Health Action in Crises
Highlights No 153 – 9 to 15 April 2007

Each week, the World Health Organization Health Action in Crises in Geneva produces information highlights on the health aspects of selected 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.

SUDAN

Assessments and events:
- In Darfur, violence continues and three soldiers from the African Mission were attacked on 10 April. In the last two months, 21 cases of meningitis have been reported from five IDP camps, of which 12 have been confirmed. There has been no reported death and surveillance and case management have been intensified.
- In northern Sudan, 382 suspected cases of meningitis, including 16 deaths, were reported from 1 January to 24 March in 13 out of 15 states. Khartoum has reported most cases: 202 including five deaths.
- In southern Sudan, between 1 January and 1 April, 10 752 cases of meningitis and 649 deaths were reported in nine state. During the same period, 4756 cases of acute watery diarrhoea (AWD) and 127 deaths were reported. Meanwhile, armed raids by the Ugandan LRA are threatening food security and overall stability in Equatoria states. A household survey found that malnutrition is still a significant problem.

Actions:
- In Darfur, a mass vaccination campaign is planned for end of April in Seleah and Yasin camps that have crossed epidemic threshold for meningitis. Up to 40 000 people, both IDPs and host populations will be targeted. ICG has agreed to release the needed trivalent vaccines.
- In response to the meningitis outbreak in northern Sudan, the Federal MoH conducted field investigations, standardized case management, provided health education and strengthened surveillance. WHO is supporting the MoH in maintaining a buffer stock of oily chloramphenicol, outbreak investigation supplies, lumbar puncture kits and rapid tests.
- In southern Sudan, WHO continues supporting the MoH/GoSS in coordinating the response to the meningitis and cholera outbreaks. WHO is donating a New Emergency Health Kit to the NGO Cordaid to support the provision of health care services in Northern Bar el Ghazal. WHO also assisted the MoH/GoSS to finalize the Essential Medicines List.
- In 2006, contributions for WHO’s emergency activities came from ECHO, Finland, Ireland, Norway, Switzerland, the United States as well as the CERF and the Common Humanitarian Fund. For 2007, support has been received from ECHO, Ireland, the CERF and the Common Humanitarian Fund.

MADAGASCAR

Assessments and events:
- The aftermath of Cyclone Indlala continue to affect the north-western regions. Several communes remain inaccessible as impassable roads obstruct any organized assistance.
- The provision of drugs and medical supplies to affected district is a challenge and stocks are running out.
- No outbreaks have been reported so far, however health authorities expect an increase in the number of waterborne and vector-borne diseases.

Actions:
- WHO works with the MoH emergency services in assessing needs and mobilizing funds. Through WHO, the Italian Government donated 200 000 Euros to:
  - prevent and control outbreaks of communicable diseases;
  - ensure that the displaced persons and the population in general regain access to quality preventive and curative health services including immunization;
  - improve the health sector overall capacity to respond in a timely, efficient and effective way to a greater demand for health care.
**HORN OF AFRICA**

Assessments and events:
- In Somalia, people continue to leave the capital Mogadishu, fleeing to neighbouring areas. Throughout south and central Somalia, insecurity continues to impede access to vulnerable populations.
- In Ethiopia, flash floods have swept through the eastern town of Dire Dawa on 12 April; no casualties are reported so far despite intense flooding. Meanwhile, 68 170 cases of AWD and 815 deaths have been reported as of 1 April. The Federal MoH sent an assessment team to Afar region last week. Also, investigations show a chronic micronutrient deficiency in many rural areas.
- In Kenya, between 26 March and 11 April, West Pokot district reported 82 suspected cases of cholera and six deaths; five cases have been laboratory confirmed. The MoH also reports 697 cases of Rift Valley Fever, including 224 confirmed cases, and 155 deaths as of 22 March.
- In Eritrea, investigations on reported malaria outbreaks are conducted in Anseba, Debub and Gash Barka, while Northern and Southern Red Sea are on alert for possible shigellosis outbreaks.

Actions:
- In south and central Somalia, WHO is providing hospitals with trauma supplies and essential drugs to assist in responding to the influx of wounded - at least 400 persons reported so far.
- In Ethiopia, WHO continue to assist the Regional Health Bureaus in AWD-affected regions, providing training on case management and drugs and supplies in Afar, SNNPR and Oromiya. In consultation with the Federal MoH, WHO also supports assessments and coordination at all levels.
- In Kenya, West Pokot health authorities started social mobilization against the suspected cholera outbreak. Case management is based on the national guidelines and WHO provides drugs and supplies.
- In Eritrea, the implementation of the ECHO-funded project on community-based integrated management of childhood illnesses (IMCI) has started in Southern Red Sea and Gash Barka; it includes training and field activities. A community-based therapeutic feeding programme was also begun in Anseba and Southern Red Sea. HIV/AIDS education will also be implemented in these villages.
- WHO activities are supported by the CERF, Canada, Italy, Norway, Sweden, the United States and Finland for Somalia and cluster coordination, by the CERF and the local Humanitarian Response Fund in Ethiopia, by ECHO and the CERF in Eritrea as well as by the CERF in Kenya.

