Health Action in Crises
Highlights – No 68: Monday, 1 August 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.

INDIA

Assessments and events:
• Flooding due to heavy rains since 24 July has caused a total of 930 deaths in the States of Maharashtra and Goa, in the West of the country. Gujarat, Karnataka, Orissa and Assam are also experiencing severe flooding and damages. A number of states across India are also at warning level.
• As of 1 August, 926 deaths and 55 injured were reported in Maharashtra. About 100,000 people evacuated to safer places are now returning to their homes but 10,000 are still staying in the 110 relief camps opened in rural districts and in Mumbai. More than 10,000 houses are thought to have collapsed, 225,000 ha of crop damaged, and around 15,000 cattle lost.
• Both South and North districts of Goa were affected with four deaths, 340,000 affected persons and 119 houses damaged.

Actions:
• The WHO emergency relief team is in touch with the Ministry of Health and Family Welfare as well as the Maharashtra Relief and Rehabilitation department.
• After discussions with the Maharashtra State MoH, WHO has provided US$11,600 to the State Ministry for contingencies related to sanitation, disease surveillance, and emergency medicines.

SUDAN

Assessments and events:
• Sudan's Vice-President John Garang died Saturday in a helicopter crash while flying back from Uganda.
• Following the announcement of his death on Monday, riots erupted throughout Khartoum forcing the UN and agencies to close down operations momentarily. As of 1 August, the Government of Sudan reported 36 killed and approximately 300 injured. Tension remains high in all the country.

Actions:
• Only a WHO skeleton staff remains in the office in Khartoum, all others are staying at home for security.
• The Designated Official in coordination with senior management in the UN Mission in Sudan (UNMIS) has recommended that agencies review their forthcoming missions to Sudan and those to essential missions only.

NIGER

Assessments and events:
• It is estimated that after very serious agricultural losses due to drought and locust invasion, over the next six months as many as 3.6 million people will face immediate risks to health.
• Current analyses suggest that 150,000 children are severely malnourished and many others affected by household level food shortages and micronutrient deficiency.
• People need enhanced access to essential health care, medicines and appropriate public health interventions.
• Building on the work already initiated and drawing on established partnership with the national and local authorities, WHO will be strengthened its country office with a health taskforce.
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/

**CHAD**

**Assessments and events:**
- Between 8 June and 27 July, up to 400 cases of severe jaundice, including 41 deaths (CFR 10%) were reported in ten villages in Ouaddai, eastern Chad. Samples are being shipped to the Hôpital du Val de Grâce in Paris.
- A suspected case of meningitis A was reported in the refugee camp in Djabal. Investigations are ongoing. A suspected typhoid fever case was reported in Oure Cassoni refugee camp. In the same camp, 131 cases of mumps – over 55 percent in children under five – were reported between 16 and 23 July.
- In southern Chad, a joint FAO, UNICEF WHO and WFP assessment mission was carried out in Gôrêe camp in June to review the health and sanitation situation of the 30,000 refugees living in the area and decide on actions to be taken to provide for the 8,000 new arrivals from Central African Republic.

**Actions:**
- An outbreak control committee was established in Abeche to respond to the jaundice outbreak. The NGOs Intersos and COOPI, UNHCR and WHO are providing logistics and technical assistance to local health authorities.
- One case of polio was reported from Abeche. An immunization campaign is planned in the region from 19 to 21 August and from 15 to 18 September in the region.
- The WHO Country Office has provided technical assistance to UNHCR for the relocation of refugees recently arrived from the Central African Republic and for their relocation from the border to the Gôrêe refugee camp.
- Preparations are ongoing for the health assessments to be carried out prior to the CAP 2006 completion.
- Current WHO activities in Chad are supported by the UK’s Department for International Development (DFID) and the Government of the Czech Republic.

