Health Action in Crises
Highlights No 212 – 9 to 15 June 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 Flash Appeal is appealing for US$ 201 million for UN agencies and NGOs to meet the most urgent needs.

Assessments and Events

- Rain represents the main source of fresh water in the worst affected areas in the south of the Delta.
- Disease surveillance is improving, and as of 12 June, no outbreak is reported. Bloody diarrhoea, respiratory infections and dengue fever are the main causes of illness. While a high number of dengue cases is normal at this time of year, there are fears of an increase given the current conditions.
- The Health Cluster’s “Who Does What Where” matrix shows that surveillance reaches now most townships. Gaps remain in the provision of health care, though, especially in some townships in Yangon.

Actions

- WHO and UNICEF developed a joint proposal to assist the MoH mobile units conducting measles vaccinations in the affected townships.
- Thanks to WHO’s assistance, the Health Cluster has now a disease surveillance and early warning system in place to detect potential outbreaks. The Cluster produced a first weekly surveillance bulletin to which more than 60% of all health partners contributed.
- The Health Cluster is working with the MoH on a plan of action for dengue prevention and control in the Delta that focuses on 11 priority townships.
- MoH and WHO teams have begun tracking tuberculosis patients.
- The WHO Regional Director for South-East Asia is visiting the affected areas. Four experts have arrived from SEARO to support water and sanitation, vector control, disease surveillance and administration.
- WHO recruited three national consultants to strengthen coordination and Health Cluster activities in Yangon and in the Delta. Besides intensifying field visits, WHO will open sub offices in selected locations.
- Coordinated by the ASEAN Task Force, the post-Nargis joint assessment is focusing on immediate needs and reconstruction. WHO and partners are participating.
- WHO has received donations from Australia, Denmark, Italy, Monaco, Norway, Romania and the United Kingdom.

CHINA

More information is available on the WHO Regional Office for the Western Pacific

Based on the proposal, an appeal to the international community will be launched, by the UN Resident Coordinator in Beijing.

Assessments and Events

- Aftershocks continue to plague the earthquake-affected regions.
- No outbreaks have been detected so far. However, high physical and mental exhaustion among health workers has been noted.

Actions

- UN agencies drafted a plan to support national authorities, WHO, with UNICEF, UNFPA, UNAIDS and IOM, is developing the health, nutrition and HIV/ AIDS sector. WHO is also contributing to the environmental, water and sanitation and social protection (including psychosocial support) sectors.
- Between 4 and 6 June, the WHO Representative in China, the Country Office Communicable Disease Surveillance and Response Department and the WHO/ WPRO Emergency Health Action Department joined a MoH visit to affected areas. Areas needing urgent support were identified: transport of patients to referral services, laboratory services and vaccine delivery.
- A joint mission on the reconstruction of the health care system will be conducted by the MoH, WHO and the National Development and Reform Commission on 9-23 June.
- WHO’s emergency response activities are funded by its regular budget, as well as the CERF, Norway and Monaco.
SOUTH AFRICA

Assessments and Events

- The number of people affected by the recent outburst of violence against foreign workers has dropped to 28,600. Overall, 62 people were killed and 670 injured in five provinces, mainly Gauteng, Western Cape and KwaZulu Natal.
- Displaced persons are affected by the cold weather, the poor and cramped living conditions in shelters and by psychological trauma.
- Assessments carried out by the Government and humanitarian partners in Gauteng province show that access to primary health care is not ensured in all sites and that ARVs were not available. In Western Cape, assessments show a slightly better situation with some gaps in health care and referral services. Respiratory infections, poor hygiene and chronic diseases are the main health problems.

Actions

- Provincial health authorities are organizing the response with the support of the international community. WHO and UNICEF, together with provincial authorities led the health and nutrition needs assessment.
- Several recommendations were made:
  - Strengthen epidemiological surveillance and health monitoring;
  - Ensure primary and secondary care through mobile clinics and a referral system;
  - Reinforce reproductive health care and psychosocial support;
  - Strengthen health partners coordination;
  - Ensure that the nutritional needs of the population are met.
- Health Cluster partners are mapping response activities to ensure that all gaps are filled. A health and nutrition strategy is under preparation with the estimated global cost of ensuring primary care in camps and referral services.

