Health Action in Crises
Highlights No 206 – 28 April to 4 May 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.

ZIMBABWE

Assessments and Events
- The political situation remains very tense. There are reports of increasing violence and of people fleeing their homes. The economic crisis persists and it can be assumed that food security and the humanitarian situation in general are becoming more an more precarious.
- Cholera and diarrhoea outbreaks continue to appear mostly in urban areas affected by acute water shortages, poor hygiene and sanitation.

Actions
- WHO, UNICEF and partners are working with the MoH to contain any new outbreaks. The two agencies have pre-positioned IV fluids, ORS sachets and tents for emergency situations, but gaps remain in the sector for routine work.
- WHO participates in the IASC country contingency planning process and, together with MOH, convenes monthly meetings of the Inter-agency Coordinating Committee for Health (IACCH) bringing together UNICEF, UNFPA, IOM, ten international and three national NGOs.
- Medical kits purchased by WHO, thanks to an Irish grant, are expected to arrive in Harare the first week of May.

CHAD

Assessments and Events
- The Head of Office from Save the Children UK was killed near Farchana on 1 May. Altogether security in Abeche and the rest of the region remains bad with continuing hijacking and thefts of vehicles.
- Humanitarian needs and operational challenges are increasing due to the persistent insecurity and the arrival of 25 000 new refugees from Sudan and the Central African Republic.
- The meningitis outbreak continues with 682 cases and 101 deaths (CFR 14.8%). In particular, seven cases and two deaths were notified in the refugee camps of Mile, Kounougou, Kerfi and Goz beida.
- Seven new cases of measles have been notified, together with five cases of acute icterus syndrome.

Actions
- WHO is collaborating with MoH to improve case management and to conduct a mass vaccination campaign against meningitis, as well as supporting the collection and transport of samples for laboratory confirmation.
- The WHO Regional Office and HQ are supporting the Country Office and Health Cluster in updating health needs and WHO projects.
- WHO’s activities in Chad are funded by ECHO, Italy, Finland and the CERF.

ETHIOPIA

Assessments and Events
- Severe water shortages are reported in Afar and Tigray due to the extended dry season. In the drought-affected areas of the Somali, Oromiya and SNNPR regions, rains have alleviated water shortages but food supplies remain limited. Cases of malnutrition are increasing. No new outbreak is reported, but there is an increase in diarrhoeas and respiratory, eye and skin infections.
- As of 24 April, 387 cases and 15 deaths from meningitis are reported in Oromiya, SNNPR, Tigray, Amhara, Afar and Addis Ababa (most cases being reported in Oromiya and SNNPR). Three districts have reached the alert threshold: Bore in Oromiya and Dara and Aleta Wondo in SNNPR.
- As of 27 April, 6889 cases of measles and 13 related deaths are reported in sporadic outbreaks in seven of the Country’s 13 regions. The majority were reported in Oromiya’s Guji zone.
- Between 31 March and 27 April, 66 cases of acute watery diarrhoea were reported in Amhara. No deaths have been notified. Laboratory investigations are being conducted.
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FEWS also reports that lack of sufficient rainfall will have a detrimental impact on crops, pasture and water availability, and food security will continue deteriorating.

**Actions**
- In Oromiya and Somali, WHO is supporting local authorities in monitoring the health situation in the drought-affected areas. WHO, UNICEF and WFP are supporting measles and polio vaccination, vitamin A distribution, de-worming and nutrition screening of children under five.
- WHO supported the Federal MoH and the Regional Health Bureaus (RHB) to vaccinate 300,000 people against meningitis in SNNP, Oromiya, Addis Ababa, Tigray and Amhara.
- WHO further mobilized US$ 700,000 to support the Federal MoH and partners organize a measles vaccination campaign in Oromiya and SNNPR. The vaccines will be provided by UNICEF.
- In Amhara, WHO is assisting regional health authorities with case management, surveillance and reporting, laboratory investigations and resource mobilization. Part of the funds allocated by WHO to the region in 2007 to support community education, health staff training and procurement of essential drugs have been redirected to the affected districts.
- Other WHO activities in Ethiopia are supported by the CERF and the local Humanitarian Response Fund.
- Through WHO, Canada and the United Kingdom have granted US$ 4 million and US$1.9 million respectively for the national meningitis control plan.

**Liberia**

- As of 25 April, the MoH had reported two confirmed cases of yellow fever, one of which has died, both in Tappita district, Nimba County.
- An outbreak has been declared. The two high risk counties, Nimba and nearby Grand Gedeh host close to 505,000 people.

