

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.

OCCUPIED PALESTINIAN TERRITORY



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

- ⇒ A coalition of humanitarian and human rights organizations based in the UK has issued a report stating that the humanitarian situation in Gaza is worse than it has ever been since 1967.
- ⇒ Further escalation happened on 6 March following an attack against civilians in West Jerusalem which resulted in eight deaths and many injuries.

Assessments and Events

- The upsurge in armed violence is causing great humanitarian concern, while efforts at political negotiations continue.
- In Gaza, ground operations and air strikes have killed 116 people since 27 February, and hospitals are struggling to cope with the influx of wounded. Several health clinics were hit and medical assets were destroyed.
- The MoH is in a state of emergency: essentials for surgery and emergency care, drugs and supplies are getting quickly depleted. Eighty-five essential drugs and around 50 consumables are lacking. Elective surgeries were suspended in all hospitals. Some health workers have been redeployed according to needs. On 2 March, several patients were allowed to be evacuated to Israel and Egypt for urgent care.
- Gaza also continues to face fuel shortages, leaving many ambulances unable to function and most residents with only an intermittent water supply.

Actions

- WHO is working with UN agencies and the international community to ensure life-saving care.
- WHO disseminated to partner agencies a matrix listing the MoH urgent needs in terms of drugs, medical supplies and equipment, laboratory and blood bank reagents and fuel. WHO has immediately started to purchase drugs and consumables in Israel, Egypt and Jordan.
- Close to US\$ 1.3 million is required to urgently purchase medical equipment.
- In 2007, WHO's emergency activities were supported by ECHO, Italy, Norway, OCHA/Spain, and the CERF.

MADAGASCAR



- ⇒ A Flash Appeal will be launched on 12 March. The Health Cluster is requesting US\$ 5.5 million for emergency activities.

Assessments and Events

- New assessments are giving a clearer picture of the situation. As of 29 February, 83 people are reported dead, 177 missing, 580 wounded and up to 322 000 affected, including almost 188 000 homeless.
- Humanitarian assistance is impeded by difficult access, and the Logistic Cluster will provide a helicopter to distribute the drugs and equipment provided by WHO and UNICEF. However, stocks of essential drugs do not appear sufficient to cover all the needs.
- Together with difficult access, poor surveillance for waterborne diseases is a critical issue. Overcrowding, lack of latrines and poor access to safe drinking water are major concerns in Antananarivo. In Analanjirofo region and Ile Sainte Marie, health facilities are damaged or destroyed and power shortages are affecting the cold chain.
- On 22 February, the Government of Madagascar appealed to the UN and the international community for assistance.

Actions

- A WHO/EHA expert from the inter-country office in Harare assisted in need assessment, response planning and Health Cluster coordination.
- WHO and Health Cluster partners are coordinating activities to ensure that all needs are filled. The goal is to re-establish access to health care focusing on:
 - Expanding assessments;
 - Reinforcing epidemiological surveillance;
 - Reinforcing primary health care including through mobile services and a Minimum Service Package;
 - Increasing the availability of essential drugs.
- WHO has also requested US\$ 350 000 from the CERF to strengthen its activities in the field. Monaco has expressed its intention to support WHO.

KENYA



More information is available at:
www.who.int/hac/crises/ken/en/index.html

Assessments and Events

- The political crisis appears to be resolving and a new government is expected within weeks.
- Health top priority needs are essential medicines and nutritional interventions, access to care, and increased availability and security of health staff. IDPs are being re-absorbed into the communities, and it is urgent to assess how this can impact on health services and infrastructures.
- There are still instances, mostly in the Rift Valley, of displaced health workers and closed health facilities. Deliveries of medical supplies are delayed and there are reports that basic services, such as immunization, were compromised during January and February.
- Respiratory infections, diarrhoea and malaria are the main causes of morbidity reported in the camps. Malnutrition among under five is reported as well as alcohol abuse and domestic violence among adults.
- Cholera is reported in five districts in Nyanza while rains in some areas of Rift Valley may foster new outbreaks. For instance, shallow pit latrines in Eldoret IDP camp put the 14 000 IDPs at high risk of waterborne diseases unless they are moved to higher ground.
- Between 28 February and 2 March, 21 new cholera cases were reported in Mandera. Cross-border collaboration between Kenya, Ethiopia and Somalia continues.

