Health Action in Crises
Highlights – No 74: 12 - 16 September 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.

### SOMALIA

**Assessments and events:**
- Polio has been reported in a 15-month old girl in Mogadishu. The origin of the virus is being determined. Somalia had been polio-free since 2002.

**Actions:**
- Concerted immunization campaigns are being planned across eight countries – Djibouti, Eritrea, Ethiopia, Somalia, Sudan, Yemen, and parts of Kenya and the DRC – between September and November targeting 34 million children under the age of five.
- The first campaign will be launched on 28 September in Somalia, where 1.5 million children will be immunized.
- WHO will participate to the UNDG Technical Working Group in support the Joint Needs Assessment in order to prioritize initiatives for reconstruction, development and peace building in the country.

### ETHIOPIA

**Assessments and events:**
- As of 31 August, two new polio cases were reported in the country, bringing the total number of cases to 15 for 2005. Both cases occurred in July, one in Oromiya Region, near the border with Somalia and the other in Amhara Region. The two cases occurred after Ethiopia’s National Immunization Days (NIDs) in late May.

**Actions:**
- A Response Committee was established within the MoH and WHO as a precautionary measure. As part of preventive measures, immunization days were conducted in the zones bordering the Sudan covering about 3.5 million target children.
- WHO/Polio and UNICEF are dedicating time and effort to help the WHO country office secure funds for a new round of NIDs is to be held in October.

### HURRICANE KATRINA

**Assessments and events:**
- Over 1 million people were displaced by the Hurricane. Close to 250,000 of them are being sheltered in 22 states across the country. The death toll is estimated at over 600.
- The response is rapidly shifting from the provision of emergency assistance to recovery operations. Immediate needs of the populations affected by the Hurricane are being met and systems are in place to sustain the assistance over the long term. This has resulted in decreased need for international assistance including UN inputs.
- Major health issues are environmental safety, shelter, mental health, infectious disease, health care delivery and identification of dead bodies. Restoration of health services and pumping of flood water are ongoing.

**Actions:**
- One medical officer of the UN Inter-Agency Team is to remain in New Orleans to provide health sector planning advice to the Department of Health and Human Services (HHS). The WHO team at the Centre for Disease Control (CDC) in Atlanta has completed its mission and departed.
- WHO participates in the IASC Weekly meetings held in Geneva in response to the hurricane and in the inter-agency conference calls.

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**Niger**

**Assessments and events:**
- In the first week of September, 140 new cases of cholera and 14 deaths have been reported in Tahoua Region, bringing the total number since 13 July to 359 cases and 35 deaths (CFR 9.75%).

**Actions:**
- WHO was in Tahoua Region from 3 to 8 September to support health authorities in the cholera-affected districts. Risk factors were investigated; outbreak response, case management, laboratory support and surveillance were assessed. WHO guidelines on the management of severe diarrhoea were distributed.
- WHO is procuring 100,000 “3+3” blisters of artesunate/amodaquine for first line treatment of uncomplicated malaria. This amount is sufficient for the treatment of 100,000 children under seven years and is scheduled to arrive during the week. WHO will also provide 20,000 malaria rapid tests for severely malnourished children.
- WHO is extending its presence in the East of the country, opening a satellite office in Zinder that will be serviced through the Maradi Office.
- WHO and the Belgian Permanent Mission in Geneva are organizing a Humanitarian Liaison Working Group meeting in Geneva on 28 September to draw attention to the under funded needs of the health sector in Niger. A film entitled “Niger Food Crisis and Health” will be shown to be followed by presentations from WHO, UNICEF, UNFPA, IFRC and health NGOs.
- Current WHO humanitarian operations in Niger are supported by the UK’s Department for International Development. More funds are needed. The government of Italy has shown a strong interest in supporting WHO operations in the country.

