Health Action in Crises
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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.

SUDAN

Assessments and Events
- The humanitarian community continues to focus on gaining access, identifying additional capacity and filling the gaps left by the 4 March expulsion/dissolution of NGOs from Darfur rising insecurity and continuing challenges (OCHA).
- Gaps in the health and sanitation sectors are of particular concern with the upcoming rainy season. Only 30% of the 650,000 people that lost health care coverage following 4 March have received some form of health care assistance.
- Cases of meningitis have been confirmed throughout Darfur: 112 suspected cases (11 confirmed) in South Darfur, 13 cases (nine deaths) in West Darfur’s Jabel Marra area and six cases reported by the State MoH in North Darfur.
- An interagency mission to eastern Jabel Marra reported a lack of measles and polio vaccinations and notable gaps in water and sanitation services.

Actions
- In West Darfur, the State MoH, WHO, UNICEF and the ICRC conducted a meningitis vaccination campaign in the Kutrum, Tour and Kitty areas of Jabel Marra. More than 28,400 people had been vaccinated by 11 April. WHO provided ICRC with supplies, protocol guidelines, and essential medications to manage suspected meningitis cases in neighbouring Rokoro, an area inaccessible to UN and MoH staff.
- WHO provided 35 cylinders of oxygen to the Elgenina Teaching Hospital.
- In North Darfur, WHO, the State MoH and partners are following up on the continuation of services in areas previously assisted by the expelled NGOs, particularly in IDP camps and rural areas. A joint mission to Kekkabya and Saraf Omra was organized last week to assess gaps following MSF-Belgium’s withdrawal and to devise how WHO, UNICEF and UNFPA can best support the State MoH to run the three primary health care centres with national staff.
- WHO also visited Kutum, Kabkabeya and Mallet rural hospitals. In Mallet, WHO will remedy a shortage of lab reagents and support the MoH in identifying a technician for the x-ray department.
- In South Darfur, WHO held a meeting with the Federal and State MoHs, UNICEF, the Sudan Red Crescent Society, and the NGOs NHC, MDM, ARC, NCA and Sudan Aid on the provision of health care in Beleil. WHO continues to monitor Nyala Teaching Hospital to ensure free health care for IDPs.
- In South Kordofan, WHO, UN agencies and MoH representatives are assessing the gaps following the expulsion of seven international NGOs working in the area. An assessment of Algalaa health centre in Abu Jubeiha showed an urgent need for medical supplies and laboratory services.
- WHO’s activities in Sudan are funded by the CERF, the Common Humanitarian Fund, ECHO, the ERF, Finland, Ireland and Italy.

ZIMBABWE

Assessments and Events
- As of 16 April, 96,591 cases of cholera have been reported nationwide, including 4,201 related deaths (CFR4.3%).
- Further communication with the Provincial Medical Directorate Office indicated that most of the reported cases were reported retrospectively. At the moment the situation is stable in Kadoma district.

Actions
- A C4 team visited Mashonaland West province on 16–17 April to assess epidemic preparedness and response following the high number of cases being reported between 9 and 14 April in Makonde.
- The C4 is pre-positioning cholera emergency response kits in each of the 11 provinces to reinforce preparedness and rapid response capacities.
- WHO cholera-related emergency activities are funded by Botswana, Greece, the
### CHAD

**Assessments and Events**

- As of 1 April, 16,420 refugees from the Central African Republic had been registered. Health needs have been met. Daha health centre reported 378 consultations between 6 and 12 April. The main pathologies among epidemic-prone diseases are acute respiratory syndrome (97 cases), suspected malaria (38 cases), acute watery diarrhoeas (24 cases) and measles (21 cases).
- On 14 April, the MoH declared a meningitis outbreak with 998 cases and 115 deaths reported between 1 January and 12 April (CFR 11.5%). The eight eastern districts have reported 28 suspected cases and two deaths during that period. Three new cases were reported between 6 and 12 April in Kerfi, Adre and Biltine. None have been reported in Daha.

