SRI LANKA

For more information see www.whosrilanka.org and Health Situation in North Sri Lanka.

On 4 March, OCHA is organizing a briefing with Member States on the situation and presenting the Sri Lanka Humanitarian Action Plan in Geneva.

Assessments and Events
- Heavy fighting continues in the eastern coastal area of the Mullaitivu district. The Government estimates about 130,000 people are still in Mullativue while another 40,000 have moved to government-controlled areas in Vavuniya, Jaffna and Trincomalee districts.
- The Government has given access to UN agencies and selected NGOs to provide humanitarian assistance, including basic health services, to 31,000 IDPs in 12 centres in Vavuniya.
- The main health concerns in IDP camps are overcrowding, water supply for drinking and washing, toilet facilities and mental stress.
- The MoH is providing basic health services for the IDPs through mobile health teams and the already overstretched health services in the district.

Actions
- UN agencies, international and national NGOs are assisting the Government to provide basic facilities like shelter, food, water supply and sanitation facilities.
- The MoH conducted a joint assessment with WHO and UNFPA on the health, nutrition status of the population in IDP camps and on the water and sanitation and sexual and reproductive health services provided there. According to the assessment, the main needs and priorities include:
  - human resources as well as some medicines, supplies and cold chain equipments;
  - psychosocial and mental health care;
  - strengthening of routine disease surveillance activities.
- WHO is supporting the Regional Director of Health Services to provide life-saving health services to affected and host populations and for health coordination.
- WHO has received funding from Italy, the CERF and the South-East Regional Health Emergency Fund.

ZIMBABWE

For more information see the Health Cluster Bulletin.

The DERC mission said that the “country’s humanitarian crisis remained grave and called on both the government and the international community to support efforts by the humanitarian community to strengthen its work there.”

On 4 March, WHO will host the IASC Weekly meeting in Geneva on Zimbabwe. WHO, OCHA and MSF will provide updates.

Assessments and Events
- The cholera outbreak continues with 84,027 cases and 3894 deaths (CFR 4.6%) reported as of 26 February. More than 61% of deaths occur in communities. The outbreak has not been brought under control in any of Zimbabwe’s provinces, as lack of access to clean water, broken and blocked sewage systems and uncollected refuse continue to preclude any improvement to the situation.
- Efforts are being made to decentralize the Cholera Command and Control Centre (C4) in favour of small command centres across the country to ensure access to people in distant villages.

Actions
- HAC’s Director for Recovery and Transition Programmes participated in the Deputy Emergency Relief Coordinator (DERC) high-level inter-agency mission on 21-26 February.
- WHO headquarters is deploying additional staff to support the Country Office.
- C4 rollout workshops are held in the northern and southern regions to promote decentralization of cholera response activities at provincial and district levels.
- WHO and partners are working on revitalizing community health workers to strengthen surveillance, health promotion and first aid (particularly oral rehydration salts) to reduce community deaths.
- The Health and WASH Clusters are strengthening social mobilization by reviewing cholera education information for communities.
- WHO cholera-related emergency activities are funded by Botswana, Greece, the Republic of Korea, the UK, the US, the African Development Bank, and the CERF.
**OCCUPIED PALESTINIAN TERRITORY**

More information is available at: www.emro.who.int/palestine/ and on the HAC web site.

**Assessments and Events**
- The NGO Médecins du Monde has assessed 54 MoH health facilities for services delivery, medical supply needs.
- According to UNRWA, watery diarrhoea and acute bloody diarrhoea remain the major causes of morbidity among reportable infectious diseases in the refugee population of the Gaza Strip, making health education for the prevention of water- and food-borne diseases a priority.

**Actions**
- WHO continues to support the drug supply management system in Gaza.
- To date, 70% of donated medical supplies (out of 4500 MT) have been sorted out and part of it directly supplied to health facilities upon needs expressed.
- The Health Cluster has completed an Initial Health Needs Assessment.
- The classification and standardization of health services for disabilities sub-cluster and mental health and psychosocial under process.
- The Health Cluster coordination mechanism is fully activated in Gaza.
- WHO requires US$ 9.7 million through the Special Appeal for life-saving and recovery needs in Gaza. WHO has received support from OCHA, Italy, Norway and Australia. Spain, Switzerland and ECHO have contributed to the CAP.

**DEMOCRATIC REPUBLIC OF THE CONGO**

For more information see the HAC web site.

**Assessments and Events**
- Between 1 January and 14 February, cholera affected 1596 people and killed 14 (CFR 0.87%) in South Kivu and 633 people and five in North Kivu. Between 9 and 15 February, 190 new cases were recorded in South Kivu, including 46 in Uvira, 26 in Kadutu, 38 in Minova and 32 in Fizi, 105 in North Kivu, including 54 in Goma, 26 in Karisimbi and 23 in Rutshuru.
- In Katanga, 596 cases and 26 related deaths (CFR 4.3%) have been reported during the same period. Kolwezi health district reported the highest number of cases between 9 and 15 February with 116 cases and eight deaths reported.

