IRAQ

The total number of displaced people (IDPs) is estimated at 3.9 million, of which 2 million have sought refuge in neighbouring countries. Overall, up to 8 million are in urgent need of humanitarian assistance.

Health services are overstretched, particularly in areas most affected by violence and/or with greater concentrations of IDPs. In 2006, 36,000 persons were reported wounded, mostly from gunshots, shrapnel and burns. Each wave of injured patients further depletes the limited stocks available for other surgical interventions. Due to the emigration of experienced staff, health workers who remain often have to carry out procedures for which they received no formal training.

A nationwide mental health assessment conducted by the MoH and the Ministry of Planning in collaboration with WHO shows that 63% of the Iraqi adult population is subject to depression, while almost a third of adolescents are suffering from post traumatic stress disorder.

Assessments and events:
- WHO participates in the Strategic Framework for Humanitarian Action in Iraq that proposes to:
  - Promote concerted humanitarian action by strengthening partnerships;
  - Develop a strategy to maximize operability in the insecure environment;
  - Establish centralized information collection, management and analysis;
  - Develop and implement an advocacy strategy;
  - Promote resources availability for agencies operating in Iraq, especially NGOs;
  - Establish appropriate humanitarian coordination mechanisms.
- A WHO/MoH team visited Erbil, Duhok and Suleymania in Northern Iraq to monitor the progress of the Family Health and Mental Health surveys.
- The rehabilitation of the health infrastructure is ongoing. So far, two new mental health units and 19 training halls have been built; 128 primary health care units were rehabilitated, as well as seven mental health units, three public health laboratories, three nursing schools, four blood banks, three specialized centres, one environmental laboratory and one drug quality control laboratory.
- WHO’s emergency activities are funded by Japan and the UNDG ITF.

DEMOCRATIC REPUBLIC OF THE CONGO

Between early January and mid-April, 1078 cases of meningitis and 98 deaths have been reported in Aru health zone, in the district of Ituri.

In Kinshasa, malaria remains a major threat: since January, more than 193,400 cases and 558 deaths have been notified. The capital is also affected by an outbreak of typhoid fever with 35,314 cases and six deaths reported during the same period.

Assessments and events:
- In Ituri, WHO and partners supported local health authorities in organizing a meningitis immunization campaign targeting more than 160,000 people aged 2 to 30. WHO and the NGO Malteser donated essential drugs and medical supplies to reinforce case management. The Humanitarian Coordinator provided funds. WHO also supported the training and formation of a rapid intervention team in Kisangani.
- In Kinshasa, WHO, UNICEF, MSF-Belgium and the Free University of Brussels are supporting the provincial health authorities in malaria control. Training on the diagnosis and management of malaria will target more than 2700 persons throughout the various health zones of the capital.
- In Kasai Oriental, WHO supplied three basic medical kits and two bicycles to Kele health zone to assist local provision of support to destitute populations in Mbuuka.
**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/](http://www.who.int/hac/)

### Sudan

**Assessments and events:**
- In **South Darfur**, clashes in Nyala killed 60 people. Seven suspected cases of meningitis were reported between 1 and 7 April, of which four in Seleah, two in Kalma and one in As Salam Camp. Selia area is under observation as many cases were reported there for the last few weeks.
- In **northern Sudan**, as of 10 April, 625 suspected cases of meningitis and 40 deaths were reported from 13 of 15 states; most of the cases (282) were reported in Khartoum.
- In **southern Sudan**, between 1 January and 8 April, 11,011 cases of meningitis and 661 deaths were reported. Although one new state is reporting cases, the overall number of new cases is declining. During the same period, 5,218 cases of acute watery diarrhoea (AWD) and 140 deaths were reported. Also, 470 cases of measles and 14 deaths were reported in Warrap State.

**Actions:**
- In **South Darfur**, WHO continues supporting hospitals with funding received from ECHO to ensure free care to IDP referred from camps’ clinics.
- WHO and the State MoH are planning a vaccination campaign to contain the meningitis outbreak.
- In **North Darfur**, WHO and the State MoH continue monitoring water quality in El Fasher town. WHO also supports vector control and donated insecticides and supplies for spraying campaigns in villages.
- In response to the meningitis outbreak in **northern Sudan**, the Federal MoH conducted field investigations, standardized case management, provided health education and strengthened surveillance. Vaccination campaigns are ongoing and completed in some areas. WHO is providing the MoH with a buffer stock of oily chloramphenicol, outbreak investigation supplies, lumbar puncture kits and rapid tests.
- In **southern Sudan**, WHO continues to support the MoH/GoSS in coordinating the response to the meningitis, cholera and measles outbreaks.
- WHO supports the MoH in assisting returnees and host communities. Five New Emergency Kits will be provided to strengthen primary health care services in areas of high expected returns in Northern Bar El Ghazal and Upper Nile.
- In 2007, contributions for WHO’s emergency activities have been received from ECHO, Ireland, the CERF and the Common Humanitarian Fund.

Sudan has accepted the deployment of an additional 3000 UN troops and equipment to help the African Union force in Darfur. Sudan has not yet agreed to a larger force.