**ETHIOPIA**

**Assessments and events:**
- Following the May 15 polls, the National Electoral Board of Ethiopia (NEBE) announced that re-run elections will be held on 21 August in disputed constituencies together with the delayed election in the Somali Regional State.
- The security situation shows signs of deterioration in Oromiya and Somali Regional States. There are reports of new conflicts between the Oromos and Somalis in West Hararghe, displacing unconfirmed numbers as a result. Since the fighting broke out, ICRC has provided medical assistance to the looted health post in Miesso.
- There are currently an estimated 2,500 IDPs living in Miesso that were displaced in December 2004 due to ethnic conflicts resulting from the referendum between the two regions.
- There are several hot spots of malnutrition in the Southern Nations, Nationalities, and Peoples Region (SNNPR), Amhara and Oromiya Regional States. The situation of IDPs in Somali Regional state is also of high humanitarian concern.

**Actions:**
- WHO is active member of the emergency Health and Nutrition Task Force. A smaller group was organized to prepare the methodology for the needs assessment in the preparation of the humanitarian appeal of 2006.
**Health Action in Crises**

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### Democratic Republic of the Congo

**Assessments and events:**
- In the district of Ituri, Province Orientale, the situation remains one of generalized insecurity. The DRC armed forces (FARDC) and the MONUC are cooperating to fight the militias who are very active in the region.
- Médecins Sans Frontières has announced it is closing down its operations in areas surrounding Bunia, in the district of Ituri, due to insecurity. The NGO estimates that around 100,000 people will be left without assistance.

**Actions:**
- OCHA organized on 19 July a meeting with humanitarian partners to discuss how to assist vulnerable populations in conflict situations. The case of Gina camp was taken as an example following the departure of the NGO Solidarité for security reasons, leaving displaced populations in the camps in difficult circumstances.
- 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.

### Iraq

**Assessments and events:**
- According to data from CDC Baghdad, 1,110 cases of leishmaniasis were reported between January and May 2005 compared to 2,240 cases during the same period in 2004, representing a 50-percent decrease in incidence. Only seven cases of malaria have been reported during these 5 months compared to 28 cases in 2004, showing that Iraq is now in the malaria elimination phase.

- WHO provided support for:
  - Spraying campaigns (April and September 2004 and April 2005);
  - Fogging activities (April to November 2004 and since April 2005);
  - Provision and distribution of long-lasting insecticide treated bed nets;
  - Rodent control;
  - Community health education;
  - Distribution of first line drugs and diagnostic kits;
  - Continuous contact with CDC Baghdad and WHO Focal Points.

- Building on its success, WHO has prepared a project proposal which will be submitted to the UNDG Iraq Trust Fund.

**Actions:**
- The MoH, in cooperation with WHO and other organizations, carried out a second round of nation-wide National Immunization Days (NIDs). Reportedly, 4.4 million children, or 93 percent of the target population, were reached.
- The physical rehabilitation of key health facilities is ongoing.
  - The renovation of the National Blood Transfusion Centre and of the National Drug Quality Control Laboratory is almost completed.
  - Four new mental healthcare units are being constructed and six existing ones are being rehabilitated. More are planned.
  - Primary health care centres, training halls, mental healthcare units are also at various stage of planning, construction or renovation.
- WHO and USAID held meetings in Amman to strengthen coordination of support to the MoH. Plans for partnership with the MOH cover, among others, building a strategy for Primary Health Care; strengthening the MoH budgeting and financing capacities at central and governorate levels; finalizing the package of services; facilitating outreach and community-based approaches; and strengthening management, leadership development and decentralization.
WEST BANK and GAZA STRIP