**Actions**
- WHO and MSF-Holland are supporting response activities against the cholera outbreak in both South Kivu and Katanga by providing essential cholera medicines and other supplies.
- WHO’s activities in the DRC are funded by the CERF, the Common Humanitarian Fund, ECHO, the CERF, Finland, Ireland and Italy.

**CHAD**

For more information see the HAC web site.

- The monthly Health Cluster meeting for eastern Chad met on 25 February. It was decided that measles and polio immunization would be extended to refugee camps.

**Assessments and Events**
- In Daha health district, figures show that consultations have doubled at the MSF-supported health centre, refugees accounting for 53% of visits. Extra rooms are needed to ensure consultations, deliveries and nutritional care. Priority needs include the provision of water and medical equipment.
- Measles cases continue to be reported in the east, Abeche accounting for the majority of cases. Between 1 January and 22 February, 586 cases were notified. A rise in weekly numbers during the previous two weeks – 219 cases – can be partially explained by active detection during the vaccination campaign.

**Actions**
- WHO, UNICEF, UNHCR, UNFPA and MSF are providing personnel and essential medicines and supplies to the Daha health centre. A second consultation room was set up to ease the pressure on the facility.
- A WHO epidemiologist from the Abeche sub office travelled to Daha to help assess the health status of the refugees and set up an epidemiological surveillance system to ensure the early detection of outbreaks.
- On 27-28 February, a WHO/UNICEF/UNHCR mission is in Am Timan to work out how to improve emergency referrals from Daha to Am Timan hospital. It will evaluate the hospital’s capacity for surgical and obstetric emergencies and assess its overall needs for medicines, equipment and technical support. A first consignment of supplies was provided immediately.
- WHO supported the MoH and MSF conduct the polio/measles vaccination campaign in Adre. In Abeche, the recent campaign raised immunization coverage to 87% for measles and 84% for polio. WHO is supporting free health care for measles cases in Abeche’s urban health centres and in two health centres in Adre by providing necessary medicines.
- WHO’s response is funded by ECHO, Italy, Finland, Spain and the CERF.

*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/
A high level delegation led by the Humanitarian Coordinator in Sudan and including WHO visited Nyala and met with the Deputy Wali and the North Darfur Inter-Agency Management Group to discuss the humanitarian situation and access to displaced populations.

In Nigeria, the MoH says 26 states at risk of meningitis. The government had

Assessments and Events

- In South Darfur, fighting in Muhajeria and Shearia between government and JEM forces has driven more than 15 000 people north to Zam Zam camp, putting a severe strain on the camp’s capacities. Populations displaced from Muhajuria to Khazan Jadid have not been reached yet. Plans are ongoing to assess humanitarian needs and deliver assistance accordingly.
- In the Greater Darfur, acute respiratory infections (accounting for 18% of reported deaths), bloody diarrhoea (2%) and clinical malaria (3%) continue to be the main reported conditions. In South Darfur, Kalma camp reported five suspected cases of meningitis.
- A new case of wild polio virus has been confirmed in Khartoum and another was reported in Port Sudan.
- In southern Sudan, 15 meningitis cases were reported between 16 and 22 February, of which 13 in Kapoeta area, Central Equatoria. Overall 93 cases and six deaths were reported since 1 January. There is an upsurge in acute watery diarrhoea (AWD) cases in Western Bar el Ghazal, with most of the 673 reported cases originating from Wau county. A further 12 cases were reported in Unity.

Actions

- During the last weekly health coordination meetings in Darfur, partners focused on the health needs of displaced populations from Muhajuria. Partners and authorities are looking for alternative sites to receive them.
- WHO also participated in several missions to Shangil Tobayi, Dar Salam and Belail to assess displaced populations’ needs and to Tawilla to investigate a suspected diarrhoea outbreak. A medical tent, medicines and supplies were delivered to Tawilla for the establishment of a temporary clinic.
- In South Darfur, medical staff working in Geredha were trained on meningitis diagnosis, reporting, case management and sample collection. Stock of trans-isolate media, lumbar puncture kits and case management guidelines were distributed to NGOs and MoH facilities. In all regions, State MoHs, WHO, UNICEF and NGOs are strengthening meningitis preparedness and surveillance.
- WHO and ECHO are monitoring state and rural hospitals to support continued delivery of free services for IDPs.
- In South Kordofan, WHO and the State MoH are starting a programme of joint assessment missions, beginning with three health facilities in Kadugli. Overall 65 health facilities throughout the State will be visited to identify gaps in health care services, address health priorities and donate basic supplies.
- A polio eradication campaign was conducted this week in all regions by the State MoHs with logistical support from UNICEF, WHO and NGO partners. Final results are being prepared and will be shared soon. National immunization days are planned in Khartoum on 18 March.
- In southern Sudan, WHO is providing financial and technical assistance to ADRA and the Diocese of Torit to undertake mass meningitis vaccination in Budi and Kapoeta East counties. MSF-Switzerland has vaccinated 35 252 persons in Kapoeta North and South, the epicentre of the outbreak. WHO is supporting the AWD response. MSF-France and Tearfund are supporting prevention and case management.
- WHO’s activities in Sudan are funded by the CERF, the Common Humanitarian Fund, ECHO, the ERF, Finland, Ireland and Italy.