SUDAN

Assessments and Events

- Security remains unpredictable in both North and South Darfur. Carjacking and banditry, both along the roads and in urban areas, are a constant threat.
- In South Kordofan, low health coverage in rural areas, overcrowding and poor sanitation heighten the risk of outbreaks for both IDP and host communities. The rainy season has started, increasing the risk for cholera and dysentery as well as viral haemorrhagic fevers (dengue, yellow fever, Rift Valley fever) and malaria.
- In Abyei, assessments found that only two-thirds of the population in town has access to primary health care, and the figures drops to 30% for the entire area.

Actions

- In South Darfur, WHO continues to support the overhaul of hospitals and health facilities. Rehabilitation includes structural repairs as well as the provision of equipment and supplies. WHO trained State MoH staff on the detection, reporting and management of cholera.
- WHO provided drugs and supplies to the NGOs Humedica International and MSF-Holland to help fill gaps in the provision of health care to displaced and local communities.
- In Kassala, the MoH, WHO and UNICEF conducted a workshop on cholera ahead of the rainy season. In Red Sea, WHO is supporting health partners in outbreak investigation and control and strengthening surveillance and referral.
- In South Kordofan, WHO distributed essential drugs and supplies to partners and pre-positioned two emergency health kits and cholera supplies in Kadugli. WHO is supporting mobile clinics operated by IOM and MSF-Switzerland and is coordinating the provision of health services to displaced persons with health partners and the GoSS/MoH.
- In Abyei, health priorities over the next 5 months include:
  - ensuring access to basic health care, vaccination and nutrition interventions;
  - mobile clinics and referral units, especially during the rainy season;
  - surveillance to strengthen preparedness for communicable disease outbreaks.
- In Southern Sudan, WHO is supporting the response to the cholera outbreak in Juba. As of 1 June, 537 cases had been reported. WHO also supported the Central Equatoria MoH and GoSS/MoH in organizing a workshop on disease surveillance and outbreak response in Yei town.
- WHO’s emergency activities are supported by the regular budget, as well as the CERF, the Common Humanitarian Fund, ECHO, Finland, Ireland, Italy and USAID.
### ETHIOPIA

**Assessments and Events**
- According to the WFP, some 10.4 million people will require cash/food assistance for the next few months. The price of major staple food has increased in most parts of the country and has reached record levels in parts of SNNP, Somali, Oromiya and Tigray regions.
- Assessments conducted in Oromiya’s Bale and East and West Haraghe zones report a deterioration in the nutrition status of the population. Afar and Amhara also report rising numbers of malnourished children in therapeutic feeding centres.

**Actions**
- The Government and aid partners have revised humanitarian requirements for 2008 from US$ 68 to US$ 325. Meeting emergency needs for health, nutrition, water, sanitation, and agriculture will require US$ 38 million.
- Health partners’ response to the severe acute malnutrition cases will focus on:
  - strengthening the network of therapeutic feeding centres in the affected districts
  - Strengthening disease and nutritional surveillance in drought-affected areas;
  - Strengthening health services to cope with the increase of common illnesses and communicable disease through the provision of drugs and medical supplies;
  - Ensuring adequate preparedness measures;
  - Providing supportive supervision.
- WHO is seeking additional resources to scale up the capacities of the therapeutic feeding centres, monitor the nutritional situation and train health staff on the management of malnutrition-related complications.
- WHO activities are supported by Canada, the United Kingdom, the CERF and the local Humanitarian Response Fund.

### GUINEA

**Assessments and Events**
- The military put and end to the strike begun on 26 May, but the situation remains extremely tense. Overall, hospitals report six deaths and 152 wounded.
- Meanwhile, trade unions have announced a strike if requests are not met.
- Cholera continues in the north western Boke prefecture. Since the beginning of the outbreak in April, 79 cases and six deaths have been reported (CFR 7.59%).

