**Health Action in Crises**  
Highlights No 209 – 19 to 25 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.

## Myanmar

More information is available on the [WHO Regional Office for South-East Asia web site](#).

- The UN Secretary-General met with the country’s Senior General in an effort to accelerate relief efforts.
- The Flash Appeal will be revised and readjusted during the coming weeks as assessments bring in more clear information on needs.
- The ASEAN-UN international pledging conference took place in Yangon on 25 May.
- The WHO Programme on Disease Control in Humanitarian Emergencies and the Communicable Diseases Working Group on Emergencies completed a Myanmar CD-Risk assessment.

### Assessments and Events

- Up to 2.4 million people have been severely affected but relief has so far reached only about 25% of the people in need. Latest official figures report 77 738 deaths and another 55 917 missing. Another 19 359 have been injured.
- In the worst affected areas, up to 90% of health facilities are lost and access to supplies and health care is disrupted in many parts of the country.
- Medicines, safe drinking water, adequate sanitation facilities, proper shelter, vaccinations and safe food are needed to lessen to risk for disease among survivors.
- There is no report of outbreak. However, cases of severe diarrhoea and malaria, both endemic in the country, have already been reported. The numbers could increase dramatically within the next 4-5 weeks and could affect the nutritional status of affected populations. Authorities are using cholera treatment protocols to respond to all severe diarrhoeal cases.
- Many survivors may also require psychosocial support to deal with the mental trauma of the cyclone and its aftermath.

### Actions

- WHO, Health Cluster partners as well as Italy and Norway have provided more than 350 metric tonnes of medical supplies. WHO is intensifying surveillance to prevent outbreaks of communicable diseases, including water- and vector-borne diseases such as dysentery, cholera, malaria and dengue. National staff are delivering these supplies directly to the township hospitals.
- WHO has provided 13 000 insecticide-treated bed nets to help prevent outbreaks and another 20 000 will be dispatched shortly. Fogging machines are being used to spray temporary shelters in affected townships.
- WHO provided to the MoH and Health Cluster partners guidelines on the management of diarrhoeal diseases, dengue, leptospirosis and snakebites, as well as on the management of dead bodies, risk assessment of communicable diseases and intersectoral rapid assessments.
- Four additional WHO international staff have been granted a visa.
- WHO continues to advocate stronger support for the health sector. As of 18 May, US$ 6.2 million have been mobilized, including US$ 1.88 million under the CERF Rapid Response window for WHO in partnership with NGOs. Besides Norway, WHO has received donations from Australia, Denmark, Monaco, Romania and the United Kingdom.

## China

More information is available on the [WHO Regional Office for the Western Pacific](#).

- A list of urgently needed medicines and medical equipment for earthquake rescue and relief in Sichuan is available.

### Assessments and Events

- Search and rescue efforts continue in the affected areas. As of 23 May, the official death toll from the earthquake was 55 740 people; a further 292 481 were injured and 24 960 were still missing. Emergency teams are working around the clock to search for survivors, provide first-aid care, clear roads and organize the provision of food, blankets, shelter, safe water and essential medicines. An estimated 5 million people are currently homeless.
- The focus is turning to reconstruction.
- Health priorities include:
  - Treating the injured;
  - Communicable disease surveillance and control;
  - Ensuring safe water and food supply;
  - Immediate and long term mental health and psychosocial support;
  - Reconstruction of the health care system in the affected areas.

### Actions

- The authorities asked for Norwegian Surgical Kits and Inter-agency Emergency Health Kits. The WHO Country Office is coordinating with the WHO Regional...
On 21 May, the IASC Weekly meeting in Geneva updated on the Sichuan earthquake. An inter-agency meeting also took place on 23 May.

- 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/

- On 21 May, the IASC Weekly meeting in Geneva updated on the Sichuan earthquake. An inter-agency meeting also took place on 23 May.

### SUDAN

**Assessments and Events**

- **Renewed conflict in Abyei town**, in *South Kordofan*, could have displaced up to 90 000 people southwards in Warrab State; another 600-2000 people have reportedly fled to the north but this remains unconfirmed. Besides violence and injuries, health risks include diarrhoea and dehydration (of which several cases have already been reported). Poor sanitation, lack of safe water and overcrowding are serious concerns – NGOs also report that the nutritional status of populations has recently deteriorated.

