Health Action in Crises
Highlights No 161 – 11 to 17 June 2007

Each week, the World Health Organization 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.

CHAD

Assessments and events:
- Due to the ongoing strike of the country’s civil servants, government-run hospitals and clinics have been closed since 2 May. Initially planned for two weeks, the strike has been extended for an unlimited period of time.
- The number of cases of jaundice in the east (Koloma and Gouroukoum camps) continues to be increasing. Between 4 and 10 June, 57 new cases were reported, bringing the total since 1 January to 544, including seven deaths. However, the number of reported cases of acute watery diarrhoea (AWD) is decreasing.
- A recent MSF-Epicentre survey in four camps around Goz Beida reported a critical situation: 20% of global acute malnutrition and 3.5% of severe malnutrition. It also reported crude mortality rates of 1.8/10000/day and 4.1/10000/day for under-five children.

Actions:
- WHO and partners are finalizing a response plan against hepatitis E.
- During the nutrition coordination meeting, a sub group was created within the Health cluster to better address the nutritional needs in the east.
- WHO is working with health and nutrition partners to improve monitoring of mortality; new criteria for medical and nutritional activities in IDP camps are being implemented through the health and nutrition cluster.
- Three trainings were organized during the past week. The first to improve outbreak early warning in IDP camps around Adré; the second, in Abéché, on TB case management; and the third, organized in cooperation with the International Medical Corps, dealt with transfusion safety.
- WHO continues coordinating health activities with partners on the ground.
- Emergency activities are supported by ECHO, Italy and the CERF.

The 8 June nutrition coordination meeting in Abéché was co chaired by WHO and the Head of district health authorities.

SUDAN

Assessments and events:
- In South Darfur, WHO is monitoring the situation in Yassin following the report of 33 cases of suspected measles; more than 100 have been notified over the past few months. Cases of acute jaundice have also increased in Abusalala (25 cases) and Al Salam camp (60 cases).
- Between 1 January and 18 May, the Federal MoH reported 1898 suspected cases of meningitis and 106 deaths from 13 out of 15 states of northern Sudan. Several districts still exceed the epidemic threshold.
- In southern Sudan, the meningitis outbreak is almost over. Between 1 January and 20 May, 11 894 cases and 668 deaths were reported. During the same period, 8101 cases of AWD and 355 deaths were reported.

Actions:
- In Darfur, rehabilitation of health facilities and access to hospital care for IDPs remain important aspects of WHO’s work.
- In South Darfur, the State MoH and WHO conducted an investigation to Yassin to collect samples and ensure that appropriate case management is provided. Cases of jaundice are being discussed with concerned partners to strengthen environmental interventions. WHO is supporting the State MoH in preparing a training on AWD case definition and case management in Al Daen and Adilla.
- In response to the meningitis outbreak in northern Sudan, the Federal MoH conducted field investigations, standardized case management, provided health education and strengthened surveillance.
- In southern Sudan, WHO, the MoH/GoSS, and other agencies are working to strengthen regional and local health services, help them cope with the increasing numbers of returnees and prevent a public health crisis.
- In 2007, contributions for WHO’s emergency activities were received from ECHO, Ireland, Finland, the CERF and the Common Humanitarian Fund.

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

Sudan agreed this week to allowing an additional 20 000 African Union peacekeepers into the Darfur region, augmenting the current force of 7000.

The UNDG Technical Working Group on Sudan met on 14 June.
OCCUPIED PALESTINIAN TERRITORY

Assessments and events:
- Escalating violence in the Gaza strip over the last week poses a significant threat to civilian populations and aid workers. Since 9 June, fighting has claimed 77 lives and injured 350 people, including two UNRWA staff members.
- Four hospitals have been the theatre of gun battles. Heavy fighting is trapping the population in their homes, preventing people from reaching essential health services and food outlets, while health and relief workers are unable to reach their working places.
- Hospitals can only provide emergency services and the wards of all hospitals in Gaza are overloaded. People cannot access blood banks for donations and there is a lack of blood units for transfusions.
- Many primary clinics and food distribution centres have been closed. With 80% of the Palestinian refugee population reliant on food aid approximately a million people are now with unreliable access to food.

