Health Action in Crises
Highlights No 167 – 23 to 29 July 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.

SOUTHERN AFRICA

Assessments and events:
- Harsh droughts and erratic weather conditions are impacting five of the Southern African countries, notably Lesotho and Zimbabwe where there is a significant deterioration of food security. In Malawi, Zambia, Botswana and South Africa there is an improved outlook and relatively stable food security.
- In Lesotho, the drought has cut the maize production by 51%. As many as 553,000 people may not meet their food needs, with many having already exhausted their coping mechanisms. The already acute poverty and food insecurity is expected to worsen as the reserves of the poorest are depleted.
- In Swaziland, recent assessments indicate that about 410,000 people will require humanitarian assistance – food, water and sanitation, health services etc. – due to the drought. Prices of agricultural inputs are beyond the reach of the most vulnerable.
- In both countries, the drought is also likely to impact on the already severe HIV/AIDS situation as malnutrition aggravates the conditions of infected people and patients on ARVs discontinue taking drugs in the absence of food. Increased malnutrition and communicable diseases will increase demand on healthcare facilities already burdened by HIV-related illnesses.
- The supply of ARV drugs as well as other services is covered by the Global Fund and other sources, however additional resources and funds might be required to tackle the increasing need of programme management and the general decrease in community support to the patients.

Actions:
- In Lesotho, WHO and health partners are coordinating with the national authorities and appealing for international assistance to:
  - Provide therapeutic feeding in community-based centres and outreach services;
  - Support the operational cost of the emergency nutrition programme;
  - Strengthen reproductive health services and the prevention of STIs;
  - Strengthen disease surveillance and outbreak preparedness as well as the integrated management of childhood illnesses.

- In Swaziland, WHO and health partners will coordinate their activities with the MoH and other local partners to:
  - Increase availability of essential drugs and supplies to health facilities;
  - Strengthen epidemic preparedness and response;
  - Support distribution of EPI vaccines to communities;
  - Strengthen reproductive health service to prevent excess neonatal and maternal morbidity and mortality.

PAKISTAN

Assessments and events:
- The total number of casualties in Sindh and Balochistan now stands at 319 with 224 missing; overall 2.5 million are affected, including 370,000 who are homeless. In NWFP, new flash floods have caused 110 deaths. Six are reported in Sindh and 13 in Baluchistan.
- According to the Sindh Provincial Health Department, acute respiratory infections (11,200 cases), skin diseases (9,500), diarrhoea (6,600) and malaria (6,460) are the main causes of morbidity in Dadu district.

Actions:
- In Sindh, WHO, UNICEF and UNFPA are working on the provision of safe water and on improving sanitation. In district Kamber, WHO provided four basic health kits, one trauma kit, 10,000 chlorine tablets and 50 vials of anti-snake venom. A WHO/UNICEF mission to Taluka Quba, Kamber and Warah...
CHAD

Assessments and events:
- In the east, the combination of internal displacement and refugee influx from Darfur has overstretched the capacity of health services and led to the depletion of crucial resources such as water and fuel.
- Nutritional surveys report alarming rates of malnutrition, while health indicators are in the red. The national health network cannot meet in full the needs of the population. Most health facilities are under equipped and lack qualified staff.
- International assistance is being provided but the deteriorating security is limiting access, hampering humanitarian aid operations.
- A case of polio has been confirmed in Abéché, the first in 2007.

Actions:
- WHO is organizing a major control operation with the MoH and partners to detect other possible cases of polio.
- A HAC staff is on mission to N’Djamena, Abéché and Goz Beida to assist in the multi-donor mission currently taking place.
- A headquarters nutritionist is being deployed to Abéché to support the sub office in reviewing the guidelines on the case management of malnutrition.
- Emergency activities are supported by ECHO, Italy and the CERF.

CENTRAL AFRICAN REPUBLIC

Assessments and events:
- Security remain fragile in the north despite the presence of international NGOs. Access to vulnerable populations is hampered by the rainy season, and the UN Humanitarian Air Service remains the best way to deploy staff and material in the north-east regions.
- In Sam Ouandja, the health centre reports a deterioration in the health and nutritional status of the 2600 Sudanese refugees: the prevalence of diarrhoeal diseases, and malnutrition is increasing while acute respiratory infections and malaria are increasingly affecting children under five.

Actions:
- WHO deployed two nurses and supported the provision of essential drugs and obstetric kits to the Sam Ouandja health centre, which provides care to both the refugee and local populations. A rapid assessment conducted in the camp reported on precarious living conditions and polluted drinking water.
- WHO is lobbying to provide support to any international NGO willing to undertake health activities in Sam Ouandja camp.
- Emergency activities are funded by Finland and the CERF.
SUDAN

Assessments and events:
- In Darfur, violence has forced 25,000 people from their homes in May and June. Across the region, the number of people in living in camps is now 2.2 million, and the total caseload of conflict-affected populations stands at 4.2 million. Meanwhile, attacks on aid workers have reportedly stepped up, disrupting relief aid.
- All over Sudan, this is flood season, and some 2.4 million people are at risk in 16 of the 26 states. The Government advises people residing along flood paths to relocate to safer areas as heavy rains continue. So far, 57 deaths have been reported while an estimated 32,200 households are affected in the east, southeast and around Khartoum.
- In Southern Sudan, floods have affected several thousands in Upper Nile and Unity. Jonglei, Lakes, Warrab and Northern Bahr El Ghazal states are also at risk. So far, no increase in the number of cases of acute watery diarrhoea or malaria has been reported.
- The meningitis outbreak is almost over; only two counties reported cases this week bringing the cumulative total for 2007 to 11,970 cases with 675 deaths. During the same period 15 cases of acute watery diarrhoea were reported, for a total number of 9511 and 394 deaths since the beginning of the year.

