

*Each week, the World Health Organization Department for Health Action in Crises in Geneva produces information highlights on the health aspects of selected 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.*

## INDONESIA



Regular situation reports are produced and shared with national and international partners and donors. They can be seen at <http://w3.whosea.org/en/section23/Section1108.htm>

### Assessments and events:

- On Thursday, the National Disaster Agency said that the eruption of Mount Merapi was only a matter of time and ordered the evacuation of some 17 000 people from around the slopes of the volcano.
- At the national and local levels, all agencies, ministries and institutions concerned are in a state of preparedness. The MoH has set up a crisis centre to monitor the situation and centralize health-related information.

### Actions:

- The WHO Country Office has set up an operation room connected to the MoH crisis centre, thus keeping in close contact with national and local health authorities as well as with the WHO South-East Asia Regional Office.
- WHO assisted the MoH in developing contingency, operational and evacuation plans.
- WHO is mobilizing resources for vehicles and equipment for medical teams and for the provision of surgical and emergency health kits.
- A UN Technical Working Group on Disaster Management was established to monitor the situation, assist in the contingency planning and the response.

## SUDAN



More information is available at: <http://www.emro.who.int/sudan/>

### Assessments and events:

- Meningococcal meningitis continues to spread countrywide; 15 out of the 25 states are currently affected. Between 3 December and 6 May, 5 538 cases were reported including 477 deaths (CFR 8.6%). The most affected states are *South and North Kordofan, West Darfur, Blue Nile, Kassala and Gederaf* in the North and *Warap, Northern and Western Bahr el Ghazal* in the South.
- In *West Darfur*, following the mass vaccination campaign against meningococcal meningitis in Zallingi, cases have started to decline.
- In *Southern Sudan*, the cholera outbreak is declining. Between 28 January and 30 April, 12 755 cases and 364 deaths (CFR 2.85%) were reported.

### Actions:

- With the onset of high risk season for malaria and waterborne diseases, emergency medical supplies are being pre positioned in all high risk camps across *Darfur*. The capacity of the national and state laboratories have been strengthened. An epidemic preparedness and response plan for acute watery diarrhoea (AWD) and malaria was prepared.
- In *West Darfur*, WHO and partners organized a meeting on AWD preparedness in Zallingi to assess risk levels and identify gaps in inter-agency capacities. WHO will establish a cholera preparedness matrix and provide training material and case management guidelines.
- The meningitis vaccination campaign in Zallingi and surrounding camps was completed on 6 May. The campaign, that achieved a coverage of 61%, was implemented by the State MoH with support from WHO, UNICEF, the IFRC and NGOs working in the areas.
- In *North Darfur*, the State MoH and WHO investigated an outbreak of acute respiratory infections east of El Fasher. Samples from a case of suspected meningitis in As Salaam camp were sent to the national laboratory in Khartoum. State MoH and WHO monitoring continues in both areas.
- WHO has revised its proposal to ECHO down to 382 000 euros to vaccinate 340 000 high risk people in areas affected by the meningitis outbreaks. The proposal also aims at improving surveillance, case management, drug availability and supervision.
- A Federal MoH, World Bank, WHO, and UNICEF delegation arrived in *Kassala* on 2 May to develop a plan of action for the state's health sector.
- In 2006 contributions were received from the European Commission, Finland, Ireland, Switzerland and the 2006 Common Humanitarian Fund. In 2005, support was provided by the European Commission, Ireland, Italy, the Netherlands, Norway, Sweden, the United Kingdom and the United States.

⇒ The Emergency Relief Coordinator visited Darfur on 7-8 May for a fact finding mission and examine the humanitarian situation.

⇒ On 8 May, UNHCR briefed the humanitarian community in Geneva on its operations in South and East Sudan, Darfur and Chad.

## HORN OF AFRICA



⇒ On 8 May, the Special Humanitarian Envoy briefed the humanitarian community in Geneva on his recent mission to countries in the Horn of Africa and discussed priority, operational, and funding issues under the Regional Appeal.

### Assessments and events:

- An estimated 8.5 million, considered to be “the poorest of the poor,” are affected by the ongoing drought. Lives are threatened by under-nutrition but also by infectious diseases – measles, diarrhoeas, acute respiratory infections, meningitis and malaria. Polio is a persisting hazard across the affected areas. Children, pregnant and breastfeeding women and people living with HIV/AIDS are the most vulnerable. Poor access to health care reinforces the affected populations’ vulnerability.
- It is a “complex crisis of livelihoods”, and whatever the outcomes of relief in the next 12 months, more efforts will be needed in the long term to reduce structural vulnerabilities.

