Health Action in Crises
Highlights – No 66: Monday, 18 July 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.

GRENADA

Assessments and events:
• Barely ten months after Hurricane Ivan swept away 80 percent of Grenada’s infrastructure and destroyed 90 percent of the nation’s 28,000 homes, Grenada was hit on 13 July by Hurricane Emily, a category 1 storm.
• There are clear indications that the health sector was better prepared and equipped to cope in the wake of the Hurricane Emily than was the case after Hurricane Ivan. Communication links were maintained and there was no significant loss of drugs, equipment and supplies. Many services were still being delivered after the storm.
• Following the devastation, the Government of Grenada is appealing to the international community for urgent assistance.

Actions:
• PAHO/WHO international health services experts will discuss strategic capital investment projects with the MoH and the possible redirection of funds pledged in the wake of Hurricane Ivan.
• PAHO/WHO has organized a reconnaissance team of advisers to study the effects of Hurricane Emily on the health status of Grenada and Carriacou and to undertake a health needs assessment in response to the damage.
• PAHO/WHO has provided a technical officer to undertake the rapid health facilities assessment and provided technical guidance for the epidemiological assessment and the health education/promotion programme. It has also assigned a senior Environmental Health Officer to undertake environmental health assessment and contracted a structural engineer to update existing retrofitting plan previously prepared for the Government of Grenada in February 2005.
• PAHO/WHO is liaising with international partners to secure resources as needed and assisting the Government to mobilize resources for reconstruction/ replacement of the Richmond Home.
• Further information is available at: http://www.paho.org/english/dd/ped/huracan-emilyhome.htm

BULGARIA

Assessments and events:
• Between 25 May and 12 June, storms, heavy rainfall and hailstorms caused heavy flooding in many parts of the country, most particularly in Rousse, Sofia, V. Tarnovo and Pavlikeni where rivers rose by 1.5 to 2.5 meters. Another week of strong rain at the beginning of July has worsened the situation, with dam water levels in affected areas rising up to the point of overflow and requiring controlled discharge.
• Residential and public buildings and infrastructure – roads, streets, railways, gutters, drainage systems and bridges – were damaged. State of Disaster has been declared in a number of districts. The total damage is estimated at approximately 75 million Euros.
• Drainage works, removal of mudflows and fallen trees from the roads and building of temporary dikes in dangerous locations is ongoing.
• A request to the UN for international assistance has been made through the State Agency for Civil Protection. Some requested items have been supplied by NATO and more will provided by UNDP, WHO, UNICEF and CARE. Seventy million Euros have been requested from the EU by the Bulgaria Government to support the recovery phase.

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| **ROMANIA** | • Romania is facing a second series of severe floods in the West, South and East — the most affected areas counties in the East being Bacau, Braila, Galati and Vrancea – considered to be the worst in the last 50 years. Weather conditions threaten to cause further flooding over the coming days and most of Romania’s 41 counties have been placed under alert. The worst situation is seen along the Siret River where the water level has risen twenty fold in recent days.  
• The President of Romania has asked the European Commission for financial aid by re-directing Euro 20 million from PHARE funds granted to Romania. The money will be used for the urgent reconstruction of damaged infrastructure, mostly roads, dams and bridges. | • The Bulgaria WHO office is in constant touch with the competent units at the MoH.  
• The first coordination meeting with the United Nations Country Team (UNCT) is to be held on 20 July. The UN Country Team has been mobilized and is in constant contact with the Government.  
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| **ZIMBABWE** | • Since May, the Government has begun razing shacks, markets and nurseries in what is described as an urban renewal campaign, forcibly displacing up to 3 percent of the population. Their humanitarian situation is increasingly precarious, and only a fraction of the estimated hundreds of thousands people affected so far are receiving assistance.  
• On 20 June, the Secretary-General appointed the Executive Director of UN-Habitat as his Special Envoy for Human Settlement Issues in Zimbabwe and a 12-day fact-finding mission to Zimbabwe was organized. Health needs include:  
  ➢ Diagnosis and treatment of common illnesses,  
  ➢ Immunization,  
  ➢ Vitamin A supplementation,  
  ➢ Reproductive health services,  
  ➢ Essential drugs and mobile clinics. | • WHO provided input on the tools for health used during the recent assessment mission.  
• WHO also supplied 100kg or chlorine, water purification tablets and furniture for clinics serving the IDPs and two New Emergency Health kits for Harare and Buluwayo. |
IRAQ

Assessments and events:
- Following a case of rabies reported in Suleimanyah, vector control and health education activities were carried out.
- WHO-supported malaria and leishmaniasis preventative spraying campaigns were completed successfully, while fogging and rodent control activities are ongoing.
- Preparations for the second round of Emergency Polio National Immunization Days have started.
- No cases of cholera or any other diseases of public health importance have been reported in the North of Iraq where the polio free status has been maintained.

