Health Action in Crises
Highlights No 205 – 21 to 27 April 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.

BURUNDI

Assessments and Events
- Armed clashes between government troops and rebels from the Forces for National Liberation in and around Bujumbura have killed a reported 33 persons last weekend.
- UN operations are affected and all international missions have been postponed. The security phase was raised to level 3 in January. It is feared that the crisis could slow down the repatriation process and hinder access to regions in need of humanitarian assistance.
- Between 10 March and 13 April, 55 cases of meningitis have been reported nationwide. During the same period, 128,000 cases of malaria were notified.

Actions
- WHO is monitoring the health situation, remaining on stand-by for any requests from health authorities.
- WHO’s country programme in Burundi supports the national health authorities for the reinforcement of the epidemiological surveillance in all provinces.
- WHO has received €400,000 from ECHO to provide support the health component of the repatriation process through a joint project with UNHCR.

CHAD

Assessments and Events
- In the east, the situation is becoming tense again with fresh rumours of troop movements. As a precautionary measure, humanitarian partners are putting together emergency stockpiles and revising their contingency plans.
- Six new cases of meningitis have been reported in eastern Chad between 17 and 23 April, bringing the total number of cases detected since January to 75 and four deaths. Rapid testing on two samples from Mile and Kounoungou refugee camps confirmed Neisseria meningitidis group A.
- Two cases of acute flaccid paralysis have been detected in Bredjing camp and Kerfi IDP site.

Actions
- In the east, WHO is concentrating on surveillance, epidemic response and the provision of primary health care to IDPs. WHO supported the collection and transport of three samples from cases of acute flaccid paralysis.
- As the rainy season is drawing near, Health Cluster partners are looking into reactivating the preparedness and response plan against waterborne diseases.
- WHO’s activities in Chad are funded by ECHO, Italy, Finland and the CERF.

ANGOLA

Assessments and Events
- Heavy rains and floods in Cunene, Kuando Kubango and Benguela provinces have exacerbated the countrywide cholera outbreak. As of 23 March, 3949 cases and 130 deaths have been reported nationally (CFR 3%), with Cunene province accounting for 36% of all cases. The case fatality ratio ranges from 5% in Cunene to 17% in Bengo and 26% in Huambo.
- More than 56,000 displaced persons in Cunene and Kuando Kubango are at high risk for diarrhoeal diseases and cholera, as flooding compounds general poor sanitation and hygiene and lack of safe water sources.
- Immediate needs include sanitation, safe water and medical supplies for diarrhoea as well as adequate shelter and other non-food items.

Actions
- WHO participates in the National Cholera Task Force, and its sub-group on Water, Sanitation and Social Mobilization, and supports the MoH to ensure
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/)

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<th>Country</th>
<th>Assessments and Events</th>
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<td>MADAGASCAR</td>
<td>- As of 17 April, a Rift Valley Fever (RVF) outbreak in the Alaotra Mangoro, Analamanga, Itasy, Vakinakaratra and Anosy regions had infected 418 people, of which 59 were tested positive by the Pasteur Institute of Madagascar. At least 17 deaths are reported by the MoH. - The MoH has established an inter-ministerial committee to oversee the response to the outbreak. Control measures include improving case management, strengthening surveillance and social mobilization, providing medicines and strengthening intra-hospital infection control.</td>
<td>- The MoH and the Ministry of Agriculture have requested the assistance of WHO, FAO, OIE to support outbreak response efforts. - WHO’s activities are supported by the CERF.</td>
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<td>KENYA</td>
<td>- As of 20 April, 832 cases of cholera and 46 deaths (CFR 5.5%) have been reported in an outbreak affecting ten districts in Nyanza Province, most of which were afflicted by the recent violence. - The Famine Early Warning System Network estimates that 830 000 people require emergency assistance as food security continues deteriorating. The number could increase to 2.4 million if IDPs are not able to return to their homes and regain access to their livelihood.</td>
<td>- The MoH and WHO conducted an in-depth investigation of the cholera outbreak in Nyanza. Overall, poor sanitation and unsafe water supplies were reported as the main causes of the outbreak. The MoH and WHO are supporting the district and provincial response, focusing particularly on case management in hospitals. - In addition WHO provided chlorine for water purification, drugs, disinfectants and consumables and training on rapid diagnostic equipment. - Under the revised Humanitarian Response Plan, WHO is requesting US$ 1.17 million, of which US$ 395 700 have already been received from the CERF, Australia and Turkey. WHO also advanced US$ 240 000 from its own regular budget.</td>
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<td>SOMALIA</td>
<td>- OCHA warns that ongoing violence and the worst drought for a decade are threatening millions of people and may plunge Somalia into its worst humanitarian catastrophe since the early 1990s. - In Mogadishu, 2.5 million people are in urgent need of assistance amid renewed fighting. Thousands fled the capital over the weekend as clashes between Ethiopian troops and Islamic insurgents reportedly killed up to 100 people and wounded another 200. - In February 2008, FAO’s Food Security Analysis Unit (FSAU) for Somalia reported that nearly 2 million people are in need of humanitarian aid, an increase from approximately 1 million in January 2007. - Between 10 March and 18 April, more than 750 cases of acute watery diarrhoea and 11 deaths, were reported in Dhahar District, Sanaag Region. Limited health staff capacity in the area is undermining efforts to contain the outbreak.</td>
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INTER-AGENCY ISSUES

