### MYANMAR

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

- The Government has decided to accept technical assistance from the ASEAN countries and a rapid assessment team is likely to arrive shortly.
- On 13 May, OHCHR issued a press release emphasizing the obligation of the international community to assist the victims of the cyclone in Myanmar.
- Health Cluster meetings now include 30 international NGOs and UN agencies. A common approach for health sector intervention has been adopted.
- 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

- The official death toll now stands at 78,000, with 56,000 missing. The UN estimates that between 1.6 and 2.5 million people are severely affected. First assessments in Labutta township show that 90% of the health network is lost. Altogether, 50 to 60% of the rural and township health centres in the affected areas are reported to be damaged.
- Food, shelter, medicines and water are the critical needs. Besides injuries, the main causes of hospitalization are diarrhoeas and respiratory infections. There are unconfirmed reports of cholera, endemic in the affected areas.
- Damaged infrastructure, flooding and heavy rains pose serious logistical challenges to relief activities.
- Although relief items are now getting into the country, the levels of aid remains far below what is required on the ground. However, there is growing concern that a logistical bottleneck may be developing in Yangon.
- Health care focuses on the survivors who have sought shelter in Ayeyarwady and Yangon divisions.

### Actions

- Measles vaccination has started in the affected areas.
- The WHO national consultants have handed over medical supplies to hospitals in the townships of Bogale and Laputta with the assistance of national and international health partners.
- Communications are difficult but WHO and health partners are working to streamline a system of rumour verification and disease surveillance.
- The Health Cluster has put together a table showing “who is doing what where” for all health partners in the affected areas. The table will facilitate the expansion of coverage while avoiding duplication of efforts.
- The MoH has reported enough supplies of anti-tetanus serum. WHO has however procured 2000 vials of anti-viper venom from Thailand as the risk for snake bite in affected regions is especially high.
- SEARO and DFID provided US$ 175,000 and 80,000 respectively to procure supplies. Norway agreed to supply 20 health kits and five diarrhoeal diseases kits, providing health care to 600,000 persons for one month. Ten kits provided by Italy were distributed last week. WHO also provided surgical gloves and masks. Denmark and Monaco have pledged in-kind and financial support.
- WHO has received US$ 1.88 million under the CERF Rapid Response window to address priority health needs and provide equipment, supplies and technical manpower.

### CHINA

- On 12 May, a 7.9-magnitude earthquake rocked Wenchuan County, north-west of the Sichuan provincial capital Chengdu. As of 14 May, state media report the death toll at over 19,500 with over 25,000 people still buried under rubble, and another 14,000 people missing.
- Over 64,000 people are hospitalized in Sichuan Province. In the town of Yingxiu, only 2300 of the 10,000 residents have been accounted for.
- Extensive damage to infrastructure and heavy rains hamper access to the affected area. Nearly 400 dams have sustained some damage and there is a risk of mudslides and flooding.

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### Actions

- The WHO Country Office is monitoring the situation with support from the Regional Office for the Western Pacific and headquarters.
- The WHO/EHA focal point is providing technical advice and resources to the Chinese Centre for Disease Control and Prevention.
- WHO is on stand by should support be requested by the MoH.
LEBANON

Assessments and Events
- On 7 May, a general strike over wages degenerated into gun battles between antigovernment protesters and supporters of the ruling coalition beginning Lebanon's worst internal fighting since the civil war. The violence left at least 65 people dead and 200 wounded.
- On 15 May, Arab League mediators brokered a deal to end the crisis.

Actions
- The WHO Country Office, with support from the Regional Office for the Eastern Mediterranean, identified available stocks of drugs and medical supplies at country and regional levels.
- The WHO Regional Office supported the revision of the humanitarian action plan and the existing contingency plans on the ground, review possible scenarios and addressing relevant technical and public health concerns.
- WHO continues monitoring the situation.

SUDAN

Assessments and Events
- According to the UNDPKPO, deteriorating security and other obstacles in Darfur have considerably slowed the deployment of the joint UN-AU mission UNAMID. Airports closures in Darfur are hampering UN operations.
- Meanwhile on 14 May, all UN non-essential staff was evacuated from Abyei town after fighting erupted between government troops and southern ex-rebels.