Actions:
- Between 27 and 30 June, the MoH and the Ministry of Planning (COSIT), in collaboration with WHO, conducted a meeting on the In-Depth Analysis on Maternal and Child Mortality Survey (ICMMS 1999). Attended by representatives from both ministries, WHO, UNICEF, UNFPA, the US and other stakeholders, the meeting recommended, among others, that:
  - In-depth analysis be finalized in July and published by August;
  - A reproductive health facility survey led by the Ministry of Planning and the MoH be undertaken with the support of UNFPA, WHO and UNICEF;
  - Projections for the MDG indicators should be developed by the Ministry of Planning based on the available data;
  - A Memorandum of Understanding be drafted between partners to implement the recommendations.
- A follow-up meeting held on the 28th June between WHO and the management of Kimadia (the State Company for medicines and medical supplies) concluded that, for the fourth consecutive month, available stock was sufficient to cover requirements for all chronic disease card holders.
- Between 26 and 30 June, WHO, in collaboration with the Ministry of Environment and the Jordanian Environment Society, conducted a Training of Trainers Workshop on Environmental Audits to, among others, (a) enable the participants to plan and to execute environmental audits; (b) assess environmental aspects and issues; (c) demonstrate the relationships between environment and sustainable development; (d) identify the relationships between actions and environmental impacts; (e) identify the network of actors related to environment; and (f) understand the relationship between environmental management systems and the ISO 14001 standard.

DARFUR

Assessments and Events:
- Between 10 and 16 July, Acute respiratory infections (ARI) were the main cause of mortality and morbidity in the Greater Darfur. During the same period, no fatalities from malaria, measles, meningitis or acute jaundice syndrome were reported. The overall attack rate for bloody diarrhoea increased from 14 to 15.9 per 10,000 per week.
- A polio vaccination campaign was conducted starting on 12 July in all government-held accessible zones in Sudan. Preliminary figures how that a good coverage has been reached.
- WHO initiated the installation of a field team in Zalingei. Shared with UNICEF, it will allow closer monitoring of and response to the health needs of almost 500,000 IDPs and war-affected people in Zalingei, Jabel Mara, Wadi Salih and Mukjar.

Actions:
- In North Darfur, assessment visits to 11 health facilities in major camps and El Fasher Town were carried out to follow up on and monitor the availability of manpower and use of drug supplies and Health Information Systems tools.
- In South Darfur, WHO and Médecins du Monde (MDM) are working on a pilot project to set up a community-based mortality reporting system through MDM’s network of community health promoters.
- WHO, the Federal MoH and the State MoH have started a follow up programme for the 32 medical assistants trained in modified Integrated Management of Childhood Illness (IMCI).
• In *West Darfur*, WHO is planning a needs assessment at Zalingei Rural Hospital to examine possible support to the Hospital, currently rehabilitated by the Netherlands Red Cross.

• The Cholera Outbreak Forum, including UNICEF, WHO, the State MoH, the water and Environmental Sanitation department (WES) and the NGOs Save the Children US, Oxfam, Medair and Concern, elaborated a draft microplan on cholera outbreak management and control. Cholera kits were pre-positioned in camps with high population density, morbidity and mortality due water-related diseases, and poor sanitation indicators.

• WHO, UNICEF and the State MoH are to investigate an increased number of severe malnutrition cases in El Geneina, Morni and Fur Baranga camps.

• Funding for WHO humanitarian operations in Darfur has been provided by the UK’s Department for International Development (DfID), the Humanitarian Aid Office of the European Commission (ECHO), and the governments of the Czech Republic, Italy, the Netherlands and Sweden.

**WEST BANK and GAZA STRIP**

**Assessments and events:**

• On 13 July, the Middle East peace Quartet Special Envoy, representing the US, Russia the EU and the UN to promote a peaceful solution in the region, provided a briefing of the latest developments in the disengagement coordination process and a discussion regarding future steps to the international community representatives.

**Actions:**

• Following the recommendations of the 23 June Health Emergency Coordination Meeting, WHO/Health Inforum, the MoH, the Palestinian water authority and OXFAM visited Burin village to assess the water contamination problem in the area. A water distribution network needs to be established and the water chlorination system provided by WHO in 2000 activated.

• With technical and financial support from WHO, the MoH recently published, in both Arabic and English, a review on The State of Nutrition: West Bank and Gaza that provides a consensus-based nutrition situation analysis for policy planners and donor communities. The document has five sections covering the existing nutrition problems and their causes, current nutrition programmes, the nutrition structure, coordination and capacities and nutrition policy and strategy.