**Democratic Republic of the Congo**

**Assessments and events:**
- The UN Security Council authorized the temporary deployment of additional personnel and equipment to the MONUC in preparation for the country’s general elections in 2006.
- UNHCR will begin facilitating the repatriation of approximately 150,000 refugees from Tanzania to the Uvira and Fizi territories in South Kivu.

**Actions:**
- The WHO/EHA focal point in South Kivu travelled to Uvira to coordinate water and sanitation activities in preparation for the return of the refugees from Tanzania.
- Current WHO humanitarian operations in the Democratic Republic of the Congo are supported by the Humanitarian Aid Office of the European Commission (ECHO), UNOCHA and the governments of Finland and Norway. More funds are needed.

**Sudan (Darfur)**

**Assessments and events:**
- Sudanese officials announced that the Government and the Darfur rebel groups will open the next round of peace talks in Abuja on 15 September.
- During the sixth round of polio National Immunization Days (NIDs) carried out in Darfur in August close to 1.2 million children were vaccinated, i.e. 94% of the targeted population.
- From 27 August to 2 September, just under 55,500 consultations were reported. Of these, 15% were due to Acute Respiratory Infections (ARI), 10% to malaria and 4% to bloody diarrhoea.
- In West Darfur, the number of malaria cases reported between 27 August and 2 September was 1,477 a decrease compared to 4,417 during the same period in 2004. The same applies for acute jaundice syndrome and bloody diarrhoea.
- In South Darfur, two cases of measles were reported in Kalma and Ottash camps between 4 and 20 September. Case investigation is ongoing; measles transmission has decreased after the mass vaccinations conducted in August.
Actions:

- In North Darfur, WHO and UNFPA are setting up a referral system for cases of Gender-Based Violence.
- WHO and the Federal FMoH are working together to improve monitoring and supervision of IMCI (Integrated Management of Childhood Illness) activities.
- In West Darfur, WHO is supporting the State MoH and the International Rescue Committee with daily monitoring of water quality, source chlorination, hygiene promotion, sanitation work and vector control against houseflies.
- WHO and the State MoH conducted a training on basic skills, safe practices, hygiene and infection control for 25 nurses in El Geneina Hospital.
- WHO provided Artesunate, Sulfadoxine-pyrimethamine and Parachecks to 20 health facilities run by Save the Children-US.
- In South Darfur, WHO and the State MoH conducted a health facility and IMCI assessment in Genena and El Sherif IDP camps while an IMCI training workshop on case management was conducted for 18 medical assistants.
- WHO delivered basic emergency kits, rapid diagnostic tests, malaria drugs and Oral Rehydration Salts (ORS) to the State MoH and several NGOs.

INDIA

Assessments and events:
- From 29 July to 30 August, 1,145 cases of Japanese encephalitis were reported from 14 districts in Uttar Pradesh. About one-fourth (296) of these died. Ninety cases from the adjoining districts in Bihar were also admitted to hospitals in Uttar Pradesh. Almost all cases are below 15 years of age. They presented acute onset of fever with encephalitis followed by delirium and death within a short period. Cases who survive show evidence of neurological deficit.
- Japanese encephalitis first appeared in Uttar Pradesh in 1978, killing 721 people. It is transmitted via mosquitoes and the risk is highest between June and September during the monsoon. Without vaccination, case fatality ratio can reach 80%.

Actions:
- Control measures taken by the Government with WHO assistance include:
  - A health education campaign to increase awareness about the importance of early treatment of cases;
  - Vector control by intensive fogging and spraying in priority villages;
  - Some 300,000 doses of vaccine sent to Uttar Pradesh;
  - Public health experts and senior paediatricians assisting local health authorities in outbreak investigations and control measures;
  - Distribution of case management guidelines to hospitals to reduce case fatality.

WEST BANK and GAZA STRIP

Assessments and events:
- On Monday, Israeli troops pulled out of the Gaza Strip.
- The Local Aid Coordination Committee (LACC) organized on 9 September a meeting to update participants on the political situation and brief donors on the implications of the disengagement.