**Actions**
- There appear to be consensus among UN partners that the economic and social impact of the crisis is becoming unsustainable and that urgent, renewed humanitarian action is needed.
- WHO provided two trauma kits to Donka and Ignace Deen hospitals in Conakry and is coordinating a rapid needs evaluation with the MoH and the Donka Hospital. It also convened a national crisis committee meeting to coordinate the response within the framework of the Health Cluster.
- WHO is providing technical and financial support to health authorities for the prevention and management of cholera cases. It also donated 7250 rapid diagnostic tests. Training was organized to refresh health staff in affected areas on the detection, management and diagnosis of cholera.
- So far, WHO’s emergency activities are funded its regular budget and the CERF. The Organization is looking into mobilizing additional resources.

### MADAGASCAR

**Assessments and Events**
- Between 1 January and 1 June, the MoH has reported 514 suspected human cases of Rift Valley fever and 19 related deaths (CFR 4%). Of these 84 were laboratory confirmed. As not all cases in rural areas are reported, the real incidence should be considered much higher than the official reported numbers.
- The outbreak threatens to overburden the health system. It could also have devastating effects on people already suffering from malaria and have a long-term impact on food security.

**Actions**
- With the support of WHO and FAO, the Government has developed an Emergency Response Plan to support immediate disease management in affected livestock herds and human populations at-risk.
- The following activities are foreseen:
  - assessing the magnitude the outbreak and the ensuing risks;
  - identifying appropriate prevention and containment measures;
  - reinforcing capacities for disease surveillance (including laboratory diagnostics capacity, outbreak containment and case management);
- With special focus on the communities which have never experienced the...
disease before, information, communication and awareness building are of major importance to reduce the risk of human infection.

- An application for a rapid response grant is being submitted to the CERF Secretariat. However, given the magnitude of the problem it is expected that the Government and the UN Country Team will need to seek additional resources from the international community.
- Emergency activities are supported by the WHO budget and the CERF.

**NIER**

Assessments and Events

- The meningitis season is coming to an end. Between 26 May and 1 June, 21 cases were reported nationwide. Overall, 3078 cases and 76 deaths (CFR 5.3%) were reported since the beginning of the year, a dramatic increase compared to the 750 cases and 76 deaths reported in 2007.
- In May, 87 cases of cholera and ten related deaths were reported in Tanout and Mirriah districts (Zinder) and Mayahi and Guidan Roundji districts (Maradi) for a total 205 cases and 33 deaths (CFR 16.1%) since the beginning of the year. The majority of cases are reported in Zinder.
- Meanwhile the trend for malnutrition is rising. Between 15 and 25 May, 2712 cases of moderate malnutrition and 971 cases of severe malnutrition were reported, including seven related deaths. This brings the total number of cases of malnutrition reported in 2008 to 44 995, including 110 deaths.

Actions

- WHO continues supporting the MoH for the surveillance and control of communicable diseases.
- A joint mission of the MoH, the Niger Health and Medical Research Centre and WHO was conducted to the areas affected by acute watery diarrhoea in Zinder and Maradi. *Vibrio cholera* was confirmed.
- WHO provided Norwegian-donated drugs and supplies to support the local response in Zinder.
- Emergency activities are supported by the WHO budget and the CERF.

**TANZANIA/ZANZIBAR**

Assessments and Events

- Prolonged power outage in islands of Zanzibar raised fears for public health because pumps supplying water have been halted. The power outage is also affecting hospitals and other public service providers

Actions

- WHO is monitoring the situation as many partners are supporting the Government of Zanzibar by supplying generators and technical assistance to sort out the immediate need and work on lasting solutions.
- WHO ensured that adequate fluids and drugs were pre-positioned to forestall any outbreak of waterborne diseases. An education campaign on hygiene and food safety was also organized.
- Good coordination between the MoH of Zanzibar and partners including WHO and other UN agencies is reported.

**DEMOCRATIC REPUBLIC OF THE CONGO**

Assessments and Events

- Meningitis outbreaks are ongoing in several districts across the country: 51 cases were reported in Kasaï Oriental, 33 cases in Orientale, 13 cases in Bandundu and four in Bas-Congo. Orientale is also reporting cases of cholera, measles and plague.
- In North Kivu, 5000 people have been displaced by an attack on two camps.
- In Kasaï Occidental, more than 5000 Congolese refugees have returned from neighbouring Angola into Kananga.