### Actions:

- In *Eritrea*, the results of an assessment carried out by WHO and partners in the North Red Sea region have been made available. WHO conducted a workshop for the MoH Integrated Disease Surveillance Response staff. A 90-day plan has been discussed with the MoH and Health Cluster partners.
- Three New Emergency Health Kits (A NEHK includes medicines, disposables and instruments to support 10 000 people for 3 months), two diarrhoea kits, 40 UNFPA kits and one trauma kit have been received.
- In *Ethiopia*, WHO conducted a mission to Borena and Somali regions to meet with regional authorities and representatives from affected communities and NGOs, assess the health situation, identify gaps and evaluate the progress of the training being conducted for local response teams.
- Four new NEHKs, two diarrhoea kits and 40 UNFPA kits have been received; the purchase of additional kits is being considered. The Norwegian Agency for Development Co-operation (NORAD) also offered supplies.
- In *Djibouti*, WHO is assisting the MoH in defining surveillance and reporting mechanisms as well as guidelines for health care to be offered through mobile clinics. There are enough medical supplies in the country.
- In *Kenya*, WHO and partners are assisting the MoH in planning control measures in the North East provinces for the oncoming malaria transmission season. Surveillance, training in case management, vector control and resource mobilization activities are intensifying.
- Nine NEHKs and several combined-therapy for malaria kits are expected.
- In *Somalia*, training of health workers on surveillance and health coordination is ongoing in Mogadishu.
- Four NEHKs and four diarrhoea kits are expected; cold chain equipment will be ordered shortly. An International Coordinator has been recruited to be posted inside Somalia (in Wajid).
- The Emergency Relief Coordinator has granted a total of USD 4 million from the Central Emergency Response Fund (CERF) for urgent, life-saving programmes in Djibouti, Ethiopia, Eritrea, Kenya and Somalia.

## UGANDA



### Assessments and events:

- Between 16 April and 6 May, 133 cases of cholera were notified in Agoro camp in Kitgum District. There is a downward trend in the number of cases, indicating that control measures are effective. Case management is good and no deaths were reported.
- While this outbreak seems under control, another outbreak of cholera was notified in Potika camp, north of Kitgum town. Since 5 May, 27 cases have been notified. No deaths were reported.
- Heavy rains in the area and poor water and sanitation conditions in the camps make district-wide cholera preparedness essential.

### Actions:

- WHO in Kitgum supported the district health team in developing a cholera-preparedness plan, including surveillance, monitoring and supervision, community sensitization and social mobilization, training and water and sanitation activities.
- In Agoro, district health authorities, supported by WHO, UNICEF, MSF-Holland, IRC and others NGO partners, have controlled the outbreak. WHO pre-positioned a cholera kit and provided non-medical equipment for the

### Health Action in Crises

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	<p>MSF treatment centre in the camp.</p> <ul style="list-style-type: none"> <li>• In Potika, MSF-Holland, with a facility already set up in the camp, is providing proper case management for cholera. However a rapid assessment by district health authorities, WHO and the International Rescue Committee on 5 May revealed inadequate water and sanitation conditions.</li> <li>• WHO provided community health workers with pamphlets on cholera case definition and management in English in the local language.</li> <li>• In 2005-2006, support was received from the European Commission, Finland, Norway, Sweden, the United Kingdom and the United States.</li> </ul>
<p><b>IRAQ</b></p> 	<p><b>Assessments and events:</b></p> <ul style="list-style-type: none"> <li>• The MoH and the Ministry of Planning are organizing a <i>Iraq Family Health Survey</i> in collaboration with WHO, UNICEF and UNFPA. The survey will cover 10 000 households from all governorates and is expected to be completed by mid-June.</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• Under the UN programme to strengthen Primary Health Care Services, the Iraq MoH organized in Amman a technical workshop on drug selection procedures with WHO technical, logistic and financial support.</li> <li>• With technical and financial support from WHO, the first round of the national polio immunization campaign reached more than 4.8 million children under the age of five, or 95% of the targeted population.</li> <li>• With WHO technical and logistic support, malaria and leishmaniasis spraying and fogging activities have begun in most governorates. During 2005, a 40% decrease in leishmaniasis cases was registered while only 47 cases of malaria were notified in the entire country.</li> <li>• A joint WHO/FAO/UNICEF workshop on Avian Influenza was held to update NGOs on ongoing preparedness activities.</li> <li>• Support for the above mentioned activities was received from the UNDG ITF and the United States.</li> </ul>
<p><b>COLOMBIA</b></p> 	<p><b>Assessments and events:</b></p> <ul style="list-style-type: none"> <li>• Heavy rains and flooding since the beginning of the year is affecting thousands of people across Colombia.</li> <li>• To date Colombian authorities report 81 dead, 207 injured, 15 missing with a total of 45 000 persons affected.</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• So far, PAHO/WHO has received no information on health needs that demand the mobilization of international assistance. However, the Organization is monitoring the situation together with national health authorities for any threatening changes.</li> <li>• WHO/PAHO is managing activities in Colombia.</li> </ul>
<p><b>NEPAL</b></p> 	<p><b>Assessments and events:</b></p> <ul style="list-style-type: none"> <li>• Following the reinstallation of parliament after almost three weeks of general strike, the newly formed cabinet of ministers has announced an indefinite ceasefire.</li> <li>• There are signs that conflict areas start benefiting from the ceasefire. Internally displaced families who had been living in major towns and cities in generally impoverished conditions are also starting to head back to their villages.</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• WHO, UNICEF and UNFPA are conducting assessments in Kathmandu Valley and other districts.</li> <li>• WHO has been assisting the national health authorities with extensive programmes of mass casualty management training since 1999.</li> <li>• 2006 activities are supported by Sweden. No voluntary contributions were received in 2005.</li> </ul>

