Health Action in Crises
Highlights No 216 – 7 to 13 July 2008

Each week, the World Health Organization Health Action in Crises in Geneva produces information highlights on critical health-related activities in countries where there are humanitarian crises. Drawing on the various WHO programmes, contributions cover activities from field and country offices and the support provided by WHO regional offices and headquarters. The mandate 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.

ETHIOPIA

The Government of Ethiopia has revised the 2008 Humanitarian Requirements. As lead of the Health Cluster, WHO facilitated and contributed to the health and nutritional sector requirements, which now amounts to US$ 25 million.

Assessments and Events
- In SNNP, Somali, Oromiya and Amhara regions, food insecurity continues to be of great concern. About 4.5 million people need assistance because of food shortages. There is a significant increase in severe malnutrition among children and adults. Cases of kwashiorkor are reported.
- In Oromiya, SNNP and Somali regions, 75,000 children under five need five need therapeutic and supplementary nutrition support. The Government has increased the number of feeding centres from 200 three months ago to 605 today.
- As of 22 June, 767 cases of acute watery diarrhoea and nine deaths were reported from 17 districts in the four regions affected by food shortages.
- In Oromiya, sporadic cases of meningitis continue to be reported in Guji Zone’s Wadara district. Countrywide, 610 cases and 23 deaths (CFR 3.9%) were reported as of 1 July.
- Meanwhile, MSF-Switzerland announced the suspension of its activities in Fiiq, in the Somali Region. The NGO is appealing for a change in the work conditions of humanitarian organizations in the area particularly as there is an urgent need to increase the level of response.

Actions
- WHO focuses on monitoring trends of risk and coordinating action among health partners.
- WHO, UNICEF and NGOs are supporting the Government’s feeding centres. Three WHO Medical Officers are based in SNNP and Amhara regions and in Dire Dawa to support the health and nutrition response at the local level while a WHO Nutritionist supports the Federal MoH at the central level.
- Using US$ 1.9 million granted by DFID, WHO procured more than 1.5 million doses of meningitis vaccines. A further US$ 4 million grant from CIDA is used to purchase cold chain items, drugs as well as medical and laboratory supplies.
- WHO submitted a new US$ 350,000 proposal to the CERF Secretariat to help reduce malnutrition and related mortality among children in drought-affected areas. The project aims to strengthen institutional and community-based nutritional surveillance as well as case management through supervision and the dissemination of guidelines.
- WHO also submitted a US$ 1.25 million proposal to support the multi-sectoral response to acute watery diarrhoea and other communicable diseases.
- WHO’s emergency activities are funded by Canada, the United Kingdom, the CERF and the local Humanitarian Response Fund.

AFGHANISTAN

The Government and the UN have launched an appeal for US$ 404 million. Nutrition, Water & Hygiene and Health are among the priority sectors to prevent malnutrition and deterioration of health in the most food insecure provinces.

Assessments and Events
- In 2007, the price of wheat and other staple foods increased by 58% nationwide, and by 100% in some areas. This rise, compounded by poor harvests and drought, has resulted in 4.5 million vulnerable people in need of food aid.
- Those at highest risk are displaced people, returning refugees and the chronically poor. Malnutrition affects especially pregnant and breastfeeding women and children under five.
- Over 1 million people have no access to potable water. About 100 health facilities (health centres as well as district hospitals) in 12 northern provinces face acute shortages of safe drinking water.
- Health indicators are expected to worsen as malnutrition rates increase. At 40% and 54% respectively, prevalence rates for overweight and stunting are extraordinarily high and chronic malnutrition is a significant risk factor for childhood mortality.

Actions
- The MoH, with support from WHO, UNICEF and NGO partners is appealing for US$ 8 million to ensure:
  - Quality control for the water provided by the Ministry of Rural Rehabilitation and Development and the WASH Cluster.
Timely detection and control of disease outbreaks;  
Proper case management for communicable diseases.  
Funds will also be used to promote hygiene in the affected communities, assess the status of health infrastructure, the availability of human resources and the quality of services, and strengthen coordination to improve response.

**MYANMAR**

Assessments and Events
- According to OCHA, twice as many women as men between the ages of 18 and 60 were killed by Cyclone Nargis.  
- Village Tract Assessment findings indicate that Bogale and Labutta townships have the highest proportion of diarrhoea, fever, cold and skin rashes. The incidence varies depending on the geographical area.  
- Population displacement, overcrowding in temporary shelters and lack of safe drinking water are factors that increase the risk of communicable disease and outbreaks. Over 70% of households reported inadequate access to clean water and 51% no access to health care. One in five surveyed people reported psychosocial problems.

