Health Action in Crises
Highlights – No 81: 7 - 13 November 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

More information is available at:
http://www.emro.who.int/eha/pakistan.htm
and
http://www.whoindia.org/EN/Section33/Section34/Section215/Section359.htm

Inter-agency Activities:
• Coordination. On 7 November, the IASC Taskforce updated on the follow up to the Member States Briefing, reviewed the IDP Terminology in Pakistan and updated on cluster topics and main issues of concern. The next TF meeting will take place on 14 November.
• Health. The third Consolidated Health Situation Bulletin was issued on 8 November and is available on the Internet.

Assessments and events:
• Tents and blankets suitable for winter temperatures are urgently needed particularly to protect women and children from the risks of hypothermia and respiratory infections.
• The total number of patients evacuated by helicopter to hospitals outside the affected areas has reached almost 20,000. Of the more than 13,000 surgical operations carried out, 436 required amputations.
• Health facilities contributing to the Disease Early Warning and Surveillance system report injuries, followed by acute respiratory infections (ARIs) as the main causes of morbidity. Two suspected cases of meningitis and two cases of measles were reported. The ongoing measles vaccination campaign carried out by the MoH and UNICEF will be directed to the affected area.

Cumulative cases of communicable diseases in affected areas as reported by MoH/WHO surveillance teams from health facilities/outlets

Actions:
• The 28 MoH and WHO mobile medical teams providing surgical and health care in remote areas have treated more than 100,000 people in the past two weeks. Most cases required dressings and care of infected wounds and many suffered from ARIs and scabies. WHO provides basic health and surgical kits to each team.
• Investigation is ongoing into 40 cases of acute watery diarrhoea (including 6 deaths) in a remote village in Alai, North of Batagram. Kits have been positioned at the WHO field offices in Muzaffarabad, Mansehra and Bagh to ensure adequate medical supplies are readily available.
• Health authorities in Islamabad and WHO have prepared kits with transport media, blood tubes and sample collection supplies for outbreak investigation. One kit has been provided to each WHO field office.
• WHO is calling for more New Emergency Health Kits and trauma kits so the mobile teams travelling to affected areas have sufficient medical supplies for the winter months.
• WHO activities in Pakistan are supported by Australia, Canada, Denmark, Ireland, Italy, Japan, Monaco, Norway, the Slovak Republic, Sweden, Switzerland, Turkey, the UK and the US. As at 4 November, reported donations for WHO activities amounted to USD 12.23 million out of a total requirement of USD 27,750,000.
MALAWI

Assessments and events:
- According to the Famine Early Warning System network, the south of Malawi has the highest malnutrition rates in the region, with global acute malnutrition rates ranging between 5.8 and 13%.

Actions:
- WHO is assisting the MoH and partners in the preparation of the Rapid Health Assessment. Work is proceeding as planned. The protocol will be finalized shortly. Training of investigators will take place Friday and the assessment will be carried out next week.
- The possibility of repeating the health and nutrition assessment and analysis in six month time to monitor the evolution of the situation is also under discussion.
- WHO is examining with partners and donors what are the main priorities for health and nutrition in the crisis. Cholera preparedness and response, improved utilization of basic and referral health services and the scaling up of community therapeutic feeding centres are all topics under scrutiny.

CENTRAL AFRICAN REPUBLIC

Assessments and actions:
- Widespread armed banditry in farming areas has increased the risk of severe food shortages in the north of the country. Troops of the Economic Community of Central Africa States (CEMAC) were deployed last week in the area of Bria to help combat banditry.
- A national measles vaccination campaign targeting an estimated two million children aged 6 months to 14 years is ongoing with the technical and financial support of UNICEF and WHO. Four out of seven regions have already been visited and preliminary results in Bangui show a vaccination coverage of 80%.
- WHO and FAO are supporting national authorities in developing a preparedness plan against the Avian Flu. Under the leadership of WHO, a contingency plan is being prepared by UN agencies present in the country.
- Planning is ongoing for the National Immunization days against polio that will be held from 18 to 20 November.
- The MoH is preparing an overall vulnerability assessment mission from 14 to 30 November. The protocol and tools are being harmonized with the assistance of WHO and the necessary staff to carry out the survey is being trained.

