CHAD

Assessments and Events
- Fighting is ongoing in Ndjamen. Refugees are crossing into adjacent Cameroon. All UN non-essential staff have been evacuated.
- In Abeche, the situation is calm but very tense and all non-essential staff are ready for evacuation. Adré is reportedly under attack.
- Overall, 47 cases of meningitis and four deaths were notified between 8 October and 27 January. The latest case was reported last week in Farchana camp near Adré. So far, no district has reached the epidemic threshold. Case confirmation remains a problem as lumbar punctures are not systematic.
- Since 1 January, 1300 cases of acute respiratory syndrome have been reported in the east. The number of cases notified in Oure Cassoni camp has risen from 162 between 14 and 20 January to 449 between 21 and 27 January.
- From 1 December to 13 January, 73 cases of whooping cough were reported in the resident communities surrounding Gaga camp. More than 60% of the cases occurred in not immunized children. In the camp itself the vaccination coverage is at 90% thanks to IMC’s health care management.
- The departure of MSF-Hollande from Bredjing and that of MSF-Spain from Sarafaye, Tinaye and Am sieb sites in Amdam health district need to be tackled.

Actions
- The Health Cluster has prepared a plan for the upcoming meningitis epidemic season and discussed the response to the whooping-cough. A mass vaccination campaign for children under five has been decided and will be funded by UNICEF.
- WHO met with UNFPA to discuss greater participation in the coordination of SGV activities in eastern Chad.
- Supplementary vaccinations against polio were conducted in Abéché on 26 to 28 January. WHO is part of the regional coordination committee.
- In the southern Moundou district, WHO supported the MoH’s investigation of suspected cases of meningitis by providing 20 trans-isolate media for transport.
- WHO continues coordinating with ICRC the provision of essential drugs and supplies to health facilities in IDP-hosting areas in the district of Adré.
- In 2007, WHO’s activities in eastern Chad were funded by Italy, ECHO and the CERF.

KENYA

Assessments and Events
- The crisis has worsened with violence claiming more lives and hampering relief efforts. According to OCHA, nearly 700 people have died, including at least 30 people in Naivasha and Nakuru over the past weekend.
- Insecurity, fear and rumours are causing many of the nearly 290 000 IDPs reported by the Kenyan Red Cross to move from one area to another.
- Aid agencies are working with the Red Cross and the Government to ensure that the needs of the most vulnerable are met. Needs are now the greatest in Molo District, where there are now more than 40 000 IDPs. Fighting also erupted in Nakuru, home to thousands of IDPs, and in Naivasha.
- A field assessment by MoH and WHO shows serious needs in terms of health care, nutrition, water and sanitation and shelter.
- The number of sexual assaults against women is soaring. While the Nairobi Women’s Hospital reported 167 cases, the limited capacities of hospitals outside the capital suggest that the reported number is only a fraction of the actual caseload.

Actions
- WHO is present in Nakuru, Eldoret and Kisumu. AFRO has already deployed
Security Phase III has been declared for the entire Rift Valley. Nairobi remains in Security Phase II.

An interagency assessment meeting was held in Mombasa on 29 January.

On 31 January, the Global Health Cluster held a teleconference on the situation.

On 4 February, UNAIDS will update on HIV in the humanitarian crisis in Kenya.

Food security will also be a concern in the coming months as the prospects for return and resettlement being rather dim, farmers may not be able to plant.

• An epidemiologist and a security officer, and headquarters a logistician. More surge staff is in the pipeline.
  • In Eldoret and Nakura, WHO teams, where possible with joint UN teams, visit IDP camps, hospitals and sites to assess people’s health status, surveillance systems, health care delivery, the availability of medical supplies and the presence of health workers.
  • Immunizations for measles and polio are under way in some IDP sites; emergency health care and curative and preventive medical care are partially provided.
  • WHO is assisting the MoH in reviewing medical stocks and the budget to cover the needs for 54 identified camps.
  • WHO three-month plan of action includes strengthening disease, nutrition, and water quality surveillance, improving information management and sharing, strengthening coordination among partners, providing primary health care to IDPs and strengthen secondary care and referral services.
  • WHO, UNICEF and UNFPA obtained US$ 634 000 from the CERF for immediate life-saving activities. WHO is participating in the Flash Appeal and has received a statement of interest from Australia.