- **Ongoing fighting is preventing WHO from assessing its pre-existing stock of drugs and supplies in Abyei which may have been destructed and looted.**

- **In *North Darfur*, security remains volatile while in *North Darfur*, the situation around El Fasher is calm and partners are preparing to resume activities.**

- **In *Red Sea State*, over 200 cases of acute jaundice syndrome and 16 related deaths have been reported since February. Laboratory testing has confirmed five cases of hepatitis E. Twelve suspected cases of dengue fever have also been reported during the same period, of which one was confirmed.**

- **In *South Sudan*, a cholera outbreak in Magwi County (Eastern Equatoria State) has affected 181 people between 28 April and 16 May (CFR 6.7%).**

**Actions**

- **In Abyei, WHO, WFP, UNICEF and the Resident Coordinator’s Support Office (RCSO) are assessing the needs of the displaced.** In Kadugli, WHO has pre-positioned emergency supplies, including drugs against diarrhoeal diseases and primary health care supplies in preparation for further deployment to affected areas. WHO is coordinating activities with UN and NGO partners (MSF-Switzerland, GOAL, Action Against Hunger-USA and France).

- **In Northern Sudan, the Accelerated Child Survival campaign supported by WHO, UNICEF and other health partners has been launched.** The campaign has been postponed in Abyei.

- **In Red Sea State, WHO is monitoring the outbreak of acute jaundice syndrome and supporting the State MOH in Port Sudan. WHO mobilized US$ 30 000 and two national public health officers to assist on surveillance, case management, health education, vector control and water and sanitation activities.**

- **In West Darfur, WHO donated essential drugs and supplies funded by ECHO and the Common Humanitarian Fund (CHF) to El Genina and Zalingi hospitals ahead of the rainy season; further donations are planned.**

- **In North Darfur, WHO provided insecticides to the State MOH malaria control Office for the Western Pacific and headquarters to obtain and dispatch the requested kits to the affected areas.**

- **WHO is sending experts to respond to a request by the Government for technical support for the reconstruction of the health care system.**

- **WHO has purchased emergency supplies for ensuring safe water supply and improved sanitation valued at USD 150 000 and provided them to local authorities in the affected areas. Supplies purchased include:**
  - rapid water quality testing instruments,
  - chlorine disinfectant equipment,
  - drinking water treatment equipment, and
  - mobile sanitation facilities.

- **WHO is working with partners to finalize the implementation plan for anticipated CERF allocation to:**
  - supplement the availability of surgical kits, essential medicines and health supplies;
  - re-establish the capacity of prevention and control of communicable diseases;
  - re-activate the essential functions of damaged frontline health and medical facilities in the affected areas.

- **In coordination with the UN Disaster Management Team, the WHO China Emergency Response Task Force continues to monitor and respond to health sector needs as communicated by the MoH.**

- **The Government has provided UN agencies with a list of urgently needed drugs and medical equipment for the response. It includes equipment for outbreak prevention, food and water safety, as well as medicines and supplies for the treatment of injuries.**

- **WHO’s emergency response activities are funded by the CERF.**

More information is available at [http://www.emro.who.int/sudan/](http://www.emro.who.int/sudan/)
programme ahead of the rainy season as well as equipment to El Fasher. Laboratory supplies funded by ECHO and the CHF were provided to the hospital and the maternity.

- In South Darfur, WHO, the State MoH and partner NGOs completed a resource mapping for the 2008 acute watery diarrhoea plan. The cholera treatment centres in Kalma and Elsalam camp are being rehabilitated in collaboration with MSF-Holland and Humedica and health staff have been trained on surveillance, case definition and management and sample collection and transport.
- In South Sudan, the MoH/GoSS, the South Sudan Relief and Rehabilitation Commission and WHO are assessing the situation in Magwi. The MoH/GoSS has deployed an interagency multi-sectoral team to support health authorities.
- In 2008, WHO’s emergency activities have been supported by the CERF, the Common Humanitarian Fund, ECHO, Finland, Ireland, Italy and USAID.

**ETHIOPIA**

**Assessments and Events**
- Food security in the country is rapidly deteriorating. WFP reports that the emerging drought, compounded by soaring food and fuel prices, general poverty and the intermittent conflict in the Somali region, is having a serious impact on food security, water availability and nutrition. Malnutrition is rising and people are forced to resort to extreme coping mechanisms.
- UNICEF estimates that six million children are at risk of acute malnutrition, and that more than 60 000 require immediate specialist feeding to survive. The situation is expected to worsen in the next few months as crops fail.
- 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.
- Between 16 April and 6 May, an outbreak of acute watery diarrhoea (AWD) has affected 90 people and killed two in Oromiya. Despite improvement in health staff skills on the management of AWD, the actual reoccurrence of new cases, coupled with unaddressed risk factors such as lack of safe water, poor sanitation facilities and low utilization could provoke a new large-scale AWD epidemic.
- Meanwhile the meningitis outbreak is ongoing. As of 6 May, 427 cases and 17 deaths have been reported.