Actions

- WHO's teams are based in Nakuru, Eldoret and Kisumu. The teams support coordination meetings, conduct assessments in IDP camps and provide technical assistance to provincial/district health teams.
- Immunization, de-worming, vitamin A supplementation and health education are ongoing in the camps.
- In Mandera, cross-border meetings have been initiated by Kenyan health authorities with counterparts from Ethiopia and Somalia on how to contain the cholera outbreak. The WHO team based in Garissa is assisting the Provincial Health Office and Mandera's District Health Team.
- WHO, UNICEF and UNFPA obtained US\$ 634 000 from the CERF for immediate life-saving activities. WHO is participating in the Flash Appeal and has received funds from the CERF and a statement of interest from Australia.

CHAD



⇒ The Geneva Contact Group on Chad will meet on 11 March.

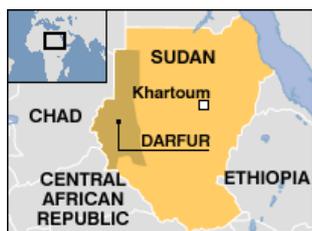
Assessments and Events

- General conditions for humanitarian work are improving across the east. UNHCR estimates that more than 13 000 Sudanese have fled from West Darfur to Chad's Birak area.
- In addition to the cases reported in Treguine camp, the number of chicken pox cases notified in Abeche is rising; 11 were reported in Salamat health centre between 25 February and 3 March. Cases are reported in two other centres.

Actions

- After working three week in Cameroon, the evacuated WHO/EHA staff are back in Abeche. The current priority of the team is supervising and strengthening nutritional activities in Abeche, together with the MoH and UNICEF.
- Simultaneously, WHO is visiting health centre in Abeche to assess the situation of the chickenpox epidemic. An awareness campaign is under preparation.
- WHO donated to the ICRC three basic emergency kits for Kawa, Goungour and Borota health centres in Adre.
- Italy donated US\$ 450 000 in medical supplies to NGOs to boost the response.
- WHO's activities in Chad are funded by Italy, Finland, ECHO and the CERF.

SUDAN



Assessments and Events

- Aerial bombings over an IDP camp in *West Darfur* on 18-19 February forced the entire camp population to flee. Health workers had to pull out due to insecurity and several health facilities were looted and damaged.
- The disease surveillance system in *Darfur* remains operational. Acute respiratory infections, malaria and bloody diarrhoea continue as the leading causes of morbidity.
- The state of alert is still activated in *Southern Sudan* after following cases of yellow fever and Ebola in Uganda. Suspected meningitis is reported in Western Equatoria State, while in Kassala, one suspected case of meningitis and one case of hemorrhagic fever were reported.



Actions

- In February, WHO participated in an inter-agency mission with UNAMID to *West Darfur*, providing emergency health care in-situ and coordinating the transfer of wounded and burnt patients to El Geneina Hospital.
- In *North Darfur*, WHO provided the Sudan Development Organization (SUDO) in Zamzam with essential drugs kits and facilitated the training of health workers on obstetric care and the management of STIs. The State MoH and WHO will equip the health facilities with laboratory equipment and establish a referral system in the camp.
- In *South Darfur*, WHO supported the Federal MoH in assessing laboratory preparedness for meningitis and other epidemics in Nyala. Human resources, consumables and equipment will be reinforced.
- In February, WHO dispensed approximately 1348 medical drug prescriptions free of charge to 841 IDPs through the WHO-assisted pharmacy in Nyala.
- In *South Kordofan*, WHO supported the State MoH in training staff of Save the Children-US on malaria case management and routine immunizations.
- In *Southern Sudan*, an assessment is being carried out in areas reporting cases of meningitis, including in Awerial, Bor, Jur River and Torit Counties.
- In 2007, WHO's activities were funded by the CERF, the Common Humanitarian Fund and ECHO, Finland, Ireland, Italy and USAID.

SRI LANKA



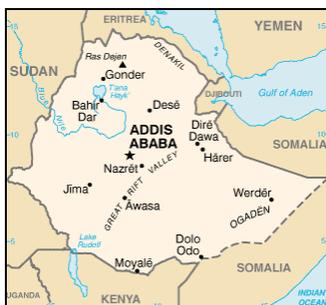
Assessments and Events

- Despite successes in returning the IDPs to their home, ongoing conflict has made resettlement for almost 30 000 unlikely in the months ahead. An assessment of the population left behind in the camps reveals immediate problems of nutrition, water and sanitation, along with limited access to health care.
- In Batticaloa, assessments also indicate major gaps in access to health care. The priority is to recruit physicians and nurses while rehabilitating and equipping hospitals and primary health care facilities.
- Specific health needs such as mother-child and prenatal care and mental health have somehow been neglected in the face of the large-scale population movements and the general challenge of restricted access to services. Needs will have to be reassessed more in detail as soon as possible.

