

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.

WEST BANK/GAZA STRIP



⇒ On 17 May in Cairo, WHO organized a preparatory meeting with the Palestinian MoH, UNRWA and the Berzeit University to discuss the WHO response plan to the crisis and strategies to prevent deterioration of the delivery of health services.

Assessments and events:

- The current political and funding situation is having repercussions on the MoH, the sole provider of almost 60% of all health care in the territories and of the majority of public health programmes.

Actions:

- Working with UNRWA, UN agencies, NGOs and Palestinian institutions, WHO continues to deliver assistance as in the CAP 2006, while mobilizing human and material resources for the ongoing contingency.
- WHO is monitoring the effects of the funding crisis on the MoH at field level through networking with partners and visits to health centres and collecting information on the availability of drugs and services.
- In the preparatory meeting in Cairo, the MoH, UNRWA, WHO and the Berzeit University agreed to work on a review of the health situation on the basis of an established set of indicators.
- WHO participated in the meeting organized by OCHA on the preparation of the Needs Analysis Framework and of the Mid-term review of the CAP 2006. A recommendation has been made to revise the Appeal as soon as possible.
- WHO's 2006 activities have so far been funded by the Organization's Regular Budget and a recent contribution from Norway. A major funding gap remains.

SURINAME



More information is available at:
<http://www.paho.org/disasters>

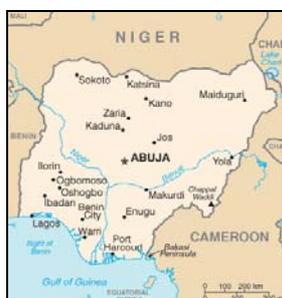
Assessments and events:

- Following torrential rains, the Government has declared the southern part of the country a disaster area and requested international assistance.
- With more heavy rains forecast, the situation is expected to deteriorate. The situation of displaced people in the East is serious, especially for villagers living on small islands, which are now completely flooded.
- Little information is available as access to affected areas is difficult, but there are reports that health centres are flooded.
- Rainwater is the main source of water in the affected region. More than 70% of the population do not have adequate sanitation. Clean drinking water, sanitation and hygiene promotion are therefore high-priority needs to prevent an increase in diarrhoeal diseases. There are fears that mercury from river mining operations may also cause contamination.

Actions:

- WHO/PAHO has deployed five experts to support the Country Office in assessing health needs and mobilizing of resources. A sanitary engineer already on the ground is providing technical support.
- A SUMA Supply Management System team has also been deployed.
- As experience as shown that flooding is generally followed by malaria outbreaks, WHO/PAHO has prepared an appeal that encompasses malaria and other communicable disease control.
- WHO/PAHO is managing activities in Suriname.

NIGERIA



Assessments and events:

- On 12 May, an explosion at an oil pipeline outside Lagos left between 150 and 200 people dead and a much greater number suffering from extensive burns.
- This type of accident is recurrent. Support should be provided to the MoH in the development of preparedness measures.

Actions:

- WHO has offered the MoH assistance from the Palermo Collaborating Centre for the Prevention and Treatment of Burns and Fire Disasters.
- During a similar emergency in October 2001, experts from that Centre had been sent to Lagos to provide specialized surgical treatment and advice.

HORN OF AFRICA



Assessments and events:

- Even in normal years, there is not enough food to meet peoples' needs. In Eritrea, Ethiopia, Kenya and Somalia, the average per capita dietary energy supply is substantially less than the minimum requirement.
- Reduced food intake, compounded by the lack of safe drinking water and adequate sanitation, enhances susceptibility to communicable diseases such as cholera, typhoid fever, diarrhoea and acute respiratory infections and measles.

Actions:

- WHO is working with national health authorities and partners to:
 - Reinforce *assessment and monitoring* of needs (e.g., in the North Red Sea region of *Eritrea* and in the North Eastern Provinces of *Kenya*) and meetings with regional authorities, affected communities and NGOs (e.g., in the Borena and Somali regions of *Ethiopia*);
 - Promote *coordination* through the definition of a 90-day plan in *all affected countries* and the preparation of WHO and health cluster meetings at the inter country level;
 - *Address life-threatening gaps* through stronger outbreak surveillance and response (e.g., in *Eritrea*), measles vaccinations with vitamin A distribution in *all affected countries*, reinforced control against malaria (e.g., in *Kenya*), training of health workers on surveillance and health coordination (e.g., in *Ethiopia* and *Somalia*), provision of essential medicines, supplies and consumables (e.g., kits to *Eritrea, Ethiopia, Kenya* and *Somalia*), support to mobile outreach and community-based care (e.g., in *Djibouti* and *Somalia*) and redeployment of staff to affected areas (e.g., in *Ethiopia*);
 - *Build systems and capacities* through investment in durable assets (e.g., cold chain equipment in *Somalia* and *Kenya*) and strengthening of all WHO country Teams and open sub-offices (e.g., in *Ethiopia* and *Kenya*).
- The Emergency Relief Coordinator has granted WHO a total of USD 3.8 million from the Central Emergency Response Fund (CERF) for urgent, life-saving programmes in Djibouti, Ethiopia, Eritrea, Kenya and Somalia.