CENTRAL AFRICAN REPUBLIC

Assessments and Events

• In Nana Gribizi prefecture, the MOH is officially declaring a meningitis epidemic in Kaga Bandoro. Between 1 and 27 January, 17 cases were diagnosed, of which 73% tested positive for Neisseria meningitidis serotype A. The attack rate reached 19.6/100 000 inhabitants and the number of cases reported by NGOs in the field is increasing.
  • Investigation teams supported by WHO with laboratory equipment conducted assessments in Bocaranga (MSF-France) and in Kaga Bandoro district (MoH, IRC and Merlin). MSF’s preliminary results highlight the need to reinforce surveillance. Radio communication remains very poor.

Actions

• With support from WHO and health partners (MSF, IRC, Merlin, UNICEF), the MoH’s crisis committee is coordinating the response to the meningitis outbreak. A mass immunization campaign is under preparation. NGOs will provide human and logistic resources
  • WHO will provide Merlin with 2000 doses of chloramphenicol for case management in Kaga Bandoro health district.
  • Since the beginning of January, WHO has pre-positioned 30 500 doses of meningococcal meningitis vaccines (A+C) and 6300 doses of chloramphenicol in Bangui. More laboratory equipment is needed especially for rapid testing (pastorex test).
  • In 2007, WHO’s emergency activities were funded by Finland and the CERF.

SUDAN

Assessments and Events

• As of 20 January, 698 cases of Rift Valley fever, including 222 deaths, had been reported. No new cases have been reported since 5 January, but surveillance continues.
  • In Darfur, security remains tense and humanitarian staff are repeatedly targeted.
  • Acute respiratory infections, malaria and bloody diarrhoea remain the leading causes of morbidity.
  • In South Sudan, the number of acute watery diarrhoea (AWD) cases in Yei, Tambura, Juba and Wau counties is increasing. Cases of suspected meningitis are also reported from Western Equatoria. The region is on alert after the confirmation of yellow fever and Ebola in Uganda.
  • In Kassala and Red Sea, suspected cases of dengue fever are reported.

Actions

• In North Darfur, WHO continues to support the rehabilitation of Um Heglieg health facility, while providing the NGO PLAN Sudan with tools and equipment to support garbage collection in Elsalam camp.
• In West Darfur, WHO supports the State MoH in scaling up environmental health activities in IDP camps in Bendsi, Furo Baranga, Zaleingi, UmDukhn, Nertiti, Mukjar and Sirba to contain the acute jaundice syndrome outbreak.
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/

**SUDAN**

WHO and the State MoH are working with water and sanitation partners including Concern, Oxfam, Mercy Corps and Triangle.
- In **South Darfur**, WHO continues to support the State MoH to contain the outbreak of acute jaundice syndrome in Kass. The latest report is of 20 cases. Case surveillance, health education and hygiene promotion are ongoing. A supervisory mission to Kass is planned.
- In **Southern Sudan**, WHO is closely monitoring all reported cases of meningitis. WHO received funds from UNOCHA to purchase oily chloramphenical, trans-isolate media and pastorex tests for the diagnostic and management of cases.
- WHO and Merlin are examining the possibility of re-opening health services in Adilla locality. Last year, six mobile clinics were closed due to insecurity.
- In **Kassala**, WHO is supporting the MoH for spraying and fogging activities against mosquitoes.
- WHO, in collaboration with UNICEF, the MoH and other health partners facilitated the Health & Nutrition UN Work Plan Meeting to identify projects within the Work Plan based on sector priorities for the first allocation of funds.
- In 2007, contributions for WHO’s emergency activities were received from the CERF, the Common Humanitarian Fund and ECHO, Finland, Ireland, Italy, and USAID.