## INTER-AGENCY ISSUES

- **IASC Clusters Working Groups.**
  - On 8 May, the **Water, Sanitation and Hygiene Cluster** briefed on the outcomes of the recent meeting of the IASC Principals and discussed a possible needs assessment in the Horn of Africa. The next meeting will take place in Geneva on 12-13 June.
  - On 10 May, the **Emergency Shelter Cluster** updated on the NGO reference group and reviewed the assessment tools and checklist for initial assessments as well as the standards for emergency shelter.
  - On 12 May, the **Nutrition Cluster** updated on the IASC cluster guidance note, the cluster toolkit workplan and the assessment working group. The meeting also briefed on developments in the Horn of Africa, the outcomes of the recent inter-agency meeting on capacity building and the tracking proposal. The next meeting is expected to take place in New York on 22-23 June.
  - The next meeting of the **Health Cluster** is scheduled to take place in Geneva on 6-7 May.
- **Pakistan.** On 8 May, the IASC/UNDG Taskforce updated on the Earthquake Rehabilitation and Reconstruction Authority (ERRA)/UN Early Recovery Plan, the return process and discussed the plan for the UN Resident Coordinator/Humanitarian Coordinator's integrated office and cluster arrangements/coordination mechanisms.
- **Human Rights of Internally Displaced Persons.** On 9 May, the Representative of the UN Secretary-General briefed the humanitarian community in Geneva on his recent mission to Côte d'Ivoire.
- **IASC weekly meeting.** On 10 May, the meeting in Geneva updated on the subject of human rights of IDPs in Côte d'Ivoire, the outcome of and the follow-up to the Third International Conference on Early Warning that took place in Bonn, Germany, on 27-29 March and the displacement of indigenous people in Colombia.
- **Tsunami Recovery.** On 10 May, the IASC/UNDG Tsunami Taskforce updated on the preparations of the ECOSOC report on tsunami recovery.
- **Disarmament, Demobilization and Reintegration.** The next meeting of the Inter-Agency Working Group took place on 12 May.
- **Multi-Donor Trust Funds.** On 12 May, the UNDG/ECHA Working Group on Transition Issues discussed the report of the Trust Funds review.
- **Humanitarian Coordinators.** The first meeting of the IASC Group will take place on 15 May.
- **Gender and Humanitarian Action.** On 16 May, the IASC Taskforce will discuss the *Handbook* and other issues.
- **CAP.** OCHA is organizing a CAP Training of Trainers in English in Geneva on 16-18 May.
- **IFRC.** The Global Health and Care Forum will take place in Geneva on 17-19 May. WHO has been invited to make opening remarks.
- **Cholera control.** On 24 May, WHO will brief the IASC meeting in Geneva on cholera control in emergency settings.
- **Information Management.** Preparations are under way for a IASC workshop on this theme in Geneva on 8-9 June.
- **IASC Working Group meeting.** Preparations are starting for the next meeting which will be hosted by WHO at Headquarters on 5-7 July.

## 2006 HAC FORUM

On 11 May, the WHO Department for Health Action in Crises organized its third Forum. Around 50 representatives from countries and agencies with whom HAC collaborates as well as from technical departments in WHO gathered together to be briefed on ongoing programmes and discuss HAC's strategic directions and activities.

Presentations and background information will be available shortly at <http://www.who.int/hac/en/>

*Please send any comments and corrections to [crises@who.int](mailto:crises@who.int)*

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