Actions:
- In South Darfur, WHO is supporting indoor residual spraying in Kalma and Ottash camps. WHO visited El Salam camp to inspect, together with NGO partners International Medical Corps and Humedica, the construction of the cholera treatment centre. WHO is also working with CARE, the International Rescue Committee, and local authorities on water quality and chlorination in camps and among local populations. Water and sanitation quality monitoring activities are also conducted in North and West Darfur.
- The WHO and Federal MoH polio eradication team visited West Darfur following the notification of two cases; alert and awareness trainings on the detection and reporting of cases of acute flaccid paralysis were held.
- In Kassala, Red Sea and North Kordofan, WHO is helping for outbreak preparedness and response; regular task force meetings are held on dengue fever, acute watery diarrhoea and meningitis surveillance. WHO is supporting the establishment of ten cholera treatment centres in the flood-affected areas, providing five diarrhoea disease kits as well as essential drugs, anti-snake venom, mosquito nets and tents, blankets, soaps and buckets.
- In southern Sudan, WHO, the MoH/GoSS and partners are working together to ensure health needs are adequately addressed in flood-affected areas. In anticipation of an increase in the number of cases of malaria and diarrhoea, WHO is pre-positioning 13 New Emergency Health Kits in high risk areas. A scenario building/planning exercise for the UN agencies is planned to identify gaps in response capacity.
- In 2007, contributions for WHO’s emergency activities were received from ECHO, Ireland, Finland, the CERF and the Common Humanitarian Fund.

HORN OF AFRICA

Assessments and events:
- In Eritrea, maternal mortality, estimated at 630 per 100,000 live births, has fallen by about a third since 1995 thanks to better antenatal care. However, this figure rises to between 1000 and 1200 per 100,000 in Southern Red Sea, Anseba and Gash Barka.
- In Ethiopia, the acute watery diarrhoea outbreak continues; as of 17 July, 85,463 cases and 991 deaths have been reported. Cases are still reported in Oromiya, Afar, SNNPR, Somali, Amhara and Harari Regions. New refugees are arriving from Somalia; 3000 have been registered recently of which 1549 are temporarily settled in Teferi Ber, Somali Region. Before the recent influx, Ethiopia was hosting around 99,670 refugees from Sudan, Eritrea and Somalia and had an estimated 200,000 conflict-related IDPs.
- In Somaliland, 3276 cases of acute watery diarrhoea (AWD) and 45 related deaths were reported between 1 January and 20 July. Overall, cases are rising in Togheer, which is reporting more than half of the cases, and Wogooi Galbeed while decreasing in Adwal. The number of AWD cases in central south Somalia however has dropped by 59% compared to June, with a total of
In Eritrea, an ECHO and CERF-funded paper on Mapping of the Migratory Routes of the Nomads in Northern and Southern Red Sea Zobas of Eritrea commissioned by WHO can be seen at www.who.int/hac/crises/eri/sitreps/en/index.html

415 cases with no related death reported from Banadir, Middle and Lower Juba in July. UNHCR reports that renewed violence has forced 10 000 people to flee Mogadishu over the last week, reversing a trend where those displaced from the capital had been returning.

- In Kenya, increased violence is reported in the run-up to the December election. About 350 000 people have been displaced by internal conflict, including up to 66 000 in Mt Elgon, or about 40% of the region’s population. Other areas experiencing tension are Tana River, Trans Nzoia, Turkana, Baringo and Meru districts.

Actions:

- In Eritrea, WHO and health partners used CERF and ECHO funds to procure tents and equipments for maternity waiting homes in the eastern and western lowlands (Northern and Southern Red Sea, Gash Barka and Anseba). WHO continues work to improve disease surveillance and to generate and share health information to guide partners’ activities.

- In Ethiopia, the nine WHO consultants continue supporting the regional health bureaus (RHBs) for case management, advocacy and community-based activities such as awareness raising and training. WHO is also working with the Somali Region RHB and UNHCR to ensure health services are available in the new refugee site. In Addis, trainings in surveillance and reporting, activity management system and Rift Valley fever were conducted.

- In central south Somalia, large-scale health assessment is ongoing. The assessment is a cluster-initiative and aims to get a complete picture of all health related activities and problems in the country.

- 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.

LEBANON

Assessments and events:

- Fighting continues in Nahr El-Bared camp; the death toll has now reached more than 200. Almost all of the camp’s 31 000 residents have evacuated. The Lebanese Army is conducting de-mining operations inside the camp while intensifying its shelling to try and seize the last remaining area still controlled by the militants.

- UNRWA reports no changes in the incidence of communicable diseases among the population displaced by the fighting.

Actions:

- UNRWA is leading humanitarian and relief interventions in Nahr El-Bared.

- Meanwhile, ongoing activities continues. WHO is conducting an emergency preparedness workshop on 23-28 July, targeting health professionals from the MoPH, the Ministry of Social Affairs, the military, as well as syndicates, NGOs and professional associations. The workshop aims at preparing resource persons on emergency preparedness; trainees will be expected to pass on the knowledge at the district level.

- WHO’s emergency activities in 2007 are funded by Kuwait, Qatar and the World Lebanese Cultural Union.

INTER-AGENCY ISSUES

- An inter-agency meeting on Disaster Risk Reduction took place in Geneva on 24 July.

- An inter-agency meeting on Information Management took place in Geneva on 29 July.

- On 2 August, the UN Executive Committee on Humanitarian Affairs plans to discuss Zimbabwe and Sri Lanka.

- Gender and Humanitarian Action. The next meeting of the Sub-Working Group will take place on 3 August.

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

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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/