### Horn of Africa

**Assessments and events:**
- In **Somalia**, according to OCHA, about 100,000 people have fled the capital Mogadishu since February. Of these, 47,000 left after 21 March and have no access to shelter, water or food. Most went to Lower Shabelle, Merka and Qoryooley. As of 12 April, one new case of polio was reported from Hiran province.
- In **Eritrea**, there is an outbreak of shigellosis in the Northern Red Sea, and there has been an outbreak of malaria in Debub. An apparent increase of cases of malaria in Anseba was in fact due to expanded health outreach.
- In **Ethiopia**, as of 8 April, 68,680 cases of AWD and 817 deaths have been reported countrywide. A decrease in the number of reported cases was observed in Oromyia, SNNPR and Afar.
- In **Kenya**, clashes in the western district of Mt. Elgon killed 137 people and displaced 45,000, overwhelming local health capacities. The Resident Coordinator requested agencies to support the Kenyan Red Cross, the only health provider allowed in this area. Since 26 March, 82 suspected cases of cholera and six deaths were reported in West Pokot district.

The 2007 CAP for Somalia has been revised to better reflect the improved food security situation and related humanitarian needs. The revised 2007 CAP, launched on 19 April, seeks US$ 262 million, including US$ 17.8 million for WHO.

---

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/](http://www.who.int/hac/)
**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/](http://www.who.int/hac/)

---

**Actions:**

- In south and central Somalia, national WHO staff remains in Mogadishu. International staff from the office in Nairobi conducted fact-finding missions in Wajid and Baidoa, confirming the urgent need for water, shelter, medicine, food, and sanitation. Fuel for hospitals is also very important.

- In Eritrea, WHO assists regional authorities in outreach activities in areas of difficult access. At national level, WHO assisted the MoH in conducting a surveillance review meeting and a workshop on incorporating newborn care in the national IMCI strategy.

- In Ethiopia, WHO continues to assist the Regional Health Bureaus in AWD-affected regions, providing training on case management and drugs and supplies in Afar, SNPR, and Oromiya. In consultation with the Federal MoH, WHO also supports assessments and coordination at all levels.

- In Kenya, thanks to CERF contributions, WHO will donate essential drugs to the Kenyan Red Cross, cover transport costs and hire ten health workers for one month to assist local health facilities in Mt. Elgon. Meanwhile, West Pokot health authorities started social mobilization against cholera. Case management is based on the national guidelines and WHO provides drugs and supplies.

- 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.

---

**CHAD**

**Assessments and events:**

- The social and political situation in the east of the country is highly volatile. On 12 April, new clashes between the rebels and the armed forces killed several and wounded 17 in the area between Daguessa et Tissi. The wounded have been evacuated to Gozbeida’s hospital.

- According to reports, the hospital in Biltine has run out of all drugs and medical supplies since last December.

- A meningitis outbreak alert has been activated in Bredjing refugee camp.

**Actions:**

- The WHO Security Department in HQ visited eastern Chad to assess the situation in Gozbeida and evaluate the feasibility of establishing a WHO presence there.

- One HAC staff has been deployed on mission to Abeche to strengthen the WHO team.

- The recent rehabilitation of the hospital laboratory in Abeche, funded by ECHO, makes possible the local investigation of meningitis, cholera, typhoid, tuberculosis, HIV/AIDS and brucellosis. Additional renovation and the purchase of extra equipment is planned with new ECHO funds.

- In Bredjing, WHO and MSF-Holland are working together to reinforce surveillance and launch a response plan.

- The outbreak of anthrax which affected the village of Abdi, south of Abeche, last month was confirmed in a reference laboratory in South Africa by Eliza tests.

- 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.

---

**OCCUPIED PALESTINIAN TERRITORY**

**Assessments and events:**

- The Palestinian Central Bureau of Statistics (PCBS) completed the fourth Family Health survey. With the results of this survey and of those conducted in 1996, 2000 and 2004, PCBS proposes to do a time trend analysis of demography, fertility and maternity and child health.

- Preliminary results show that the number of people suffering from chronic diseases has increased by 31.1% in the past two years.

- Overall, the number of households with safe drinking water has dropped by

⇒ An operational briefing on the IFRC emergency operations in the occupied Palestinian territory and Iraq will take place in Geneva on 27 April.

---

**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/](http://www.who.int/hac/)
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

More information is available at: http://www.emro.who.int/palestine/

INTER-AGENCY ISSUES

- **Clusters.**
  - The Task Team Sub-Group on Operationalization of the Cluster Guidance Note met on 16 April.
  - The Global Cluster Appeal will be launched in Geneva on 25 April.
- **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
- **Madagascar.** On 18 April, the IASC weekly meeting in Geneva discussed the humanitarian situation in Madagascar.
- **Consolidated Appeals Process.** The IASC Sub-Working Group met on 19 April.
- **Humanitarian Liaison Working Group.** The next meeting will take place in Geneva on 25 April.
- **IASC Plenary.** The Heads of Agency will meet in New York on 30 April.
- **Disarmament, Demobilization and Reintegration.** The Inter-Agency Working Group will hold a retreat in New York on 2-4 May.
- **ECHA.** The next meeting will take place on 3 May to discuss Myanmar and Côte d'Ivoire.
- **Humanitarian Coordinators.** The annual retreat of Humanitarian Coordinators will be held in Geneva on 8-10 May.
- **Preparedness and Contingency Planning.** The IASC Sub-Working Group will meet on 16 May. An inter-agency consultation of Contingency Planners will be held in Geneva on 2-4 July.
- **Gender and Humanitarian Action.** An orientation course for Gender Capacity Advisers will take place in Geneva on 27 May - 2 June. The first deployment is foreseen in early July.
- **Disaster Risk Reduction.** An inter-agency meeting on 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.
- **IASC Working Group.** The next meeting of the IASC Working Group will take place in New York on 13-15 June.
- **Environmental Emergencies.** The 7th meeting of the Advisory Group on will take place in Sweden on 13-15 June.
- **Global Humanitarian Platform.** Preparations have started for the first meeting in Geneva on 13 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.