MENINGITIS IN WEST AFRICA

For more information see www.who.int/hac

In Niger, 604 cases and 24 deaths were reported between 16 and 22 February bringing the total reported since 1 January to 1880 cases and 84 deaths (CFR 4.5%). Madaroumfa, Bilma, Iléla, Matamèye and Tessoua have reached epidemic threshold, while another eight are in alert.

- In Burkina Faso, 300 cases and 40 deaths were reported during the same week and 1248 cases and 178 deaths since 1 January (CFR 14.3%). Titao district has reached epidemic level and another seven are in alert.
- Suspected cases of meningitis are also reported in Togo’s Haho District: 74 cases and 11 deaths (CFR: 14.9%) were reported between 1 and 8 February.

Actions

- In Niger, WHO is supporting surveillance and the development of a response plan.
- In Burkina Faso, WHO is monitoring the outbreak and supporting the MoH for the dissemination of awareness messages on television and radio station.

Health Action in Crises

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already ordered 1.6 million doses of drugs for the treatment.  

- In Togo, a rapid MoH/WHO response team was sent to investigate to determine the etiology of the cases and deaths.  
- WHO’s activities in West Africa are funded by the CERF, Norway and Spain.

INTER-AGENCY ISSUES

In order to keep health action in crises high on the inter-agency humanitarian agenda, WHO/HAC participated/will participate in the following meetings/activities:

- Informal inter-agency meeting on 23 February on humanitarian civil-military coordination.
- Technical review meeting of the inter-agency field manual for reproductive health in emergencies on 26-27 February in New York.
- Quarterly meeting of the IASC Sub-Working Group on Preparedness and Contingency Planning on 24-25 February.
- Inter-agency working discussion on humanitarian action training materials on 25 February.
- IASC pre-Montreux donor retreat meeting on 27 February.
- OCHA meeting with Member States and humanitarian agencies on the humanitarian situation in Somalia on 3 March.
- Montreux donor retreat on 5-6 March.
- IASC Taskforce on Information Management on 10 March.
- Inter-Agency meeting on the Central Emergency Response Fund on 10 March.
- IASC Taskforce on HIV/AIDS on 16 March.
- Framework Team meeting on 16 March.
- Global Cluster Retreat in Geneva on 13 March.
- Emergency Director’s Meeting in Washington DC on 17 March.
- IASC Working Group meeting hosted by InterAction in Washington DC on 18-20 March.
- Meeting of the Advisory Committee of the IASC Gender Sub Working Group e-learning initiative on 20 March.  WHO and the IRC co-chair this initiative which is being managed by InterAction.

HNTS EXPERT REFERENCE GROUP MEETING – GENEVA, 17-18 FEBRUARY 2009

Composed of demographers, epidemiologists and nutritionists, the first Health and Nutrition Tracking Service (HNTS) Expert Reference Group meeting was organized in several working sessions:

- HNTS current status and plans
- Overview of demographic approaches to estimate mortality and their possible applications in various crisis contexts - controversies about excess mortality in DRC and Iraq
- Defining a set of core indicators to be tracked by HNTS
- Validation of surveys from reports and raw data, and combining multiple sources into summary estimates of excess mortality
- Data collection in DRC crisis
- Nutrition (Methodology for monitoring of child nutrition within the context of the global food crisis/Relationship between prevalence and incidence of acute malnutrition)
- Determining standardization and operational research priorities in nutrition and mortality
- Expert Reference Group ways forward

ADG/HAC and the Health Cluster representative on the HNTS Steering Committee delivered the opening and closing remarks. For more information, please contact HNTS Technical Secretariat at doninellic@who.int (hosted by WHO/HAC).

WORLD HEALTH DAY 2009

On 7 April, WHO will celebrate World Health Day on the theme “Save Lives. Make hospitals safe in emergencies.” Functional collapse, and not only structural damage, is often the reason for health facilities being put out of service during emergencies. It occurs when the elements that allow a facility to operate on a day-to-day basis are unable to perform because the disaster has overloaded the system. This highlights the necessity of an overall emergency preparedness plan: a hospital with an emergency preparedness plan will be more able to deal with an increased number of patients by cancelling non-urgent surgical cases, increasing numbers of available operating rooms, mobilizing staff, and freeing up hospital bed space. It is critical that all health facilities possess both the resilience to withstand crises and are prepared to operate in any emergency scenario. The most costly hospital is the one that fails!

For more information, please visit the World Health Day 2009 website at: www.who.int/world-health-day/en/

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

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