Actions:
- On 25 July, WHO/Health Inforum participated in a meeting organized by the Office of the Governor of Jenin on the disengagement from the Northern area of the West Bank. Participants included representatives from OCHA, UNICEF, WFP, ICRC, the MoH, the Palestinian Water Authority, EWASH and the Civil Defence. The meeting discussed the work of the operation rooms and the role of international organizations in supporting them. WHO/HI will be represented in a backup operation room during the disengagement period.
- On 27 July, WHO/Health Inforum organized the monthly Health Emergency Coordination Meeting in Gaza to discuss the MoH’s needs and the international community’s response prior to the disengagement from the Gaza Strip.
- On 24 and 25 July, the MoH organized field visits to the northern and southern parts of the separation wall in the West Bank for the UN, international and local organizations.
- WHO’s Mental Health staff are discussing a new project with the European Commission. The final decision on this process will be made in early September.
- Current WHO humanitarian actions in the West Bank and Gaza Strip have been made possible by funding from AGFund, USAID, the Government of Norway and the city of Venezia.

INTER-AGENCY ISSUES

- **Tsunami Recovery.** On 2 August, the UNDG/IASC Tsunami Taskforce discussed evaluation, emergency shelter, staffing needs and transitional strategies for the Maldives and Sri Lanka. As a member, WHO participated.
- **Niger.** On 3 August, the IASC weekly meeting in Geneva discussed the food crisis in Niger and the Sahel region. WHO participated. On 8 August, an inter-agency meeting will discuss a possible IASC coordination mechanism in response to the Niger and Sahel region food crisis. WHO plans to participate.
- **Sudan.** On 3 August, the UN Interdepartmental Task Force on Sudan discussed in New York the implications of the death Dr John Garang. As a member of the ITF, WHO participated.
- **Sexual Violence in Conflict Situations.** On 3 August, an informal consultation took place in New York. The meeting was chaired by UNDP and OCHA. WHO participated.
- **Early Warning/Early Action.** The next meeting of the IASC EWEA Sub Working Group will take place in Rome on 17 and 18 August to prepare the third Quarter Action report. WHO is a member of this Sub Working Group and will participate.
- **Executive Committee on Humanitarian Affairs.** The next meeting on 10 August will discuss the deteriorating situation in the Côte d’Ivoire and West Africa (Mali, Burkina Faso and Mauritania) and update on the humanitarian situation in Zimbabwe. WHO will participate.
- **UN-CMCCoord.** UN-Training course for Civil Military Coordination (CMCoord) will take place from 28 August to 2 September in Kuopio, Finland. WHO 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, WHO has been tasked to lead discussions on local and national capacities in the health sector.
- **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 2005. As per its revised draft agenda, the meeting is expected (a) to reach a common understanding on the implications of assuming “primary managerial responsibility and accountability”, (b) to agree on which entity(ies) will assume responsibility and accountability for which cluster; and (c) the broader humanitarian reform agenda, including follow up to the ECOSOC resolution, the Humanitarian Response Review, the upcoming General Assembly and member state initiatives. WHO is a member and will participate.
- **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 on the HIV/AIDS in Emergency Settings. WHO and InterAction facilitate the work of this Taskforce.
SPECIAL EVENTS

- **IASC Cluster Working Groups on Health.** At its meeting in New York on 12 July, the IASC Working Group established cluster working groups to consider the issue of sectoral responsibilities in perceived “gap” areas where agency responsibilities were not clear.
- In addition, the IASC WG welcomed a similar process for the health sector which is formally not a gap area, but could benefit from improved humanitarian response performance.
- This is an important development: WHO can continue contributing to the proposed changes in systems for international humanitarian response in terms of accountability and responsibility relating to health, nutrition, water hygiene and sanitation, in crises and disasters, and post-crisis recovery.
- The first meeting of the IASC Cluster Working Group on Health took place in Geneva on 29 July, with the Representative of the WHO Director-General for Health Action in Crises as facilitator. A follow-up face to face meeting, hosted by WHO, is planned for 18 August, also in Geneva.
- An IASC WG retreat on 6-7 September will discuss the final Cluster Reports for ultimate endorsement by the IASC Principals on 12 September. As a member, WHO will participate.

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

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