Health Action in Crises
Highlights No 252 - 30 March – 5 April 2009

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 operational use and does not reflect any official position of the WHO Secretariat.

NAMIBIA FLOODS
For more information see www.who.int/hac

Assessments and Events
- Torrential rains in several north-central and north-eastern regions (Omusati, Oshana, Oshikoto, Ohangwena, Kunene, Kavango and Caprivi) have affected up to 350,000 people and displaced 13,000. So far 92 deaths have been reported.
- Outreach services including immunization, treatment of common ailments, treatment of chronically ill and health education is being provided to the 9,200 people currently in relocation camps.
- Immediate needs include medicines, safe drinking water and sanitation, shelter supplies, food and protection. Many have no access to health facilities, raising concern over the potential spreading of waterborne diseases (malaria, acute watery diarrhoea, and cholera).
- A Flash Appeal has been issued to cover immediate and medium-term needs.

Actions
- WHO is providing technical support to the Government to strengthen emergency response plans and to coordinate the health response at national and sub-national levels. An Emergency Preparedness and Response training was conducted for health workers from all affected regions.
- WHO is providing inter-agency emergency health kits and diarrhoeal diseases kits to support stocks in regions and districts.
- WHO deployed Emergency and Humanitarian Action (EHA) experts to Oshana, Kavango and Caprivi regions to support assessments and to strengthen the emergency response capacity of regional and district health staff.
- WHO is recruiting an expert for three months to provide day-to-day support for the coordination of the health response, to assist in strengthening the disease surveillance system and building capacity for disease management and to mitigate the impact of the floods on the health of the flood-affected populations.
- The WHO Country Office received an advance of US$ 80,000 from headquarters and the Regional Office for Africa ahead of the CERF funding. The CERF Secretariat granted US$ 556,721 under the rapid response window to strengthen the national health emergency response and:
  - to provide essential health services, including maternal and child health services, to all flood-displaced populations;
  - to assess and treat severe malnutrition among children and other vulnerable groups;
  - to strengthen coordination for health emergency response;
  - to conduct health education and community mobilization on prevention and control of common health.

SUDAN
See also the HAC web site, the Regional Office for the Eastern Mediterranean web site and the Joint Statement on the Humanitarian Situation in Darfur.

Assessments and Events
- the UN and the Government reached agreement on the findings of a joint assessment of the immediate gaps left by the expulsions, particularly the most urgent short-term needs in food aid, health and nutrition, non-food items, shelter, water, sanitation, hygiene, and the capacity of the Government and remaining agencies to fill these gaps in the short-term.
- An expanding outbreak of polio has caused 20 cases since the beginning of the year and has spread to Kenya and Uganda. Sixteen of the cases are in southern Sudan and three of the four cases in the north are related to the southern outbreak.

Actions
- In northern Sudan, the Government, together with WHO and UNICEF, has conducted two large-scale polio immunization campaigns since January, targeting 6.6 million children under five. In southern Sudan, three campaigns were held, the most recent on 23 March, targeting 2.8 million children.
- Further campaigns are planned for end of April and May in both the north and the south, with emphasis on improving coverage to close the immunity gap.
WHO assesses the risk of further international spread of the polio outbreak as very high and has notified its Member States through the International Health Regulations.

Assessments and Events

• By 2 April, 94,443 cholera cases and 4127 deaths (CFR 4.4%) have been reported countrywide. On 24 March, the previously unaffected district of Umzingwane (Matabeleland South) reported a case bringing the total number of affected districts to 57. The case was imported from Harare.
• The epidemic seems to have come under control almost everywhere, except in Mashonaland West, Harare city and Chitungwiza, where an increase in caseload has been observed in the last few weeks.
• Many provinces continue to face a number of challenges in surveillance and daily reporting, such as non functional radios, unreliable phones and erratic power supply.
• The lack of knowledge and use of oral rehydration salts (ORS), which contributed to the high mortality rate at community level, remains a concern. Interviews with patients in treatment centres show that many do not know how to mix a salt and sugar solution.

Actions

• Cholera Control and Comment Centre (C4) experts conducted health promotion training of trainers workshops in Harare and Bulawayo for provincial focal points and partners to harmonize communication and to set up structures to support epidemic preparedness at community level. Information education and communication materials including guidelines on funeral and social mobilization and participatory health action toolkits were disseminated. The C4 social mobilization working group is working on brochures to ensure that clear messages regarding the use of ORS and the appropriate mixing of salt and sugar solution are shared with the public.
• The C4 environmental health working group trained focal points in all provinces and districts and finalized infection control guidelines for treatment centres. The case management working group, which includes the MoHCW, WHO, the International Centre for Diarrhoea Diseases Research, Bangladesh and Harare’s Hospital are revising current cholera response guidelines and flow charts for treatment centres.
• As the Logistics Cluster, WHO, UNICEF and WFP work with NGO partners and the MoHCW to ensure coordinated and prompt delivery of requested items. Cholera kits have been prepositioned in three provinces for emergency preparedness. Additional stocks have been procured and shall be used to replenish supplies at district level.
• 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.
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.

- The IASC Focal Points meetings on 31 March and 6 April.
- The OCHA meeting with Member States on the humanitarian situation in Colombia on 31 March.
- The 1 April IASC Weekly meeting on the latest IASC early warning-early action report *A Tool for Coordinating Preparedness* and the 8-April meeting on the IASC Working Group meeting (Washington DC, 18-20 March).
- The OCHA briefing on 2 April on Namibia and Southern Africa following the recent floods and on the situation in Madagascar.
- The IASC Sub-Working Group on the Consolidated Appeals Process on 2 April.
- The UNHCR briefing on emergency situations in Africa on 6 April.
- The CERF inter-agency meeting on 7 April.
- The Humanitarian Liaison Working Group meeting on Sudan on 8 April. WHO was asked to make an intervention on the health situation in Sudan.
- The ECHA meeting on 16 April.
- The second meeting of the IASC Taskforce on climate change, migration and displacement on 20 April.
- The IASC Taskforce on Information Management on 21 April.
- The Humanitarian Relief Initiative meeting on public private partnerships in support of humanitarian action on 22 April.
- The IASC Plenary meeting hosted by UNFPA in New York on 30 April.

WORLD HEALTH DAY 2009

On 7 April 2009, WHO will celebrate World Health Day with the theme “Save Lives. Make hospitals safe in emergencies.” WHO Director-General Dr Margaret Chan will launch World Health Day in Beijing while a side event will be organized in Geneva.

Health facilities are confronted by a multitude of threats ranging from natural disasters and man-made crises to perils such as the global financial crisis, under-investment in health and poor hospital design and construction.

During emergencies, disasters and other crises, health facilities and workers are often among the casualties. When health services are unable to resist hazards or are not prepared for emergencies, staff members and patients are killed and injured, emergency and regular health care cannot be delivered, investments in the infrastructure are lost and community recovery and health system reconstruction is slowed.

Much has been done to ensure health facilities can better cope with emergencies and increase awareness of their vital role in emergencies. The 2008-09 World Disaster Reduction Campaign, “Hospitals Safe From Disasters”, focuses on natural disasters and the damage they can cause to hospitals in particular.

Making hospitals safe in emergencies is not just about saving the lives of people harmed during a disaster, but ensuring the continuation of routine health care during and after a crisis.


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

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