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**OCCUPIED PALESTINIAN TERRITORY**

Assessments and events:
- Work continues to address the effects of the collapse of the Beit Lahia sewage treatment plant. A coordination meeting was organized with the MoH and UN agencies on 1 April to discuss immunization, laboratory screening, surveillance, psychosocial intervention, water quality, health promotion and education, medical specialties, etc.
- WHO continues to monitor primary health care facilities and hospitals in the strike-affected West Bank. Immunizations stopped completely in Hebron, Jenin, Nablus in both the Central Clinic and the clinics in the surrounding villages. Most of the facilities surveyed have also stopped dispensing drugs to chronic patients, with the exception of insulin, kidney medications and psychotropic medications, that continue. Elective surgical and outpatient services remain closed. Staff attendance is low in all the districts.

Actions:
- WHO continues supporting the MoH in strengthening epidemiological surveillance in the community affected by the Beit Lahia incident.
- WHO assists the MoH in producing health education brochures and distributing them among the residents of the northern area. WHO and UNICEF are also funding the production of brochures and posters on water preservation and environmental health.
- In 2006, WHO’s emergency activities were funded by the Organization’s Regular Budget and contributions from ECHO, Finland, Japan and Norway as well as the CERF. For 2007, support has been pledged from Norway.

More information is available at: [http://www.emro.who.int/palestine/](http://www.emro.who.int/palestine/)

WHO, UNDP, UNESCO, OCHA and UNICEF assessed the health, education and water and sanitation needs in the Jordan Valley. Agencies will submit project proposals based on their field of expertise. A tentative date for a first draft of an integrated UN programme in the valley is set for the middle of June.
CHAD

Assessments and events:
- In the east, fighting in Tioro and Marena last week forced up to 3000 villagers to flee to Koukou and Gozamer IDP camps. The new influx has increased the number of people living in camps around Koukou to 25,000. The nutritional and health situation of the displaced is not worrisome, but the pressure on the health, water and sanitation facilities is becoming excessive.

Actions:
- WHO conducted a situation assessment in the camps around Koukou and provided drugs and medical supplies to Gozbeida hospital. Some 44 wounded have already been received by the hospital and the ICRC continues bringing new cases. Health care is provided by the NGO MSF-France and COOPI.
- WHO met with all partners to start implementing the CERF-funded health and nutrition project for IDPs. The challenges are to expand the capacity of the local health facility in Koukou, restart the health centres in Adé and Kerfi and provide enough supplies as up to 45,000 will need assistance during the upcoming rainy season, when access and referral will be difficult.
- As of 11 April, HAC and Security Department in HQ have deployed additional staff on mission from Geneva to eastern Chad.
- WHO is finalizing a project for ECHO for funding in 2007.
- Emergency activities are supported by ECHO and the CERF. As the lead of the Health Cluster, WHO is submitting to OFDA a new project to provide assistance to IDPs in eastern Chad for the next three months.

INTER-AGENCY ISSUES

- Iraq. The UN High Commissioner for Refugees briefed the Humanitarian Liaison Working Group as well as the IASC Weekly meeting in Geneva on the International Conference “Addressing the Humanitarian Needs of Refugees and IDPs inside Iraq and in neighbouring countries” that will be held in Geneva on 17-18 April. The meeting also exchanged views on humanitarian situation in Somalia.
- UNHCR. A briefing on UNHCR’s supplementary appeals for programmes in Africa was held in Geneva on 12 April.
- Clusters.
  - Global Cluster Leads met in Geneva on 12 April.
  - A formal consultative meeting on the draft Global Cluster Appeal took place on 12 April. The Appeal is expected to be launched at the end of April.
  - The Task Team Sub-Group on how to make operational the Cluster Guidance Note will meet on 16 April.
- Information Management. The IASC Information Management Working Group is meeting on 13 April in Geneva.
- Public Health Pre-Deployment Training. The next course (PHPD3), organized by WHO, is taking place from 15 to 28 April in Moscow, Russian Federation. Additional information can be viewed online at: http://www.who.int/hac/techguidance/training/predeployment/en/index.html
- IASC Plenary. The next IASC Plenary at the level of Heads of Agency will meet in New York on 30 April.
- Disarmament, Demobilization and Reintegration. The Inter-Agency Working Group met on 10 April. A retreat will take place in New York on 2-4 May.
- Humanitarian Coordinators. The annual retreat of Humanitarian Coordinators will be held in Geneva on 8-10 May.
- Disaster Risk Reduction. An inter-agency meeting on disaster-risk reduction and humanitarian action took place in Geneva on 11 April. The Global Platform for Disaster Risk Reduction will meet on 5-7 June.
- Environmental Emergencies. The 7th meeting of the Advisory Group on will take place in Sweden on 13-15 June.
- Gender and Humanitarian Action. An orientation course for Gender Capacity Advisers will take place in Geneva on 27 May - 2 June with the first deployment in early July.
- Preparedness and Contingency Planning. The IASC Sub-Working Group is preparing an inter-agency consultation of Contingency Planners on 2-4 July.
- Global Humanitarian Platform. Preparations have started for the first meeting in Geneva on 12 July.
- ECOSOC Humanitarian Segment. The Humanitarian Segment will be held in Geneva on 16-18 July.

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

MAP DISCLAIMER: The presentation of material on the maps contained herein does not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or areas or of its authorities, or concerning the delineation of its frontiers or boundaries. Map source: Perry Castaneda Library Map Collection, University of Texas at Austin.

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/