- The 13-April IASC Weekly meeting in Geneva updated on Integrated Missions.
- The Inter-Agency Working Group on Disarmament, Demobilization and Reintegration met on 25 April. A sub-working group on socio-economic integration met on 23 April. The annual DDR retreat will take place on 28-30 May.
- The IASC Taskforce on HIV in emergencies met on 23-24 April.
- Clusters.
  - On 23-24 April, WHO hosted a face to face meeting of the Global Logistics Cluster.
  - The first tri-cluster training workshop (Health, Nutrition, Water, Sanitation and Hygiene) will be held in Versoix, Switzerland, on 27 April-3 May. Thirty potential coordinators chosen by the Health, Water, Sanitation and Hygiene and Nutrition clusters (ten candidates for each cluster) will participate.
  - The Global Health Cluster will meet face to face in Geneva on 7-8 May.
  - The Camp Coordination and Camp Management Cluster will meet on 8 May.
  - A inter-agency workshop on “The cluster approach: how did you make it work” will be held in Kampala, Uganda, on 11-13 June. A Global Humanitarian Platform (GHP) event will be held on 9-10 June.
- The IASC Gender Sub-Working Group will meet on 7 May. The second Training Workshop for Gender Advisers in Humanitarian Action will be held in Geneva on 18-23 May with a preparatory meeting on 15-16 May.
- The 5th Emergency Directors Meeting will be held in Geneva on 17 June. A preparatory meeting is due on 29 April.
- The IASC Principals will meet in Geneva on 30 April.
- The 83rd United Nations Civil-Military Coordination (UN-CMCoord) Training Course will take place in Doha, Qatar, on 4-9 May.
- The annual RC/HC Retreat will be held in Montreux, Switzerland on 5-7 May.
- The IASC Taskforce on Safe Access to Firewood and alternative Energy in Humanitarian Settings (SAFE) will meet in Geneva on 8-9 May.
- The UNDG-ECHA Working Group on Transition will meet on 14 May.
- Human Rights.
  - A consultation meeting on the IDP Law and Policy Manual will be hosted by Austria in Vienna on 16-17 May.
- The Health and Human Rights e-learning course organized by WHO and the non-profit organization InWEnt will be held from 19 May to 24 October.
- The next inter-agency meeting on Disaster Risk Reduction will take place on 21 May.

RISING FOOD PRICES AND HEALTH

Worldwide, the cost of food has increased by around 40% since mid-2007. Media have reported riots and protests in at least nine countries (Egypt, Guinea, Haiti, Indonesia, Mauritania, Mexico, Senegal, Uzbekistan and Yemen). Indeed, FAO estimates that 37 countries are facing a food crisis. There are 178 million chronically malnourished children worldwide, including 55 million suffering from acute malnutrition. The interaction between malnutrition and risk of disease is well-documented. Any deterioration in the nutritional status weakens the immune system, causing more illness and a worsened health status, while economic distress results in decreased individual and collective capacity to cope for oneself and to care for the most vulnerable. It also leads to higher-risk behaviour for certain infections, such as HIV. Reciprocally, access to preventative and curative health care is essential to improve nutritional outcomes. Therefore, any reduction in access to food must be matched by improvements in the availability and quality of health services. The rise also affects the delivery of emergency food supplies in countries affected by humanitarian crises. Health is already relatively under-funded in the humanitarian scene. The international community needs to be aware that any foreseeable cut in food aid will have to be compensated by greater assistance in water, sanitation and health care.

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

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