Actions
- WHO is supporting IOM’s initiative to provide transport for referral of sick mothers and children as well as severely sick people.  
- WHO is supporting the MoH in boosting dengue prevention and control.  
- The Health Cluster continues reinforcing disease surveillance: one national epidemiologist was recruited to support the Early Warning Alert and Response System and two national officers to provide support in Pyapon and MwaliMyagon township.  
- WHO, UNICEF, Merlin and Save the Children continue to work for field-level health coordination in several townships.  
- The Myanmar Revised Appeal was launched on 10 July requesting a total of US$ 482 million. WHO and health partners have revised their requirements from US$ 15.7 to 46.7 million in order to respond to health needs, focusing specifically on:  
  - sexual and reproductive health;  
  - disease control;  
  - restoring the health systems and building up capacity for service delivery;  
  - engaging national and international partners in effective collaboration.  
- WHO’s activities are funded by its regular budget, the CERF, Australia, Denmark, Italy, Monaco, Norway, Romania, USAID and the United Kingdom.

**CHAD**

Assessments and Events
- Humanitarian actors are still facing harassment and banditry in the east negatively impacting on the provision of healthcare. All humanitarian staff has been evacuated from Kerfi to Goz Beida following violent attacks against one of the compounds. MSF-Holland was forced to suspend its activities in Kerfi.  
- Meanwhile, MSF-France and MSF-Switzerland are resuming their activities in Dogdore IDP site and in Adre District hospital.

Actions
- With the upcoming rainy season, Health Cluster partners are following up on preparedness plans for malaria and waterborne outbreaks, such as diarrhoeas and hepatitis E.  
- Given the persistense of hepatitis E cases in Goz Beida District, the MoH, WHO, UNICEF, MSF-France and COOPI are preparing to support sanitation and other prevention activities in Djabi refugee camp and Aradib IDP site. The death of a woman from acute watery diarrhoea is being investigated in Djabi.  
- WHO is supporting the Ouaddaï region health authorities in reviewing the capacities and needs of all eight laboratories in the east. The refurbishing of Biltine laboratory is under consideration.  
- Equipment for the conservation and transport of samples to support outbreak control and response have been received in Abeche.  
- The Country Office is elaborating a € 500 000 project to be funded by Spain to reinforce the response against HIV/AIDS in the east and south. WHO’s emergency response is funded by the its own budget, Finland and ECHO.

More information is available on the [WHO Regional Office for South-East Asia web site](http://www.who.int/hac/).  

The International Federation of the Red Cross and Red Crescent Societies has pulled its aid workers after a security threat.
ZIMBABWE

Assessments and Events
- The situation is generally calm, but still unpredictable as the political issues have not been resolved. Tension is expected to continue for some time.
- The economy continues to deteriorate and the weakening health and other basic social services are resulting in increased demand for humanitarian assistance. However, aid agencies are still suspended from conducting field activities, and most NGOs are not operational. The situation is affecting particularly home-based care of HIV/AIDS patients. OCHA has engaged the Government to try and lift the suspension.
- Malnutrition is expected to increase given the poor harvest during the last rainfall season, and lack of currency to import food supplies.

Actions
- WHO donated emergency health kits to the MoH&CW. These kits, purchased with funds received from Ireland, will be sent to needy areas by the Ministry.
- Health coordination is conducted through weekly sector and interagency meetings and working groups and through the IASC meetings.
- WHO is working in cooperation with UNICEF, WFP, IOM UNFPA and the Red Cross Society of Zimbabwe.
- WHO is recruiting a new international staff member to support the Country Office for a period of three-month.
- WHO is chairing the health Working Group and is monitoring the situation.
- WHO’s activities are funded by Ireland and the CERF.

NIGER

Assessments and Events
- In Zinder, the cholera outbreak continues with 536 cases and 51 deaths (CFR 9.5%) reported between 1 January and 22 June. The meningitis and measles outbreaks are coming to an end. Between 1 January and 22 June, there were 3182 cases of meningitis and 172 deaths (CRF 5.4 %). During the same period, 7413 cases of measles and 28 deaths were reported.
- Malnutrition is also on the rise, with 64 580 cases and 134 related deaths reported over the first six months of the year.