Actions
- In South Sudan, an outbreak of acute watery diarrhoea (AWD) in a military camp in Juba reported 23 cases including two deaths between the last week of April and 4 May.
- In West Darfur and North Kordofan, meningitis vaccination campaigns supported by WHO, UNICEF and MSF-France have already reached 80 000 people. WHO is reinforcing the Federal MoH’s stock of vaccines, rapid diagnostic tests and other supplies and supporting coordination within the national weekly meningitis task force meeting.
- In North Darfur, WHO and the State MoH have reactivated the AWD/cholera preparedness task force ahead of the upcoming rainy season. WHO and UNICEF are supporting the State MoH to implement the Accelerated Child Survival Initiative campaign targeting 266 000 children under five. WHO also facilitated training for NGO medical staff on rational drug use in El Fasher and provided Kabkabiya and Kutum hospitals with drugs, medical supplies and laboratory reagents.
- In West Darfur, WHO and partners are rehabilitating health facilities affected by the escalation of conflict in the Northern Corridor.
- In South Darfur, WHO in collaboration with the State MoH and NGOs, drafted the AWD preparedness and response plan for 2008. WHO distributed surveillance and reporting tools, guidelines for case management, sample collection and transport to all partners.
- In Southern Sudan, WHO supported the GoSS/MoH to respond to AWD by providing training on case management and outbreak control, supporting sample collection and distributing case definition and treatment protocols in parallel with water, sanitation and hygiene promotion activities conducted by UNICEF and the NGO Population Services International.
- WHO continues to chair health coordination meetings at both central and sub-office level. The Federal MoH has shared its projection for predicted flooding in 2008 with WHO and other health partners who have begun joint planning and preparedness activities.
- In 2008, WHO’s emergency activities have been supported by the CERF, the Common Humanitarian Fund, ECHO, Finland, Ireland, Italy and USAID.
IRAQ

Assessments and Events
- Fighting continues in Sadr City. According to the Government, 925 persons have been killed and 2600 persons injured during the military operation between late March and 29 April. Health facilities are overwhelmed and unable to meet urgent health needs.
- Lack of potable water and electricity shortages is reportedly critical, affecting hospitals and health facilities.

Actions
- WHO provided blood bags to the National Blood Transfusion Centre in Baghdad as well as emergency medical supplies to Sadr City hospitals.
- Four emergency trauma kits supplied by Norway have also arrived in Iraq; each kit provides supplies for 100 persons for ten days. They will be split between Baghdad and Erbil.
- WHO supports the MoH in coordinating health and nutrition activities and assessing the availability of medical supplies and the relevance of existing contingency plans.
- WHO is requesting US$ 19.1 million in the 2008 CAP. These needs remain unmet.

CHAD

Assessments and Events
- Following attacks in neighbouring Sudan, and the deterioration in relationship between the two countries, UN operations in the east are restricted to critical humanitarian sectors (protection, foods, health, and water) only.
- Staff movements are also tightly limited. The east is still in security phase 4.
- Two suspect cases of meningitis have been reported during the past three weeks, one in Ouré Cassoni camp in the district of Bahaï and the other in Gassiré camp in Gos Beida. This brings the total number of cases of meningitis reported in the east since January to 65 and seven deaths.

Actions
- WHO is supporting meningitis laboratory confirmation.
- WHO is collaborating with MoH to improve case management and to conduct mass vaccination against meningitis, as well as supporting the collection and transport of samples for laboratory confirmation.
- 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.
- WHO’s activities in Chad are funded by ECHO, Italy, Finland and the CERF.

ETHIOPIA

Assessments and Events
- Drought continues in Afar, Amhara, Oromiya, SNNP, Somali and Tigray regions. In SNNP the emergency beneficiary figure has been revised from 500 000 people to more than one million. Therapeutic feeding centres are overwhelmed by the increase in admissions.
- As of 6 May, 427 cases of meningitis and 17 related deaths have been reported nationally. As of the same date, 7043 cases of measles and 17 related deaths have been reported.
- Since 31 March and 16 April respectively, two outbreaks of acute watery diarrhoea (AWD) have broken out in Amhara and Oromiya regions. Cases are also reported in the Somali region. As of 6 May, 255 cases and seven deaths have been reported. Despite improvement in health staff skills on the management of AWD, the actual reoccurrence of new cases in three regions, coupled with this period of short rainy season and unaddressed risk factors such as water supply and sanitation facilities and utilization are likely to provoke a new large scale AWD epidemic in Ethiopia.

Actions
- Disease surveillance has been strengthened in drought affected areas. WHO experts and surveillance teams have been deployed to support the regional health bureaus (RHB) in responding to health and nutrition needs and monitoring trends of diseases.
- Meningitis Vaccination campaigns are ongoing in Tigray, Amhara, Gambella and B. Gumuz regions. WHO has received US$ 4 million from CIDA and 1,9

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/
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### Health Action in Crises

#### NIGER

**Assessments and Events**
- The meningitis outbreak in Tahoua and Dosso regions is ongoing and several districts reached the epidemic level in April. Between 1 January and 30 April, 2444 cases and 133 deaths (CFR 5.3%) have been notified, including 1711 cases and 90 deaths in April alone. The main germ identified is *Neisseria meningitidis A*.
- Concurrently, 4994 cases of measles and 16 related deaths have been notified during the first four months of the year, of which more than 85% were reported in Zinder and Maradi regions.
- Overall, 28,848 cases of malnutrition and 85 related deaths have been reported since January. More than half were reported in Maradi where the price of food stuff continues rising.