**Actions**
- With technical assistance from WHO, the MoH started a vaccination campaign in Tappita and will extend it to neighbouring Saclepea district. More than 175,000 people are targeted in both districts. The campaign will then extend to five other districts across Nimba and Grand Gedeh.
- The MoH submitted a second request for vaccines from the global emergency stockpile managed by the International Coordinating Group on Vaccine Provision for Yellow Fever Control (YF-ICG). The two requests together can cover about 295,000 people.
- WHO is supporting the MoH in organizing a study on alcohol and substance abuse in Monrovia to assess the magnitude of the problem and to prioritize interventions.
- WHO is preparing an Emergency Preparedness and Response Plan for Liberia, and is assisting MOH in revisiting the national nutrition policy and developing a national nutrition strategic plan.
- WHO is also supporting the Government with resource mobilization. Through ECHO, WHO is mobilizing additional funds to replenish the country’s vaccine stock and to support operations.

**Burundi**

- The Burundian peace process is at risk as daily clashes occur between FNL rebels and the army, with the fighting fiercer in and around the capital. Over 50 persons were killed during the second half of the month.
- Heavy rains destroyed about 1000 houses in Cibitoke, 45 km from Bujumbura with about 3000 people in need of assistance. The security situation did not allow any UN staff to participate in the situation evaluation. No report yet from the national health authorities.

**Actions**
- UNHCR facilitated the return of 1186 Burundian refugees from Tanzania, and WHO is supporting health interventions during the repatriation process through a joint project with UNHCR.
- In Cibitoke province, WHO provided support to the MoH for the reinforcement of epidemiological surveillance.
- WHO is providing support to national health authorities for the reinforcement of the epidemiological surveillance in all the provinces.
BURKINA FASO

In 2007, 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.

Assessments and Events

- Between 1 January and 20 April, 8382 cases of meningitis and 811 deaths were reported nationwide (CFR 9.7%). Nine districts have reached the epidemic level, and almost 2.9 million people are at risk. Laboratory analyses have identified Neisseria Meningitidis A as the main agent.
- The Sig-Noghin area, spared by the epidemic until two weeks ago, and Boulimougou in western Ouagadougou are now also affected.

Actions

- WHO is supporting the MoH for response activities, including:
  - Strengthening epidemiological surveillance;
  - Reinforcing stockpiles of essential drugs, consumables and medical supplies;
  - Replacing the close to 300 000 doses of bivalent meningococcal vaccines used during the immunization campaigns;
  - Providing laboratory reactive and consumables for the collection, conservation and analysis of samples.
- So far, 18 districts have been covered by vaccination campaigns; further campaigns are planned in Barsalogo, Dande, K. Vigué, Gourcy et Ouahigouya districts.
- USAID and the Office of US Foreign Disaster Assistance (OFDA) have granted US$ 50 000 to WHO to support surveillance, community awareness and laboratory activities in Burkina Faso. Ireland granted € 500 000 under the CAP 2008.

INTER-AGENCY ISSUES

- Clusters.
  - A Tri-cluster training (Health, Nutrition, Water, Sanitation & Hygiene) is being held near Geneva, 27 April-3 May.
  - The IASC Task Team/Global Cluster Leads will meet on 6 May.
  - The Global Health Cluster will meet face to face in Geneva on 7-8 May.
  - The Camp Coordination & Camp Management Cluster will meet on 8 May.
  - An inter-agency meeting to follow-up on the early-April Cluster-Donor meeting will take place on 13 May.
  - An inter-agency workshop entitled The Cluster Approach: How did you make it work? will run in Kampala, on 11-13 June. Also a meeting of the Global Humanitarian Platform (GHP) will be held in Kampala on 9-10 June.
- The Inter-Agency Working Group on Disarmament, Demobilization and Reintegration met on 29 April. The annual DDR retreat will take place on 28-30 May.
- CERF. An inter-agency meeting was held on 30 April. The Emergency Relief Coordinator will hold a CERF briefing in Geneva on 8 May.
- ECHA. The next meeting of the UN Executive Committee on Humanitarian Affairs will take place on 15 May.
- 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.
- The IASC Principals met on 30 April.
- The 83rd United Nations Civil-Military Coordination (UN-CMCoord) training will take place in Doha on 4-9 May.
- The annual RC/HC Retreat will be held in Montreux, Switzerland on 5-7 May.
- SAFE. The IASC Taskforce on Safe Access to Firewood and alternative Energy in Humanitarian Settings 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.
  - A 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 ten countries (Egypt, Guinea, Haiti, Indonesia, Mauritania, Mexico, Nigeria, 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-
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risk behaviour for certain infection, 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, increasing the risk of malnutrition. 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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