Actions:
- As of 11 June all UN offices have been closed and staff advised to remain in their residences.
- WHO is coordinating urgent health needs and response and providing drugs, consumables and laboratory supplies.
- Regular activities have been interrupted due to insecurity.
- In 2007, WHO’s emergency activities are funded by ECHO, Norway and Italy.

LEBANON

Assessments and events:
- The humanitarian crisis around the Nahr El-Bared camp continues; armed violence has resulted in 144 deaths, including that of two Lebanese Red Cross workers on 11 June.
- The flow of refugees into neighbouring camps and local communities continues and is causing overcrowding and stretching host communities’ capacities.
- An estimated 11 000 refugees are living in Badami camp, hosted in community centres, mosques and schools and supported by UNRWA.
- No changes in incidence of communicable diseases were reported.

Actions:
- Current needs are reportedly being met by health agencies and organizations.
- The Third Health Cluster meeting was co-chaired by WHO on 12 June.
- WHO continues to monitor health parameters and recommended a polio and measles vaccination campaign which is currently being conducted by UNICEF. To date, 11638 vaccinations having been given.
- WHO’s emergency activities in 2007 are funded by Kuwait, Qatar, and the World Lebanese Cultural Union.

HORN OF AFRICA

Assessments and events:
- In Eritrea, three new cases of meningitis were reported in Northern Red Sea. Such sporadic cases do not justify an epidemic alert, but are alarming given the low population immunity and the fact that this is not yet the height of the hot season.
- In Ethiopia, 76 098 cases of AWD and 874 related deaths were reported as of end of May. There was a slight increase in the number of new cases in May compared to April. Most cases are reported in Somali, Harari, in Oromiya (East Hararge zone) and Amhara (Oromiya zone). The outbreak is contained in 140 districts; 64 districts are still reporting cases.
- In Kenya, following heavy rains, 23 000 people were affected by flooding in the coastal regions, raising concern over hygiene and disease outbreaks. In IDP camps, 275 cases of cholera and four deaths have been reported.
- In centre south Somalia, as of 8 June, 36 275 cases of AWD and 1102 deaths have been notified; cases seem to be decreasing in all ten affected regions.
On 27 June, the WHO Assistant Director-General, Health Action in Crisis, will brief the IASC weekly meeting in Geneva on his recent mission to Somalia.

### Yemen

**Assessments and events:**
- Four months of renewed internal conflict in the northern province of Saada have created between 35 000 and 42 000 IDPs, the majority of whom have fled the region, and are staying with relatives or in two make shift camps.
- Continued insecurity in the area has hampered relief efforts.

**Actions:**
- WHO is working with the MoH, ICRC, UNHCR, WFP, UNFPA and the Yemeni Red Crescent Society to assess the IDPs’ health needs and provide assistance.
- Medical kits, tents, mattresses and blankets as well as food have been distributed to 20 000 displaced.
- Staff from the Yemeni Red Crescent Society are treating 20-30 cases a week with sick IDPs being referred by the ICRC to a hospital in Saada City.

### Oman and Iran: Cyclone Gonu

**Assessments and events:**
- On 5 June Super Cyclone Gonu, the strongest cyclone on record in the northern Indian Ocean, inflicting heavy damage on the coastal populations of Oman and Iran.
- In Oman the state news agency reported 49 deaths and 20 000 people affected. Damage was reported in the capital of Muscat and the Annaahda Hospital was flooded requiring patients to be evacuated to the nearby Khota Hospital.
- In Iran, the Ministry of Health reported as of 12 June the death toll of 13 people with 40 000 people evacuated and 568 000 people affected.
- Concerns over sanitation and limited access to drinking water have been expressed in both affected countries.

**Actions**
- In Iran, WHO is working with MOH teams to establish timely communicable disease surveillance in the affected area including the use of satellite communication devices to assist in areas with limited access.

- An outbreak of cholera has been confirmed around Hargeisa, Somaliland, with approximately 700 cases reported to date.