Actions

- According to the CHAP, WHO foresees that the Health sector will need at least US\$ 4.85 million. The needs include improving reproductive health and mother-child health care services; addressing Gender-Based Violence; strengthening mental health interventions; improving immunization coverage; refurbishing and re-equipping (human and material resources) health care facilities; building capacity of health workers; maintaining and strengthening coordination.
- WHO's activities in Sri Lanka are funded by the HQ Emergency revolving fund.

ETHIOPIA



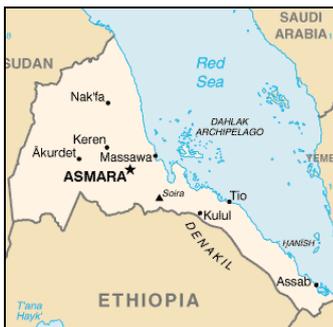
Assessments and Events

- Measles cases are still reported from Guji and Borena districts, however the trends are declining. As of 22 February, up to 1430 suspected cases had been reported out of which 1201 were confirmed by laboratory. Most of the confirmed cases (1135) were reported from Guji zone in Oromiya region. The worst affected woredas is Hmbella Womena, where 67% of cases were children under five.
- In Borena, death and poor health conditions of livestock and dwindling water supplies are having a negative impact upon the health, nutrition and wellbeing of the population, heightening the risk for disease outbreaks.

Actions

- The Oromiya Regional Health Bureau submitted a proposal to WHO to conduct mass measles vaccination in Borena and Guji zones. WHO has secured US\$ 700 000 to undertake the intervention. Vaccination has begun in Hambela and Kercha districts.
- In 2007, WHO's emergency activities were supported by the CERF and the local Humanitarian Response Fund. WHO is leading the development of a new health proposal to be submitted to the local Humanitarian Response Fund.

ERITREA



Assessments and Events

- Between 12 and 16 February, the MoH and WHO conducted a rapid health assessment in four IDP camps in Shambuko. The main objectives were to evaluate the health and sanitation conditions and the level of emergency preparedness and to identify areas that required external support.
- There is chronic shortage of food and water supply and a lack of hygiene and sanitation. This is resulting in a high level of diarrhoeal diseases, pneumonia, and malaria, which is further aggravated by low immunization coverage and poor obstetric care.

Actions

- Supplementary food was distributed to pregnant women and children under five in some IDP camps.
- The MoH and WHO are now coordinating with other health partners on how to address the needs identified. These include providing drugs as well as supplementary food, establishing EPI outreach and a therapeutic feeding centre, improving health care, especially emergency obstetrics and improving surveillance in the IDP camps, possibly starting with a mortality and morbidity survey.
- WHO's activities in Eritrea are funded by the CERF.

SOMALIA



Assessments and Events

- Early in February, an increase in the number of cases of acute watery diarrhoea (AWD) was reported in Luuq town, in the south-western Gedo region. Between 17 November and 9 February, 299 cases including 6 deaths (CFR 2.01%) were reported. A second outbreak was then notified in Belet Xawa, 90 Km from Luuq town and not far from Mandera town in Kenya. Between 21 January and 29 February, 696 cases including 13 deaths (CFR 1.87%) were reported.

Actions

- A field investigation was conducted by the WHO team from Wajid in Luuq town on 9 February to identify needs and provide technical and material support to the Gedo Health Consortium, the local implementing partner.
- WHO provided a diarrhoeal disease kit and chlorination equipment. WHO also recommended training for health staff and community members to support early referral of cases and refresher courses on AWD case management including the WHO recommended case definition, data registration and reporting tools.
- In Belet Xawa, a taskforce had been set up two weeks ago to deal with the outbreak, mounting a campaign to warn people against drinking water that had not been chlorinated. Gedo Health Consortium is responding to the outbreak with the district health board, the community and the support of WHO.
- WHO's activities in Somalia are funded by Australia, Belgium, the CERF, Canada, Finland, Italy, Norway Sweden and the United States.

MENINGITIS UPDATE



⇒ As of 29 February, only 2.4% of the CAP for West Africa was funded, including only 4% of the requests for health.