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 12 May, 5 713 cases were reported including 477 deaths (CFR 8.3%). 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 *Southern Sudan*, the cholera outbreak is declining. Between 28 January and 14 May, 13,852 cases and 516 deaths (CFR 3.73%) were reported.
- The UN Security Council has adopted a resolution calling for the establishment of a UN peacekeeping force in Darfur, which would take over from the AU mission now monitoring the region.
- In *South Darfur*, field visits to the International Rescue Committee health facility in Kalma camp showed that essential drugs were available and that the staff was trained in Integrated Management of Childhood Illness (IMCI) standards and protocols.

Actions:

- In *West Darfur*, The newly built paediatric ward of El Geneina Hospital was officially inaugurated on 9 May.
- WHO donated to El Geneina and Zalingei Hospitals one New Emergency Health kits each, providing medicines, disposables and instruments for 10 000 people for 3 months.
- Thanks to the Global Fund, WHO has donated 20 000 long lasting insecticide-treated nets to the State MoH Malaria Department in preparation for the rainy season.
- In El Geneina, 25 health workers from the Federal and State MoHs were training on surveillance of acute flaccid paralysis.
- In *North Darfur*, the State MoH and WHO are conducting an awareness campaign on safe storage of water in homes.
- WHO conducted a field visit conducted in the Zamzam IDP camp and found that the health situation was stable but that the existing health care network

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<p>⇒ On 15 May, the Emergency Relief Coordinator briefed the humanitarian community in Geneva on his recent visit to Chad and Sudan</p>	<p>was not adequate for the needs of the population. Therefore, WHO met with the Sudan Social Development Organization and the Sudanese Red Crescent (the only NGOs present in the camp) offering technical support and medical supplies and equipment.</p> <ul style="list-style-type: none"> • A joint Federal MoH/ World Bank/WHO/UNICEF/UNFPA mission visited <i>Kassala</i> to develop a plan of action for the health sector through the multi-donor Trust Fund Decentralized Health System Development Project. • Reduced funding is compromising WHO's support to IDPs access to secondary health services in Darfur. • In 2006 contributions were received from the European Commission, Finland, Ireland, Switzerland, the Central Emergency Relief Fund and the 2006 Common Humanitarian Fund.
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<p>DEMOCRATIC REPUBLIC OF THE CONGO</p> 	<p>Assessments and events:</p> <ul style="list-style-type: none"> • The DRC remains the deadliest humanitarian catastrophe: an estimated 1,200 people die every day from the effects of the conflict. • In <i>Katanga</i> Province, a Mayi-Mayi warlord and 150 of his militia men have surrendered to UN peacekeepers. The improving security will facilitate relief operation for the estimated 170 000 displaced persons in the province. • UNHCR is beginning a census among the IDPs in the province to obtain a clearer picture of their age and gender distribution and help rationalize the distribution of humanitarian assistance. <p>Actions:</p> <ul style="list-style-type: none"> • The MoH/WHO assessment mission to Mitwaba, Dubie and Malemba Nkulu in <i>Katanga</i>, showed severe shortages of food and non-food items as well as lack of access to health services. WHO is sending a technical adviser to Mitwaba to help organize the humanitarian health response. • Nationwide, WHO is reinforcing its capacities for coordination in provinces not yet covered by recruiting at least six additional staff to be distributed to join the four coordinators already in place in North and South Kivu, Orientale and Kinshasa. • The WHO's component of the UN Action Plan for the DRC is US\$ 54 million. The Organization is expecting an allocation of US\$ 2.9 million from the Pooled Fund. Discussions are taking place to obtain a new grant from the CERF under the "forgotten emergencies" category. • In 2006, WHO activities are supported by Finland and the Pooled Fund. A major funding gap remains.
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<p>NIGER</p> 	<p>Assessments and events:</p> <ul style="list-style-type: none"> • Niger, where last year's crisis has pushed thousands of the poorest further into poverty and debt, is facing again a difficult lean season. • A nutritional survey carried out at the end of 2005 by the Government, UNICEF and CDC revealed a 15.3% acute malnutrition rare among children under five, ranging from 9% in Niamey region to 28% in Tahoua region. • The national disease and nutrition surveillance system reports 18 846 cases of moderate malnutrition and 2 925 cases of severe malnutrition between 1 January and 30 April. Some 38 deaths were also reported. Maradi, Tillaberi and Tahoua are the most affected regions. <p>Actions:</p> <ul style="list-style-type: none"> • The WHO Country Office is monitoring the situation in close cooperation with national health authorities. An updated plan is being developed for which funding is needed. • From 22 May to 2 June, the national surveillance department, with support from WHO, will conduct a mission to the various regions to ensure that the collect of data on malnutrition is consistent in both the national health and the NGO facilities. • No voluntary contributions have been received in 2006 yet.
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PAKISTAN