**Actions:**
- In Eritrea, thanks to ECHO support, WHO is implementing a programme of mortality reduction in the coastal areas, focused on reducing maternal risk and improving Integrated Management of Child Illness in the rural areas.
- In Ethiopia, WHO is working in Oromiya, SNNPR, Afar, Somali and Harari providing technical support to district health offices in controlling the AWD epidemic. They concentrate on filling priority gaps, assisting in coordination, advocacy and resource mobilization and health stuff training. In some districts they are involved in case management and community education.
- WHO, UNICEF and PSI are working together to establish a country-wide household water treatment network. Draft terms of reference will be shared with the Federal MoH and Ministry of Water Resources soon.
- In Somalia WHO continues to support monitoring of AWD sites. In Hargeisa, WHO is working with local health officials on outbreak investigation, surveillance, training and water quality monitoring.
- WHO activities are supported by the CERF, Canada, Italy, Norway, Sweden, the United States and Finland for Somalia and cluster coordination, by the CERF and the local Humanitarian Response Fund in Ethiopia, the CERF in Kenya as well as by the CERF and ECHO in Eritrea.
**BANGLADESH**

**Assessments and events:**
- On 11 June landslides triggered by torrential rains affected large numbers of people in the Chittagong District; government officials report 120 deaths.
- Severe flooding in several other districts caused property damage and left several thousand people isolated.
- Local stocks of emergency drugs and medical supplies are adequate. No flood-related disease outbreaks have been reported.

**Actions**
- The WHO has been monitoring the situation and providing reports to NGOs and UN agencies as well as working with local health authorities concerning emergency health needs, vaccinations and disease surveillance.

**INTER-AGENCY ISSUES**
- **Humanitarian Reform.** The IASC Middle East Regional Humanitarian workshop took place in Amman on 11-12 June.
- **United Nations Environment Programme.** A UNEP Workshop, “Cleaner Relief: Environmental Management of Humanitarian Vehicle Fleets” was held in Geneva on 13 June. WHO participated.
- The second meeting of Directors of Emergencies took place in New York on 12 June. WHO participated.
- **Transition.** On 15 June in New York, the UNDG-ECHA Working Group hosted with UNDP a session on recovery and transition in conjunction with the IASC Working Group meeting. An ECOSOC informal transition event will be held in Geneva on 13 July.

**Clusters.**
- The next face to face meeting of the Health Cluster will take place in New York from 18 - 20 June.
- Global Cluster Leads will meet again on 29 June.
- The second Cluster/Sector Lead Training will take place near Geneva on 2-6 July.
- **Mental Health and psychosocial support.** On 20 June, WHO, in its capacity as co-chair of the IASC Taskforce on Mental Health and Psychosocial Support in Emergency Settings, will present to the IASC Weekly meeting in Geneva the final version of the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings.
- The Advisory Group on the Use of Privatised Security by Humanitarian Actors will meet on 21 June.
- **ECHA.** The next meeting of the UN Executive Committee on Humanitarian Affairs will be held on 21 June.
- **Consolidated Appeal Process.** The next meeting of the CAP Sub-Working Group will take place on 21 June. The 2007 CAP Mid Year Review will be held in Geneva on 17 July in the margins of the ECOSOC Humanitarian Segment.
- An inter-agency meeting on Public-Private Collaboration for Humanitarian Action will take place on 28 June.
- **Preparedness and Contingency Planning.** Preparations have started for an inter-agency consultation on 2-4 July.
- **Gender and Humanitarian Action.** The next IASC Gender Sub-Working Group will take place on 6 July.
- The newly established IASC Reference Group on Human Rights and Humanitarian Action will meet 10 July.
- The first meeting of the Global Humanitarian Platform will take place in Geneva on 12 July.
- **ECOSOC.** The ECOSOC informal transition event will be held in Geneva on 13 July, followed on 16-18 July by the Humanitarian Segment.

**PUBLICATIONS**
The Arabic version of the revised edition of the UNHCR, WHO, UNFPA publication Clinical Management of Rape Survivors – Developing Protocols for Use with Refugees and Internally Displaced Persons is now available on line. The Guide “describes best practices for clinical management of people who have been raped in emergency situations. It is intended for use by qualified health-care providers in developing protocols for the management of rape survivors in emergencies, taking into account available resources, materials, and drugs, and national policies and procedures. It can also be used in planning health-care services and training health-care providers. The guide includes detailed guidance on the clinical management of women, men and children who have been raped”.

The English and the French versions can be viewed online at:
http://www.who.int/reproductive-health/publications/clinical_mngt_survivors_of_rape/

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

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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/