Actions
- WHO continues supporting the MoH for the surveillance and control of communicable diseases.
- WHO participated to the adaptation of the generic WHO guidelines on the integrated surveillance of communicable diseases to the country’s context.
- WHO also supported a training on Health Mapper for MoH surveillance staff at the district level.
- Emergency activities are supported by the WHO budget and the CERF.

SUDAN

Assessments and Events
- In Abyei, malaria, acute respiratory infections and acute watery diarrhoea are the main causes of morbidity for the 50 000-70 000 people displaced last May. No outbreak is reported. The health network – one hospital and seven health centres – was looted and damaged during last May’s violent clashes.
- Across the entire Sudan, the arrival of the rainy season intensifies threats such as acute watery diarrhoea, dysentery, viral haemorrhagic fevers and malaria.

Actions
- In Abyei, relief focuses on food, shelter, health and nutrition, safe water, sanitation and hygiene, security, education and livelihoods. WHO, UNICEF, WFP, IOM and NGO partners have provided sufficient medical supplies to support 40 000 people for three months.
- A measles vaccination campaign was completed in Agok and preparations are under way for another in Twic County (both in Abyei). UNICEF, WHO and partners work together to ensure the highest possible coverage.
- With representatives from local and state health authorities, WHO conducted a workshop to help strengthen Kadugli’s health system. International and local NGO partners participated.
- In South Darfur, WHO, UNICEF and partners are promoting active case finding and health education for acute jaundice syndrome and diarrhoeal diseases in the camps at high risk, particularly in El Salam, Kalma and Yassin.
- In North Darfur, WHO and partners are pre-positioning drugs and supplies in high-risk areas to be ready against any outbreak of acute watery diarrhoea.
Health Action in Crises

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/hac/

CENTRAL AFRICAN REPUBLIC

Assessments and Events
- In Kassala, Red Sea and Gedarif, the State MoHs, WHO and UNICEF are monitoring the quality of the water points. Partners are building up stocks while intensifying disease surveillance and strengthening the water and sanitation systems ahead of the rains and floods season. Last year, flooding had resulted in outbreaks of waterborne diseases across the eastern states.
- WHO’s activities are supported by the regular budget, as well as by the CERF, the Common Humanitarian Fund, ECHO, Finland, Ireland, Italy and USAID.

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UGANDA

Assessments and Events
- The numbers of cases of hepatitis E continue to rise. As of 24 June, 3530 cases had been notified in Kitgum district with 67 deaths (CFR 2.1%). Some 468 new cases were registered between 16 and 22 June, a 18.6% increase compared to the previous week. To date, 12 sub counties in the district are affected.
- Malaria continues to be the leading cause of morbidity. In Lango sub-region the weekly incidence of malaria in 2008 is 32% higher than that for 2007. Lira district accounted for 51.8% of all reported cases of malaria.

Actions
- WHO continues to provide technical and financial support, including trainings and sensitization activities, to strengthen the health system in northern Uganda and Karamoja region.
- WHO provided Pader district with information, education and communication materials to support hepatitis E activities. In Lango sub region, the WHO provided text books and supported Oyam district for the transport of a sample of suspected of hepatitis E.
- In Kitgum, WHO provided financial and technical support to carry out staff head count in health facilities. Four clinical officers, six nurses and three environmental health consultants are financed and monitored by WHO to manage hepatitis E patients and control the outbreak.
- WHO’s emergency activities are funded by ECHO, Finland, Norway, Sweden and the United Kingdom.

INTER-AGENCY ISSUES

- **Clusters.** A workshop on the cluster approach will take place in Bujumbura, Burundi, mid-August.
- The informal IASC group on humanitarian space and humanitarian principles met on 7 July.
- On 9 July, WHO updated the IASC Weekly Meeting in Geneva on health action in China and Myanmar. The meeting also briefed on the high-level fact finding mission to the occupied Palestinian territory.
- The UNDAC Asia-Pacific Induction Course will take place in Singapore on 13-25 July.
- The ECOSOC Humanitarian Segment will take place in New York on 15-17 July.
- The Mid-Year Review of the Humanitarian Appeal 2008 will take place in New York on 16 July.
- The informal IASC group on humanitarian futures will meet in New York on 18 July.
- The annual meeting of the Good Humanitarian Donorship will take place in New York on 18 July.
- The UN Executive Committee on Humanitarian Affairs (ECHA) will meet next on 30 July.

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

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