**Actions**
- The MoH, with support from WHO, UNICEF and humanitarian partners is responding to reported cases of acute watery diarrhea in Oromiya.
- WHO is carrying out immunization campaigns in SNNPR and Oromiya against meningitis – 140 900 have been vaccinated to date. Funds were received from CIDA and DFID to support the epidemic response.
- The MoH has requested WHO’s technical assistance to re-organize its emergency management activities (public health preparedness, early warning, surveillance and response to outbreaks as well as laboratory expertise). Two specialists in international health emergency management are being recruited through the WHO Country Office to support the project.
- WHO activities in Ethiopia are supported by Canada, the UK, the CERF and the local Humanitarian Response Fund.

**CHAD**

**Assessments and Events**
- Deteriorating relationship between Chad and Sudan are affecting humanitarian operations in the east. Activities must be carried out under escort and are restricted to critical sectors (protection, foods, health, and water). The lack of escort has forced the suspension of activities in Iriba.
- Since 16 May, the military has been reinforcing its presence in Guereda. An attack against Adé was reported on 20 May.
- On 15 May, 46 cases of acute diarrhoea caused by food poisoning were reported in Gassire health centre in the district of Goz Beida. One death was reported among children under-five. The epidemic was dealt with the same day.
- A suspected case of meningitis was reported in the hospital of Iriba and two suspected cases of measles in Guereda health district. Over the same week, two cases of acute flaccid paralysis were reported in Biltine and Abeche respectively and two cases of suspected hepatitis E in Ade and Iriba.

Ethiopia

**Actions**

- WHO continues supporting the surveillance and notification of epidemic-prone diseases in eastern Chad, including the collection and transport of samples for laboratory confirmation.
- Together with COOPI and MSF-Holland, WHO supported the response to the acute diarrhoea outbreak in Goz Beida. WHO also donated 2000 rapid tests for the diagnostic of malaria to MSF-Holland.
- Partners are drafting a contingency plan for epidemic-prone diseases associated with the upcoming rainy season (hepatitis E, dysentery, cholera, malaria and leishmaniasis). A plan specifically addressing the problem of meningitis is also being prepared.
- AFRO and headquarters supported the Country Office for the CAP mid-year review workshop held in N’Djamena on 19 and 20 May.
- WHO’s activities in Chad are funded by ECHO, Italy, Finland and the CERF.

**CENTRAL AFRICAN REPUBLIC**

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<td>On 9 May, the Government and the APRD rebel faction have signed a peace agreement in Libreville.</td>
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<td>Health Cluster partners continue to coordinate activities at the field level. Meetings with local partners were held in Bozoum, Bocaranga, Bouar and Ngaoundaye.</td>
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**Assessments and Events**

- In the north and north east, bandits continue to terrorize the population. Many civilians suffer from physical and psychological trauma and thousands remain displaced for fear of returning to their villages.
- In Ouham prefecture, a new case of yellow fever has been notified each week since early April. Over the same period, six cases of meningitis have been reported in Bouca and Bossangoa. In Markounda and Boguila, MSF-Holland reports that malaria, acute respiratory infections, meningitis and tuberculosis are the main causes of morbidity. Although health staff in Boguila hospital have been trained, the number of women who give birth in the hospital or benefit from ante-natal care remains low.
- Six cases of acute flaccid paralysis have been reported during that period from Bossangoa sub prefecture.

**Actions**

- Results from a WHO/UNICEF assessment in the north-west prefectures of Ouham Pende and Nana Mambere show dilapidated equipment, lack of essential drugs and low usage rate. The primary health care system needs to be reinforced and humanitarian interventions are needed to address the high prevalence of malnutrition.
- Based on the recommendations of a recent inter-agency mission in Vakaga prefecture, WHO provided essential drugs and supplies for a duration of three months to the hospital and health centres in Birao and is training local staff on the management of common complaints.
- WHO provided financial support to the MoH to investigate the yellow fever outbreak in Ouham Pende. An entomologic survey is to be conducted followed by a mass immunization campaign.
- WHO also investigated water quality in Bégoua (Ombella Mpoko) and Alindao (Basse Kotto) following the laboratory confirmation of five cases of hepatitis E in Bégoua and eight in Alindao.
- WHO is supporting the Association Centrafricaine pour le Bien-Etre Familial (ACABEF) on the prevention of sexually transmissible infections. With funding from the CERF, educational and social mobilization activities are conducted while the provision of health care, drugs and condoms is supported.
- Following the report of one case of polio, the surveillance system is being reinforced. A mass vaccination campaign is anticipated with WHO and UNICEF support once investigations have been completed.
- WHO’s emergency activities are funded by Finland and the CERF.
### BURUNDI

**Assessments and Events**
- The third report of the Secretary-General on the UN Integrated Office in Burundi (BINUB) warned that the recent outbreak of fighting could undermine progress made since the peace agreement was reached in 2000.
- About 9000 persons who had left their homes due insecurity in Bujumbura Rural are receiving assistance from health partners. Ongoing fighting is forcing them to remain in the communes of Isale, Kabezi and Muhuta.
- Since the 1990s, some 100 000 IDPs remain in settlements throughout the country, in addition to an unknown number living with host families.