Assessments and Events

- The WHO Multi-Disease Surveillance Centre in Ouagadougou is monitoring the situation in the meningitis belt. Burkina Faso, the Central African Republic and the Democratic Republic of the Congo have been reporting outbreaks since the beginning of the epidemic season. Benin, Côte d'Ivoire, Ethiopia, Ghana, Mali, Niger, Nigeria and Togo are reporting cases; however no district has reached the epidemic threshold yet.
- As of 29 February, country reports totalled 3420 cases and 422 deaths (CFR 12.9%). In *Burkina Faso*, 3181 cases (or 61% of all reported cases) and 366 deaths (CFR 14.3%) were notified between 1 January and 2 March. Nine districts have reached alert level. In *Guinea*, 54 suspected cases and nine deaths (CFR 16.6%) are reported as of 6 March in Kissidougou. In *Côte d'Ivoire*, figures are 226 cases and 53 deaths as of 17 February, while in *Mali*, they are 259 cases and 27 deaths as of 28 February. In Mali, several districts in the Sikasso and Mopti regions had reached alert level in early February. The *Central African Republic* and *Chad* reported 44 cases and four deaths and 97 cases and 14 deaths respectively as of 17 February.

Actions

- In *Guinea*, WHO and the MoH have vaccinated 2250 persons so far. An estimated 100 000 vaccines are necessary to cover the needs for Kissidougou. WHO and UNICEF are providing drugs for case management and MSF-

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/>

- | | |
|--|---|
| | <p>Switzerland is supporting laboratory analyses.</p> <ul style="list-style-type: none"> • Health authorities from southern <i>Burkina Faso</i> and northern <i>Côte d'Ivoire</i> met on 20 February in Bouna to coordinate cross-border outbreak response WHO is supporting epidemiological surveillance and coordination. • in the <i>Central African Republic</i>, WHO and the International Coordination Group (ICG) are supporting the MoH for mass vaccinations in Nana-Gribizi prefecture, where the epidemic threshold has been reached. WHO has mobilized locally US\$ 85 000 through the Humanitarian Coordinator Emergency Response Fund to purchase additional meningitis vaccines. • In the <i>Democratic Republic of the Congo</i>, an assessment is being carried out in Aru district where 167 cases and 17 deaths (CFR 10.2%), were reported between 1 January and 10 February. • In <i>Uganda</i>, an outbreak in Arua district has totalled 380 cases and 17 deaths (CFR 4.5%) between 13 December and 28 January. The weekly case count has declined following a mass vaccination campaign in January. • USAID and the Office of U.S. Foreign Disaster Assistance (OFDA) have granted US\$ 50 000 to WHO to support surveillance, community awareness and laboratory activities in Burkina Faso. |
|--|---|

INTER-AGENCY ISSUES

- **Liberia.** A mini CAP is under preparation. WHO is presenting two projects for an amount of US\$ 1.6 million.
- **Transition.** A UNDG Workshop took place in Cairo on 3-6 March.
- **Gender and Humanitarian Action.** The IASC Sub-Working Group met on 5 March. The next meeting will take place on 4 April.
- **CERF.** An inter-agency meeting took place on 5 March.
- **Disarmament, Demobilization and Reintegration.** The sub-working group on socio-economic reintegration of the Inter-Agency Working Group met on 7 March.
- **Clusters**
 - A special meeting of the **IASC Task Team and Global Cluster Leads** took place on 7 March.
 - The **Global Health Cluster** will meet face to face in Geneva on 6-7 May.
 - On 23-24 April, WHO will host the next face to face meeting of the **Global Logistics Cluster**.
- **IASC WG.** The 70th meeting will take place on 11-13 March.
- **HIV/AIDS in emergency settings.** A briefing of donor countries will take place in Geneva on 12 March.
- On 13-15 March, HAC/ERO and EHA Regional Advisers will hold the first **WHO Humanitarian Logistics Meeting** to identify gaps in the operations platform for health action in humanitarian crises and define steps to strengthen the platform.
- The 4th **Emergency Directors' meeting** will take place in New York on 14 March.
- The UNDG Task Team on mainstreaming **Disaster Risk Reduction** on 18 March.
- The next **Emergency Team Leadership Programme (ETLP)** will take place in Villars, Switzerland on 13-18 April.
- **ECHA.** The next meeting will be on 19 March.
- **Consolidated Appeals Process.** The next IASC Sub-Working Group meeting will be held on 20 March.
- The **IASC Principals** will meet in Geneva on 30 April.
- The **WHO Public Health Pre-Deployment Course (PHPD4)** will take place in Hammamet on 30 March-12 April.

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

MAP DISCLAIMER: *The presentation of material on the maps contained herein does not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or areas or of its authorities, or concerning the delineation of its frontiers or boundaries. Map source: Perry Castaneda Library Map Collection, University of Texas at Austin.*