**Actions**
- WHO continues supporting epidemiological surveillance at the national level.
- WHO supported the MoH in organizing a mass meningitis vaccination campaign in Tahoua’s Birni N’Konni district and provided essential drugs for the treatment of patients.
- WHO also provided emergency drugs, equipments and supplies to four health centres in Agadez to replenish stocks exhausted by last year’s floods in the area.
- WHO’s emergency activities are supported by the CERF. Monaco has shown interest in supporting some of WHO’s projects in Agadez.

#### DEMOCRATIC REPUBLIC OF THE CONGO

**Assessments and Events**
- In 2007, the DRC reported 27,562 cases of cholera and 496 related deaths in the eastern provinces of North and South Kivu and Katanga as well as in Bas Congo and Kinshasa, 9565 cases of meningitis and 1963 deaths (CFR 11.9%) and 46,901 cases of measles and 1150 deaths. An outbreak of viral haemorrhagic fever in Kasai Occidental reported 264 cases and 187 deaths. In Orientale, an outbreak of plague affected 1008 persons and killed 55.
- In Kasai-Oriental, 20 suspected cases of meningitis and six deaths have been reported in Lodja and Onema Ototo districts.
- In North Kivu, a polio case was confirmed in Rutshuru and eight other suspected cases reported in the same area. Laboratory tests are ongoing.
- In Orientale, another case of polio was confirmed in Lubunga, near Kinsangani, the second case in 2008 but the fifty-sixth in the DRC since February 2006.

**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.
- In Kasai Oriental, WHO is supporting verification and follow up with the Provincial Rapid Response Team.
- In North Kivu, a vaccination campaign was launched on 15 May, concurrently with campaigns in the Central African Republic and the Republic of the Congo. WHO and partners are cooperating on logistics, supervision and monitoring. Inaccessibility in some areas due to the presence of armed groups may hinder the campaign.
- In Orientale, the MoH, with support from WHO, UNICEF and Rotary International also launched a vaccination campaign in Kinsangani.
- In Kasai Occidental, WHO is supporting the overhaul of five maternity wards (four in Dimbelengue territory and one in Dekese territory) in cooperation with the local NGO *Bureau des œuvres médicales catholiques*. Rehabilitation includes structural repairs and the provision of equipment and supplies.
- WHO’s emergency activities in the DRC are supported by Finland, the CERF and the local Common Humanitarian Fund.

⇒ Despite the ceasefire signed last January in Goma, fighting continues in North Kivu, where some 847,000 people are displaced.
INTER-AGENCY ISSUES

• Myanmar.
  ➢ Emergency health action teleconferences for agencies working/planning to work on the ground took place on 13 and 16 May.
  ➢ Inter-agency meetings connecting New York and Geneva were held on 13 and 16 May.
  ➢ The IASC weekly meeting in Geneva updated on the situation on 14 May.
  ➢ An ad-hoc Emergency Directors meeting took place on 14 May.
  ➢ An ad-hoc IASC Principals consultation took place on 15 May.
  ➢ An information briefing at ambassadorial level on the humanitarian situation took place in Geneva on 16 May.
• The IASC Reference Group on Mental Health and Psychosocial Support in emergency settings met on 14 May.

• Clusters.
  ➢ The IASC Task Team/Global Cluster Leads met on 15 May.
  ➢ An inter-agency workshop entitled The Cluster Approach: How did you make it work? will run in Kampala, on 11-13 June. A meeting of the Global Humanitarian Platform (GHP) will be held in Kampala on 9-10 June.

• Human Rights.
  ➢ A consultation meeting on the IDP Law and Policy Manual will be hosted by Austria in Vienna on 16-17 May.
  ➢ 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.
• 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 next on 6 June.
  ➢ The UNDG-ECHA Working Group on Transition will meet on 19 May.
• Global food security crisis. An ECOSOC special meeting will be held in New York on 20 May. A special session of the UN Human Rights Council will discuss the right to food on 23 May. The UN High-Level Task Force on the Global Food Security Crisis met on 12 May.
• The Framework Team will meet 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 8 May, OCHA updated the humanitarian community in Geneva on the CERF.
  ➢ The Humanitarian Coordination Group will meet on 22 May.
• Consolidated Appeals Process. The CAP Sub-Working Group will meet on 22 May.
• UNRWA. The United Nations United Nations Relief and Works Agency for Palestine Refugees in the Near East will update the humanitarian community in Geneva on 23 May on its Health Programme.
  ➢ 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 21 May.
• ECHA. The next meeting of the UN Executive Committee on Humanitarian Affairs will take place on 12 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.

SPECIAL EVENT
The Global Health Cluster held its first meeting of 2008 on 7-8 May in Geneva. The meeting resulted in the establishment of a Steering Committee, co-chaired by WHO and the NGO International Medical Corps, to determine the way forward for the Global Health Cluster beyond 2008. An update on progress made against its 2008 work plan demonstrated considerable achievements in many areas. To ensure coherence of products and processes during the remainder of 2008, work will be managed by two streamlined working groups: the working group on Guidance and Tools and the working group on Country Support.

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

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