Actions

- WHO continues to support the MoH and provincial health authorities for the early detection and response to outbreaks, the evaluation of response activities and the follow up of epidemic-prone diseases.
- WHO is supporting meningitis case management in affected districts.
- In Kasaï Occidental, WHO donated essential drugs and supplies to local health authorities in Kamako, Kangashi, Luyambo and Leuta districts to support vaccination campaigns for returning children.
- In Katanga, WHO is supporting the overhaul of Kashohwe hospital, providing two operating theatres and several kits of equipment, drugs and supplies.
- WHO’s emergency activities are supported by Finland, the CERF and the local Common Humanitarian Fund.
OCCUPIED PALESTINIAN TERRITORY

More information is available at: www.emro.who.int/palestine/

Assessments and Events
- Scarcity of fuel continues. Because of this and of malfunctioning equipment, Gaza water authorities are forced to pump untreated sewage into the sea.

Actions
- WHO continued to monitor access to and quality of health services provision in hospitals and primary health care facilities in the West Bank and Gaza Strip.
- WHO is facilitating the collection of sea water samples from 15 areas along the Gaza Strip. Earlier microbiological tests had revealed the presence of bacteria that can cause infections in humans.
- Over the last 12 months, the Pharmaceutical Project, funded by ECHO, Spain and the CERF, procured US$ 20 million worth of drugs and disposables and equipped a warehouse and two storage facilities.
- Altogether, WHO estimated that the cold chain and laboratory supplies that it provided can cover the needs of the Gaza strip until December 2008.
- WHO coordinated with the International Cooperation Department the preparation of a humanitarian health supplies list including needed drugs for Gaza, to be submitted to the Saudi Committee for Supporting Palestinians.
- Recent WHO’s emergency activities have been supported by ECHO, Italy, Norway, OCHA/Spain, and the CERF.

BELIZE

Assessments and Events
- Tropical Storm Arthur caused heavy rains and severe flooding, particularly in low-lying and coastal areas. Five persons are reported dead and three missing. Over 10 000 persons are affected and 500 remain in shelters.
- Inaccessible roads could impact the delivery of aid and hamper access to health care. In the south, some health facilities remain closed due to damages.
- Active epidemiological surveillance is in progress. No major infectious diseases have been detected. Mental health issues are a major concern.

Actions
- The National Emergency Management Organization and the Belize Red Cross are providing food and water and relief supplies.
- Local and deployed WHO/PAHO staff joined five interdisciplinary teams to conduct assessments. They are working with the MoH on a health education message.

INTER-AGENCY ISSUES

- Clusters.
  - An inter-agency workshop entitled The Cluster Approach: How did you make it work? will be held in Nairobi on 11-12 June.
  - A follow up meeting to the cluster-donor meeting on 7 April will be held on 24 June.
  - The next face to face meeting of the WASH Cluster will be held in Oxford on 25-26 June.
- The 11 June IASC Weekly meeting in Geneva updated on Myanmar and the humanitarian situation in Djibouti.
- ECHA. The UN Executive Committee on Humanitarian Affairs met on 12 June.
- An inter-agency CERF meeting took place on 13 June.
- Gender-based Violence. An inter-agency meeting on Setting a Research Agenda for Sexual Violence in Conflict will be held in New York on 16 June.
- Iraq. On 17 June, UNICEF will brief on children in Iraq: “Voices of Iraq’s Children”.
- The Fifth Emergency Directors Meeting will be held in Geneva on 17 June.
- The IASC Working Group meeting will meet in Geneva on 18-20 June.
- The 2008 Global Humanitarian Platform meeting will take place in Geneva on 1-2 July.
- The IASC Gender Sub-Working Group will meet on 2 July.
- The UNDAC Asia-Pacific Induction Course will take place in Singapore on 13-25 July.
- The ECOSOC Humanitarian Segment will be held in New York on 15-17 July.

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/