• The MoH organized a meeting of the Nutrition Steering Committee with the participation of WHO, UNICEF, UNRWA, FAO, the USAID-funded Hanan project and the Italian Cooperation. WHO reported on the Strengthening of Nutrition Management project and on the first draft of the Operational Plan of Action for Nutrition and National Nutrition Policy Statement, and gave an overview on the new Nutrition Surveillance project.

• WHO/Health Inforum monthly was published, reviewing projects completed or under implementation in the West Bank and Gaza and reporting on the access to health care.

• Current WHO humanitarian actions in the West Bank and Gaza Strip have been made possible by funding from USAID, AGFUND, the Government of Norway and the city of Venezia.

**INTER-AGENCY ISSUES**

• **International Criminal Court.** On 18 July a CC-UN Joint Introductory Workshop will take place in New York, contributing to enhanced work on international peace and justice by (a) providing a forum to better understand the functions of the various organs of the ICC and the multiple entities of the UN system and how they relate to one another in practice; (b) examining country specific situations related to the work of the ICC and the UN and (c) discussing the practical implementation of the UN-ICC Relationship Agreement and the need for generic and specific guidelines/arrangements. WHO will participate.

• **ECOSOC.** The ECOSOC Ad Hoc Advisory Group on African Countries Emerging from Conflict in New York considered on 18 July the report of the Ad Hoc Working Groups on Guinea-Bissau and Burundi. WHO participated.

• **International Humanitarian Law.** From 18 to 22 July, the International Committee of the Red Cross and the Harvard Program on Humanitarian Policy and Conflict Research are offering an advanced training course on “International Humanitarian Law and Current Conflicts: New Challenges and Dilemmas”. The course is held on the Harvard University campus in Cambridge, Massachusetts, USA.

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• **ECHA.** On 19 July, the UN Executive Committee on Humanitarian Affairs will debrief on the ECOSOC Humanitarian Affairs Segment, discuss the Humanitarian Situation in Zimbabwe. The meeting will also update on the implementation of the relationship agreement between the UN and the ICC. WHO will participate.

• **Consolidated Appeal Process.** Also on 19 July, the IASC CAP Subworking Group will update on the planned CAP workshops dates and the CAP workshop and the Need Assessment Framework in Côte d'Ivoire. The meeting will also discuss the timeline for CAP 2006 and update on the 1994 CAP Guidelines, the DMS users questionnaire and the September update in Washington DC. WHO is a member and will participate.

• **Conflict Prevention.** From 19 to 21 July, a Global Conference on conflict prevention is taking place at the UN in New York, as part of a long-term global initiative called the Global Partnership to Prevent Armed Conflict (GPPAC).

• **Tsunami Recovery.** The next meeting of the IASC-UNDG Tsunami Taskforce will take place on 20 July. The meeting will update on Emergency Shelter in Indonesia and Sri Lanka and review the Report of the Global Consortium Sub-Working Group on Coordination and the Survey of Staffing Needs. WHO is a member and will participate. EFCT. From 20 to 28 July, the Emergency Field Coordination Training [EFCT XIII] is taking place in the Geneva/Vaud region.

• **War on Rape.** On 21 July, UNIFEM will call in New York a first meeting of the Core Group of the Stop Rape Campaign. The aim of the meeting is to flesh out the draft concept paper and begin to define clear next steps. WHO is part of this effort and will participate.

• **Democratic Republic of the Congo.** On 22 July, the Humanitarian Liaison Working Group will discuss in Geneva the humanitarian situation in the Democratic Republic of the Congo. WHO will attend.

• **HIV/AIDS in Populations of Humanitarian Concern.** Following an invitation from DFID, WHO put together an interagency approach to address the relatively neglected area of HIV/AIDS in populations of humanitarian concern. Hosted by FAO, a Programme Concept Note formulation workshop will take place in Rome on 25 and 26 July. WHO is very much part of this initiative and will participate.

• **UN-CMCoord.** The UN-Training course for Civil Military Coordination (CMCoord) will take place from 28 August to 2 September in Kuopio, Finland. WHO will participate.

• **IASC.** An Ad Hoc Inter-Agency Standing Committee meeting at the level of Heads of Agency will take place in New York on 12 September. The focus of this meeting will be twofold: (a) reaching a common understanding on the implications of assuming “primary managerial responsibility and accountability” for a cluster, and (b) agreeing on which agency or agencies will assume primary managerial responsibility and accountability for which cluster. WHO is a member and will participate.

• **IASC WG.** The next IASC Working Group will take place in New York on 6 and 7 September to discuss follow-up to the Humanitarian Response Review. In this context, and further to the ad hoc IASC WG in New York on humanitarian reform, WHO has been tasked to lead further discussions on local and national capacities in the health sector.

• **Mental Health and Psychosocial support in crises.** A 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, along the lines of the IASC guidelines of the HIV/AIDS in emergency settings. WHO and InterAction facilitate the work of this Taskforce.

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

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