Actions:
- During the emergency Coordination Meeting held in Ramallah on 7 September, the Palestinian MoH presented the needs of the primary and secondary health services in Ramallah district. Health Inforum gave a presentation on the joint survey on health services last year in 600 primary and secondary health care centres in the West Bank and Gaza (see Health Inforum website at http://www.healthinforum.net/).
- Between 4 and 9 September, bilateral meetings conducted by WHO and the Italian Cooperation with the other participants to Health Sector Working Group (HSWG) identified ways to improve coordination in the health sector. A draft document on the findings will be presented to the next HSWG meeting.
SOUTHERN AFRICA
(Lesotho, Malawi, Mozambique, Swaziland, Zambia, Zimbabwe)

Mozambique, 500,000 in Lesotho and 200,000 in Swaziland are reported food insecure and require humanitarian assistance.

- At the regional level, the UN Regional Inter-Agency Coordination and Support Office (RIACSO), with WHO technical support, disseminates health information and best practices, improves health sector coordination and provides technical guidance on health issues.
- WHO works at improving epidemic preparedness and response, disease surveillance, and women’s and children’s access to health care.
- WHO will participate to a SADC Regional Vulnerability Assessment Committee (RVAC) meeting of Regional Experts on 19 and 20 September in Johannesburg, South Africa, to discuss the VAC findings and map a way forward.

INTER-AGENCY ISSUES

- On 14 September, WHO and UNICEF are briefing the Interagency Standing committee (IASC) Weekly in Geneva on Malaria in Emergencies.
- On 14 September, WHO is participating in the meeting of the IASC Subworking Group on Gender-Based Violence updating on the IASC GBV Guidelines and implementation in the field, field-testing and training.
- The first meeting of the Consultative Committee for the Third International Conference on Early Warning will take place in Geneva on 15 September. WHO plans to participate.
- The IASC Early Recovery Cluster Group will meet on 19 September to follow-up on the IASC WG Retreat and ways forward. WHO is a member and will participate.
- On 20 September, the IASC Taskforce on Gender and Humanitarian Action will update on progress regarding the IASC Gender Mainstreaming Handbook. WHO is a member and will participate.
- On 21 September the UN Executive Committee on Humanitarian Affairs (ECHA) will review the situation in Côte d’Ivoire and in the Democratic People’s Republic of Korea and the threat of pandemic influenza. WHO will participate.
- The first technical workshop on Mental Health and Psychosocial Support in Emergency Settings will be held in Geneva on 20 and 21 September to work out a matrix on present response information in a simplified chart. WHO and InterAction facilitate the work of this Taskforce.
- The next meeting of the IASC-UNDG Tsunami Taskforce will take place on 20 September. On 22 September, the Global Consortium for Tsunami Recovery will meet in Washington DC. WHO will participate in both events.
- On 22 September, WHO will hold a lunch time meeting on mental Health Assistance in Sri Lanka after the Tsunami Disaster.

In Malawi, where the food crisis appears particularly severe, there are also risks for next year’s production if emergency agricultural support – maize seed and fertilizer – is not provided very soon, in time for planting next year’s crops.

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<th><strong>Emergency Logistics.</strong></th>
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<td>Ø The IASC Logistics Preparedness Cluster held a workshop on 13 September to update on the global mapping exercise of all emergency stockpiles and how it can be linked to a system for tracking commodities. WHO is a member and will participate.</td>
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<td>Ø A meeting of the Inter Agency Global Fleet Forum, a joint initiative of the IFRC, the WFP and World Vision International, will take place in Geneva on 22 September. WHO will participate.</td>
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<td>Ø The next meeting of the IASC TF on <strong>HIV/AIDS in Emergency Settings</strong> will take place in Geneva on 26 September. The meeting will brief on the IASC guidelines translation and reproduction, discuss suggestions for additional activities and update on report to the IASC Working Group and its recommendations. WHO is a member and will participate.</td>
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*Please send any comments and corrections to crises@who.int*

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