**Actions**

- WHO provided 1000 vials of ceftriaxone 1g to support meningitis case management in the districts affected by the epidemic.
- WHO is also supporting Goz Beida health district of after the withdrawal of the NGO Mentor Initiative 2 months ago. It donated 2520 blisters of artesunate and amodiaquine pills to COOPI for the treatment of malaria among refugees.
- WHO activities are funded by ECHO, Italy, Finland, Spain and the CERF. A request for a rapid response CERF grant for US$ 157,718 has been submitted.

### NIGER - BURKINA FASO

**Assessments and Events**

- In Niger, the outbreak of meningitis remains a concern, with 1139 cases and 50 deaths reported between 5 and 12 April, bringing the cumulative number of cases reported since 1 January to 9820 cases and 382 deaths (CFR 3.9%). Twenty districts are affected with 15 in epidemic level and 10 in alert level.
- In Burkina Faso, 2760 suspected cases of meningitis and 373 deaths (CFR 13.5%) were reported between 1 January and 29 March. Two districts have passed the alert threshold and one the epidemic threshold.

**Actions**

- In Niger, the CERF Secretariat granted US$ 1.23 million to WHO to support emergency health intervention to control the meningitis outbreak in Agadez, Dosso, Maradi and Zinder regions. With the funds WHO has already provided 850,000 vaccine doses to the MoH and is preparing an update on the situation to ensure the provision of additional vaccines, as required.
- With support from WHO, UNICEF, MSF-Belgium, MSF-Spain and MSF-Switzerland, the MoH is organizing mass vaccination campaigns in 22 health districts and in the capital Niamey.
- WHO's activities in Niger are funded by Norway, Belgium and the CERF. Funds have been received from the CERF for the response in Burkina Faso.

### OCCUPIED PALESTINIAN TERRITORY

**Assessments and Events**

- The unilateral ceasefires that brought Israel’s military offensive in Gaza to an end remain fragile, with small-scale incidents occurring almost daily (OCHA).
- Access to specialized medical treatment outside Gaza has deteriorated dramatically and all MoH referrals out of Gaza have been halted, affecting many patients with serious and complicated conditions.
- A new UNFPA survey examining living conditions in Gaza during the conflict reveals that four in ten pregnant women who needed pre- or post-natal care during the crisis were unable to receive such services.

**Actions**

- WHO and the HC have working with the relevant parties to resolve the issue of patient referrals out of Gaza.
- WHO finalized the analysis of the first round of nutritional data on school children collected through the nutritional surveillance system in public and UNRWA schools.
- WHO and HelpAge are discussing options for training physicians and nurses on the treatment and follow up of elderly chronically ill patients.
- WHO distributed copies of the Neonatal management protocol to neonatal units

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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/](http://www.who.int/hac/)
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<th>INTER-Agency Issues</th>
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<td>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.</td>
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<td>- The IASC ECOSOC Focal Points Meeting on 15 April.</td>
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<td>- The second meeting of the IASC Taskforce on climate change, migration and displacement on 20 April.</td>
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<td>- The meeting of the IASC Contact Group on Good Humanitarian Donorship on 20 April.</td>
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<td>- The IASC Core Group on humanitarian space on 20 April.</td>
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<td>- The Global Cluster Leads/Donor Meeting on April 21 April.</td>
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<td>- The Global Cluster Leads and Private Sector Focal Points meeting on 22 April.</td>
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<td>- The IASC Weekly meeting on 22 April on risk identification and mapping by WMO and UNDP and on 29 April on FAO’s approach to disaster risk reduction.</td>
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<td>- The IASC Taskforce on information management on 23 April.</td>
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<td>- The inter-agency needs assessment group meeting on 24 April.</td>
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<td>- The ECHA meeting on 27 April.</td>
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<td>- The first meeting of the IASC Taskforce on humanitarian consequences of urbanization.</td>
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<td>- The WFP briefing on the operations of the United Nations Humanitarian Air Service (UNHAS) on 28 April.</td>
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<td>- The IASC Plenary meeting hosted by UNFPA in New York on 30 April.</td>
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<td>- On 20 May, WHO and HelpAge International will update the IASC Weekly meeting in Geneva on older persons and humanitarian assistance.</td>
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Please send any comments and corrections to crises@who.int

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