 680 to 948/100,000 live births, and infant mortality from 97 to 130/1,000. 68% of the rural population have no access to drinking water.
- Lack of access to health and loss of capacity to prevent, detect, and respond to epidemic outbreaks are main determinants of risk to life and health in the country.
- Three-quarters of the health infrastructure, including the cold chain system are destroyed. The worst affected are the prefectures of Ouham, Ouham Pende, la Nana Gribizi and Ombella-Mpoko, home to about 1 million people.

Health Sector Priorities:
For 2006, WHO will concentrate on:
- Reinforce surveillance systems of epidemic prone diseases in high-risk areas (Bangui and conflict affected regions)
- Coordination of health programs in emergency situations
- Strengthening emergency obstetric care
- Preparedness and response to emergencies and disasters
- Prevention of communicable diseases among children in the health care facilities.
- Prevention and control of sexually transmitted diseases, HIV/AIDS and Tuberculosis.
- Ensuring water quality in health facilities.

CHAD

Overall situation as of now:
- Since 2003, the conflict in Darfur resulted in the arrival of more than 200,000 refugees in Eastern Chad. This influx added to the 30,000 refugees originating from the Central African Republic already present in the area of Sarh in the South of the country.
- Geographic access is difficult throughout the country. The national health network cannot sufficiently provide for the needs for the population. Most facilities are under-equipped and lacking in qualified personnel.
- Prevalence of diarrhoeal diseases, measles and acute respiratory infections is high, much of which is due to lack of potable water and malnutrition. Only 20% of the population has access to potable water.

Health Sector Priorities:
For 2006, WHO will concentrate on:
- Preparedness and response to epidemics in Northeast region of Chad.
- Disease and nutritional surveillance system in refugee camps.
- Mental health care and psychosocial support.
- Maintain technical presence in support of health partners in Abeche.
**CÔTE D'IVOIRE**

*Overall situation as of now:*
- Since 2002, Côte d'Ivoire has experienced severe instability, internal conflict and displacement resulting in disrupted access to essential health services for the 16.4 million Ivorians, estimated 70,000 refugees and 500,000 IDPs in the country.
- Access to health services is difficult for vulnerable groups in areas under control of the Forces Nouvelles. In the West and North, 70 to 80% of the 547 health facilities are closed, whereas facilities in the South are over-stretched from the demands of people displaced by war.

*Health Sector Priorities:*
For 2006, WHO will concentrate on:
- Early warning system for the surveillance of epidemiological disease
- Emergency primary health care - malaria management
- Routine immunization activities with focus on tetanus
- Polio immunization campaigns
- Case management and control of Buruli Ulcer epidemics in affected areas
- Increase access to Preventing HIV Mother-to-Child Transmission (PMTCT) services in conflict areas
- Reproductive health services in the Forces Nouvelles controlled areas.

Most of these projects will be jointly carried out with UNICEF and/or UNFPA.

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**GREAT LAKES**

*Note: Burundi, Democratic Republic of the Congo, Republic of Congo, and Uganda are also featuring country specific chapters in the CAP 2006.*

*Overall situation as of now:*
- Despite positive political developments in some areas, such as the Burundi peace process, the Great Lakes region as a whole continues to be characterized by insecurity, internal displacement and refugee outflows - over six million people are estimated to be displaced in the region.
- The crisis in the Region hinges on the conflict in DRC. In many countries surrounding DRC, health and humanitarian concerns are similar. HIV/AIDS and its compounding effect on conflict affected and food insecure populations continue to be a central challenge for humanitarian work.

*Health Sector Priorities:*
For 2006, WHO will concentrate on:
- Advocacy and resource mobilization (with UNFPA) for comprehensive reproductive health services.
- Strengthening health surveillance and coordination in crisis situations.

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**WEST BANK and GAZA STRIP**

*Overall situation as of now:*
- Demand on municipal services, hospitals, and schools has increased, while revenues have fallen. Palestinians frequently cannot obtain or afford medical care due to insecurity and movement restrictions. Around 70% of the population is food insecure, or in danger of becoming so.
- Non communicable diseases are the main causes of deaths. In 2003, the leading causes of death (among all age groups) were: cardiovascular disease 36.1%, perinatal conditions 9.9%, cancer 9%, injuries 8.8%.

*Health Sector Priorities:*
For 2006, WHO will concentrate on:
- Strengthening quality of care for non-communicable diseases
- Health coordination, strengthening information and advocacy for health care access of the Palestinian population.
- Emergency preparedness and response
- Communicable diseases
- Medical waste management
Overall situation as of now:
- Tens of thousands of refugees from the region’s wars seek refuge in the Republic of Congo's northern areas. Internal conflict has also led to thousands of people being displaced for years. Most of those residing near Brazzaville have returned to their homes.
- More than 130,000 persons have returned the Pool region, where health posts have been destroyed or looted: only nine of the sixteen health infrastructures operating there are partially functioning.
- The population of the Pool lack access to potable water. Incidence of water-borne diseases and gastrointestinal infections are high.
- Quality of reproductive health is poor, leading to extremely high maternal mortality. Thousands of women and young girls who were victims of sexual violence during the conflict lack adequate assistance and psychological care. The HIV/AIDS prevalence, which is estimated at 5% in the entire country and at 2.6% in Kikala, may significantly deteriorate as sexual violence continues unabated.

Health Sector Priorities:
For 2006, WHO will concentrate on:
- HIV/AIDS prevention and control for vulnerable groups with special care for women and young victims of sexual violence.
- Set in place 4 health centres to support surveillance of HIV/AIDS in Pool region (Kinkala, Kindamba, Mindouli and Igoué)
- Prevent and control water-borne diseases through laboratory support, training, information management and coordination.

Overall Situation as of now:
- In 2005, West Africa continues to be affected by a range of disasters including droughts in the Sahel region, complex emergencies in Guinea Bissau, Liberia, and Sierra Leone.
- The entire region is characterized by uncontrolled cross-border movements, which facilitate the spread of communicable diseases. Cholera, yellow fever, and HIV/AIDS are among the epidemics that ravaged the region throughout 2005.
- Chronic malnutrition affects a large percentage of children.
- High incidence of sexual and gender-based violence also poses a major threat to the health and well-being of women and children affected by conflict in the region.
- An inter-agency meeting took place on 3 October in Dakar to discuss contingency planning for the region. Another meeting was held on the 10th of October to prepare a Flash Appeal concentrating on urgent measures for cholera control in the region.

Health Sector Priorities:
For 2006, WHO will concentrate on:
- Scaling up coordination capacity and emergency response capacity. Cholera is the priority.
- Strengthening disease surveillance and outbreak response for communicable diseases.
- Improving the quality of health care services in crisis-affected zones.
- Quality of potable water and sanitation in localities affected by the crisis.

In Liberia, WHO will pay particular attention to:
- Health coordination; psychosocial and mental health for vulnerable population groups; surveillance and early warning system; and Polio immunization campaigns.

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

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