NIGER

Assessments and events:
- The total number of reported cholera cases in Tahoua and Tillaberi is 547, including 54 deaths (over-all CFR 9.87%). No new cases have been reported since 27 October.
- As of 3 November the number of children admitted in therapeutic feeding centres total more than 198,500. Of these 60,000 were admitted for severe malnutrition. Although a decrease in the number of admissions was expected after the harvests, the figure remains high. Some centres have an average of 1,000 admissions per week and new centres have recently been opened.

Actions:
- WHO continues to co-chair the health partners’ coordination meetings in Zinder, Tillaberi and Niamey.
- WHO and partners are scheduling additional training for healthcare workers on the treatment of malnutrition to respond to increased requests.
- Starting on 4 November, the WHO collaborating centre, Burlo-Garofalo Regional Paediatric Hospital Institute of Child Health, Italy, seconded a paediatric-nurse for one month. Based at the Tillaberi Hospital, the nurse will support paramedical personnel on the treatment of severe malnutrition in children under five.
- WHO and UNICEF are working with the national and local health au-
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/

**SUDAN (DARFUR)**

**Assessments and events:**
- Acute Respiratory Infections (ARI), malaria, injuries and bloody diarrhoea remain the leading causes of morbidity. Malaria is the main cause of morbidity, followed by ARI and bloody diarrhoea.
- Following the signature of a five-month agreement with WHO/HAC, the Norwegian Red Cross will resume the coordination of humanitarian activities in the Kalma IDP camp.

**Actions:**
- Activities for the renovation of Al Fasher Teaching Hospital, El Geneina Hospital and Nyala Teaching Hospital are ongoing. WHO, in cooperation with partners, continues assessments of local health facilities and ensures the provision of essential drugs and the training of health staff.
- In South Darfur, a team from the State MoH and WHO monitored the malaria cases in Edd Al Fursan. Medical assistants and community health workers were trained on the provision of ACT according to the national protocol. Health workers were provided with health kits for 25 patients each as well as log books to register their activities.
- In West Darfur, Mercy Malaysia agreed to support the El Geneina Hospital obstetrical ward for six months and the NGO TFC the paediatric ward for three months starting October 2005.
- Planning is completed for a measles campaign targeting over 460,000 children in IDP camps and local communities in West Darfur from 22 to 29 November. Vitamin A will be distributed jointly with the campaign.
- A polio vaccination campaign is scheduled from 15 to 17 November targeting close to 350,000 children under five.
- In North Darfur, a WHO consultant visited SLA-held areas to assess the local capacity to conduct the next round of National Immunization Days to be carried out in late November.

**IRAQ**

**Assessments and actions:**
- WHO is providing technical advice on Avian Influenza and assisting in the national preparedness plan by setting up surveillance teams, conducting advocacy and coordination and supporting community education through TV and radio.
- Under the UNDG Iraq Trust Fund, WHO is implementing three Quick Impact projects. Approved in September, the projects will run for a six-month period and address:
  - Emergency Oxygen Production and Supply Programme, to build in-country capacity and know-how for the production of this important medical supply;
  - Health Care Waste Management, to build national capacity and develop a sustainable management system – a first WHO/MoH training of trainers on the safe handling, storage, transportation, treatment and disposal of waste and on methods and ways to reduce staff exposure was held last week;
  - Malaria and Leishmaniasis Prevention and Control – 15 tons of insecticide were provided last week for an imminent spraying campaign.
- Also under the UNDG ITF Water Quality Control and Surveillance Programme, WHO procured supplies and equipment for the Ministry of Environment laboratories and the Ministry of Municipalities.

More information is available at: http://www.emro.who.int/iraq/.
INTER-AGENCY ISSUES

- **Capacity Building.** The meeting of the Informal Consultative Group chaired by IFRC took place in Geneva on 8 November on addressing the needs for response at regional, national and local levels.
- **Gender.** On 8 November, the IASC Taskforce discussed the earthquake in Northern Pakistan. Other topics included the preparation of the TF report to the IASC WG meeting in November, the 2006 workplan, the IASC GBV guidelines, the IASC Gender Handbook and the October meetings in New York and Bucharest. WHO and OCHA are chairing this Taskforce.
- **Early Recovery.** On 8 November, the IASC Group finalized the 2006 work plan, discussed resource implications and reviewed the draft outline of the cluster report. The next meeting on 14 November will finalize the report due for submission to OCHA on 15 November.
- **Emergency Shelter.** The meeting of the Informal Consultative Group chaired by IFRC took place in Geneva on 8 November on addressing the needs for response at regional, national and local levels.
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**Please send any comments and corrections to crises@who.int**

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