**Actions**
- WHO provided the MoH with essential drugs and supplies for a period of three months to help maintain the health of the people displaced from Bujumbura Rural.
- WHO is supporting the reinforcement of epidemiological surveillance in all the provinces.
- WHO has received € 400 000 from ECHO to provide support the health component of the repatriation process through a joint project with UNHCR.

### OCCUPIED PALESTINIAN TERRITORY

More information is available at: [www.emro.who.int/palestine/](http://www.emro.who.int/palestine/)

**Assessments and Events**
- In Gaza, lack of fuel continues to affect all aspects of life. Lack of drinking water, poor maintenance of the sewage network as well as poor disposal of waste all threaten to cause widespread environmental and health problems.
- As a result of the current fuel crisis, MoH hospitals report a daily average of eight hours of power outage. The majority are also reporting a drop of around one third of the daily outpatients-departments attendance as compared to the daily average number of visits before this crisis.

**Actions**
- WHO continues to support the procurement and transport of drugs and supplies under the Pharmaceuticals Supply and Management System project support by the CERF, Spain and ECHO.
- UN agencies are working together on contingency plans. Health partners are concerned with maintaining access to MoH health facilities. In Gaza, WHO is involving local and international NGOs in the sector response plan.
- WHO participated in the monthly meeting of the contingency plan task force group in the West Bank to review the response plan and agree on future steps.
- Recent WHO’s emergency activities have been supported by ECHO, Italy, Norway, OCHA/Spain and the CERF.

### INTER-AGENCY ISSUES

- **Gender.** The second Training Workshop for Gender Advisers in Humanitarian Action will be held in Geneva on 18-23 May. A preparatory meeting took place on 15-16 May. The IASC Gender Sub-Working Group will meet on 6 June.
- **Myanmar.** A teleconference for agencies working/ planning to work on the ground took place on 19 May. An inter-agency meeting, connecting New York and Geneva, was held on 23 May.
- **Human Rights.** 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.
- **Global food security crisis.** An ECOSOC special meeting was held in New York on 20 May. A special session of the UN Human Rights Council discussed the right to food on 22 May.
- **The Framework Team** met in New York on 20 May.
- **CERF.** The next inter-agency meeting on the Central Emergency Response Fund will take place on 20 May. CERF training will take place in Cairo on 10 June, hosted by WHO, and in New York on 16 June.
- On 21 May, the **IASC Weekly meeting** in Geneva updated on the Sichuan earthquake and on Kenya.
- **The Humanitarian Coordination Group** met on 22 May.
- **Consolidated Appeals Process.** The CAP Sub-Working Group met on 22 May.
- The annual **Disarmament, Demobilization and Reintegration** retreat will take place on 28-30 May.
- The next inter-agency meeting on **Disaster Risk Reduction** will take place on 28 May.
- **Clusters.** An inter-agency workshop entitled “The cluster approach: how did you make it work?” will run in Nairobi on 11-12 June.
- **ECHA.** The next meeting of the UN Executive Committee on Humanitarian Affairs will take place on 12 June.
• A meeting to discuss protection aspects of Gender-based Violence, convened by OCHA, will be held in New York on 16 June.
• The 5th Emergency Directors Meeting will be held in Geneva on 17 June.
• The next IASC Working Group meeting will take place in Geneva on 18-20 June.

SIXTY-FIRST WORLD HEALTH ASSEMBLY

In her opening speech to the World Health Assembly, Dr Margaret Chan, Director General WHO, addressed the issue of rising food prices, which could undermine adequate nutrition, and expressed her “deep condolences to the millions of people who have lost their loved ones, their homes, and their livelihoods following the recent cyclone in Myanmar and the earthquake in China”. Dr Chan also referred to WHO’s work in “promoting the construction of hospitals and health facilities that can survive the impact of natural disasters, including high-intensity earthquakes and tropical storms. On this subject, the Deputy Director, International Strategy for Disaster Reduction, presented the collaboration among WHO, ISDR and the World Bank on the World Disaster Reduction campaign on Hospitals Safe from Disasters (more information at www.safehospitals.org). During an intensive session on climate change, repeated references were made to the strengthening of prevention, preparedness and response as adaptation measures for climate change. WHO has been requested by Member States to present a draft work plan for scaling up technical support for assessing and addressing the implications for health and health systems, at the next Executive Board meeting in January 2009.

A second Resolution of concern to HAC was adopted on the Health of migrants.

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

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