**OCCUPIED PALESTINIAN TERRITORY**

Assessments and Events
- The UN estimates that at least 700 000 Gazans have poured into Egypt to stock up on desperately needed supplies, or nearly half the territory's population of 1.5 million. Access to Egypt and its shops may have provided some psychological respite from the closure of the Gaza Strip but the population still relies on Israel for all their supplies.
- Gaza is still facing a deficit of 60 megawatts per day. The supply of electricity from Israel (currently 120 megawatts) will be further reduced as of 7 February, adding to the electricity deficit.
- 45 000 litres of diesel were distributed to those MoH hospitals whose fuel stock reached a critical level: Shifa, Gaza Paediatrics’ and Dorah hospitals in Gaza and Nasser and Gaza European hospital in Khan Younis. Primary health care facilities and MoH vehicles have not received fuel yet.

**SOUTHERN AFRICA**

Assessments and Events
- Heavy rains and flooding have displaced several thousands of people in Malawi, Mozambique, Zambia and Zimbabwe. OCHA estimates that more than 122 200 people have been affected by rains and floods since October 2007.
- In **Mozambique**, the national Emergency Operation Centre reports more than 71 400 persons in resettlements centres in Sofala, Zambézia, Tete, Manica and Inhambane provinces. Overall, 94 770 people are affected. No outbreaks have been reported so far, but 70 cases of cholera were notified in Mutarara between 27 December and 21 January. Malaria and diarrhoea are the major causes of morbidity.
- In **Malawi**, government officials announced that floods are devastating crops, livestock and infrastructure across half the country and are expected to get worse, threatening more than 73 000 people.

Actions
- WHO is closely monitoring the functioning of health facilities in Gaza.
- WHO working on arranging the passage of 24 pallets of drugs as well as medical and cold chain supplies to Gaza.
- In 2007, WHO’s emergency activities were supported by ECHO, Italy, Norway, OCHA/Spain, and the CERF.
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### Health Action in Crises

**WEST AFRICA – MENINGITIS**

- Benin, Burkina-Faso, Côte d'Ivoire, Chad, the Democratic Republic of the Congo, Ethiopia, Ghana, Kenya, Mali, Niger, Nigeria, Sudan, Togo and Uganda are threatened by what could one of the worse epidemic in the last decade.

- In 2007, an outbreak of meningitis resulted in the death of 2000 people in Benin, Burkina Faso, Chad, Côte d'Ivoire, Ghana, Mali, Niger, Nigeria and Togo. Three-quarters of the overall fatalities were recorded in Burkina Faso.

- In Burkina Faso, 774 cases of meningitis and 124 deaths (CFR 16%) were reported between 1 and 27 January. Mangodara district has reached epidemic level with an attack rate above 10/100 000, while the districts of Sapouy, Seguenea and Gaoua are on alert with an attack rate above 5/100 000 people.

- In Niger, 130 cases and ten deaths (7.7%) have been reported between 1 and 27 January.

- Cases of meningitis are also reported in Mali, where 39 cases and three deaths have been reported since 1 January, in Ghana (45 and seven deaths between 1 and 20 January) and in Nigeria (two districts have reached epidemic threshold in Jigawa and Katsina states).

### Assessments and Events

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### Actions

- In **Burkina Faso** the MoH, supported by health partners, has scaled up control and surveillance measures and elaborated a national response plan.

- Between 23 and 27 January, a mass vaccination campaign was organized in Sapouy district, where the attack rate has reached 8.4/100 000. Coverage is estimated at 101%.

- An investigation mission to Mangodara district is under preparation.

- The MoH has 200 000 doses of A/C vaccine and another 1 million are expected.

- In **Niger**, WHO provided drugs against meningitis to the MoH and trans-isolate media to the national laboratory.

- The 2008 CAP for West Africa, requesting some $312 million, includes health projects that aim not only at rapid response activities, but also at implementation of epidemic prevention measures. As of 30 January, 4% of the health emergency component of the appeal has been funded.

### DEMOCRATIC REPUBLIC OF THE CONGO

- In **Katanga**, a cholera outbreak is affecting 19 health zones. Since the beginning of the year, more than 1759 cases and 31 deaths were reported in Lubumbashi (Katuba, Kenya and Kisanga health zones) and 854 cases and 43 deaths in Likasi (Kikula, Likasi and Panda health zones), where the fatality rate reached 5.4%.