⇒ On 16 May, UNDP and the Permanent Mission of Pakistan in Geneva held a meeting on the Earthquake Rehabilitation and Reconstruction Authority (ERRA)/UN Early Recovery Plan.

Assessments and events:

- On 16 May, the United Nations launched a one-year, US\$ 300 million early recovery plan to bridge the transition from relief to reconstruction.
- The health component of the Plan will support the maintenance of health care services and ensure coverage for remote areas. The focus is on capacity development, human resources training, health systems management, disease surveillance and early warning systems.

Actions:

- A WHO mission is currently in Pakistan to support national authorities in health recovery and reconstruction.
- Cholera preparedness plans are being finalized at district level.
- UNICEF, UNFPA and WHO will provide training on emergency obstetric and newborn care to women medical officers, lady health visitors, female medical technicians and traditional birth attendants from *Mansehra* District. The programme will begin next week and continue until October. A similar training will be organized in *Battagram* District.
- Training workshops on mental health and psychosocial support are also conducted for health care providers.
- WHO activities are supported by Australia, Canada, Denmark, the European Commission, Ireland, Italy, Japan, the Republic of Korea, Kuwait, Monaco, Norway, the Slovak Republic, Sweden, Switzerland, Turkey, the United Kingdom, the United States and many private contributions. A major funding gap remains.

INTER-AGENCY ISSUES

- **Humanitarian Coordinators.** The first meeting of the IASC Group took place on 15 May.
- **Central Emergency Response Fund.**
 - On 16 May, OCHA briefed the humanitarian community in Geneva on the CERF and ECOSOC.
 - On 19 May, agencies will discuss the financial and reporting requirements to be met for CERF-funded projects.
- **Capacity Building.** On 15 May, OCHA and IFRC chaired an inter-agency meeting on capacity building in disaster response during complex emergencies, the role of countries and regions and the consolidation of peace in post conflict phases. The recommendations will be fed into the ECOSOC Humanitarian Segment Report.
- **Gender and Humanitarian Action.** On 16 May, the IASC Taskforce discussed the Handbook and other issues.
- **CAP.**
 - OCHA organized a CAP Training of Trainers in English in Geneva on 16-18 May.
 - On 18 May, the IASC CAP Sub-working Group discussed CAP and CERF, feedback on the mission to the Occupied Palestinian Territory and preparations for the CAP Mid-Year Review.
- **IFRC.** The Global Health and Care Forum took place in Geneva on 17-19 May to discuss public health challenges and opportunities. WHO made the opening remarks.
- **WHO-WFP partnerships.** On 16-18 May in Rome, WHO and WFP discussed partnerships in the humanitarian field. Common projects of interest included, among others, a common logistic platform for health needs, vulnerability assessments and mapping in countries at risk and humanitarian health and nutrition tracking services in emergency situations.
- **ECHA Core Group.** On 18 May, WHO participated to the ECHA Core Group meeting discussing the DRC and the West Bank and Gaza.
- **IASC Clusters Working Groups.**
 - On 23 May, the **Health Cluster** will follow-up on the March meeting and prepare for a triple cluster meeting (health, nutrition, water/sanitation/hygiene). The next meeting is scheduled for 6-7 June.
 - On 8-9 June, the **Early Recovery Cluster** will hold a meeting in Geneva and review the implementation of the Cluster approach in DRC, Liberia, Uganda and Pakistan.
 - The next meeting of the **Water, Sanitation and Hygiene Cluster** will take place in Geneva on 12-13 June.
- **Cholera control.** On 31 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.** Preparations started for the next meeting hosted by WHO in Geneva on 5-7 July.
- **ECOSOC.** The ECOSOC Humanitarian Segment will take place in Geneva on 14-19 July.

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.

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