- Sexual and Gender-based Violence is at the top of the agenda of national authorities and the UN country team.

### Assessments and Events

- A recent mortality survey by the International Rescue Committee estimates that 5.4 million people have died since 1998 because of the conflict and that as many as 45 000 are still dying of disease, malnutrition and violence every month.

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### Actions

- In December, WHO and UNICEF provided financial and technical support to set up a cholera treatment centre in Lubumbashi’s Kenya health zone, where case management is handled by the NGO Adra. MSF-Belgium put up a second centre in Katuba health zone.

- At the request of the MoH, WHO financed and furnished a third cholera treatment centre, this one in Likasi’s General Referral Hospital, where the number of patients hospitalized for cholera is exceeding 60. Simultaneously, WHO is organizing diagnosis and case management training activities for health staff.

- WHO also dispatched diarrhoeal kits as well as drugs and medical supplies to Lubumbashi to support case management.

- WHO is running a fact-finding and planning mission in DRC in the context of interagency coordination for GBV response and local services to affected individuals and communities.

- In 2007, WHO’s emergency activities in the DRC were supported by the Common humanitarian fund.
ETHIOPIA

The long dry season has begun and WFP already reports water shortages in Geladin, Boh, Shilabo, Bare, Goro Baaqsa and Filtu woredas.

Assessments and Events
• According to the Federal MoH the decline in acute watery diarrhoea (AWD) cases continues. Oromiya and Somali regions have reported no new cases in the last four weeks, and the epidemic is under control in the other regions.
• Military operations in the Somali region restrict access to health facilities for both populations and personnel. Routine vaccination has stopped in most areas and many health facilities report lack of staff, drugs and medical supplies.

Actions
• WHO continues monitoring the AWD epidemic and surveillance activities are ongoing in all regions to ensure early detection of new possible outbreaks.
• The Somali Regional Health Bureau, UNICEF and WHO are preparing a mass campaign to immunize 720,000 children under five against measles. WHO also secured US$ 696,570 from the CERF to respond to the health emergencies in the region. An international consultant is being recruited to coordinate the response and provide technical support to the regional, zonal and district health authorities. WHO will recruit and deploy two more surveillance officers in Warder and Fik zones.
• In 2007, WHO’s emergency activities in Ethiopia were supported by the CERF and the local Humanitarian Response Fund.

INTER-AGENCY ISSUES

• OCHA. The Launch of OCHA in 2008 took place in Geneva on 28 January.
• Clusters
  ➢ An inter-agency meeting on phase II of the Global Cluster Evaluation took place on 31 January.
  ➢ The next face to face meeting of the Global Water, Sanitation and Hygiene Cluster will take place in Geneva on 5 and 6 February.
• Disaster Risk Reduction. A meeting of the UNDG-ECHA Task Team on mainstreaming disaster risk reduction into UN country-level programming was held on 28 January.
• Assessments. On 30 January, an informal inter-agency meeting discussed humanitarian assessment initiatives.
• Uganda. On 30 January, the IASC Weekly meeting in Geneva briefed on the humanitarian situation in Uganda. On 31 January, OCHA updated the humanitarian community in Geneva on the next steps in Uganda’s transition.
• Central Emergency Response Fund. An inter-agency meeting on the CERF took place on 31 January.
• The inter-agency Information Management Working Group met on 31 January.
• The third annual Conference of the International Council of Voluntary Agencies took place in Geneva on 1 February.
• Transition. The next meeting of the UNDG-ECHA Working Group will be held on 5 February.
• Consolidated Appeals Process. A mini retreat of the IASC CAP SWG will take place on 6 February.
• Gender. The presentation on the interim monitoring report of the Steering Committee of the IASC Sub-Working Group on Gender Capacity took place on 30 January. The IASC SWG will meet on 6 February.
• IRIN. On 7 February, OCHA will brief on ReliefWeb and the Integrated Regional Information Network.
• HIV/AIDS in emergency settings. The IASC Taskforce will next meet on 11 and 12 February.
• Contingency Planning. The IASC Sub-Working Group will meet on 11-12 February.
• The UN Executive Committee on Humanitarian Affairs (ECHA) will meet next on 22 February.

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

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