

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.

<p>SOLOMON ISLANDS</p> 	<p>Assessments and events:</p> <ul style="list-style-type: none"> • On 2 April, an 8.1 magnitude earthquake at sea sent a tsunami wave crashing into the country's west coast. The worst damage is reported on Gizo Island, but Choiseul, New Georgia and Shortland Islands are also affected. • The National Disaster Council in the capital, Honiara, confirmed 34 dead, several dozens missing, and 100 injured. Up to 5500 persons are displaced, currently camping in the hills with no sanitation and insufficient water supplies. They need to be urgently moved to more permanent shelters. • From Guizo, the most serious cases have been evacuated to Honiara. The local hospital was evacuated to temporary facilities in the hills. The most serious cases have been evacuation to Honiara, but proper bedding and shelters are needed for the remaining patients. The hospital's pharmacy was ruined and dressings, antiseptics and painkillers have run out. • There are reports that up to half the rural health centres have been destroyed, but the actual number and the extent of the damage is still unknown. • The Government declared a State of Emergency in the most affected areas. <p>Actions:</p> <ul style="list-style-type: none"> • National authorities are sending health staff to the affected areas to support local personnel and assess the damage, as well as tents, food and water. • The WHO Country Liaison Officer has offered WHO's assistance to the MoH. A WHO/EHA staff based in Fiji arrived in Honiara on 4 April. • The MoH set up a health sub-group for crisis response to which WHO and UNICEF are participating. The plan is to set up eight emergency units across the affected areas, four in hospitals and four in rural clinics. Each unit will be supplied with a new Interagency Emergency Health Kit, covering the needs of 10 000 people for three months. UNICEF offered assistance to support four units and WHO and others partners are making arrangements to support the remaining four. • The WHO Western Pacific Regional Office malaria and vector-borne diseases unit is coordinating prevention measures with the Country Office. • WHO has been coordinating with the MoH in monitoring the situation and has pledged support for the health sector response. WHO will be providing technical support and mobilizing resources for malaria control activities.
<p>MADAGASCAR</p> 	<p>Assessments and events:</p> <ul style="list-style-type: none"> • Repeated floods and cyclones have impacted on health services in 17 districts (4.5 million people) and displaced 33 000 persons. Following cyclone Jaya on 4 April, communes that were previously affected have been flooded again. • According to assessments conducted prior to Cyclone Jaya, 20% of health infrastructure is damaged; the health information system is not functioning; provision of essential services, such as vaccination and reproductive health, is disrupted; referral and access to care are hampered due to roads conditions, and shortages of drugs are reported. • A deterioration of health and nutritional status of the population is expected and the risk of outbreak of waterborne (including cholera) and vector-borne diseases, is high. <p>Actions:</p> <ul style="list-style-type: none"> • A UN Flash Appeal has been launched, and WHO and the Italian Government have already mobilized 200 000 euros to: <ul style="list-style-type: none"> ➢ prevent and control outbreaks of communicable diseases; ➢ ensure that the displaced persons and the population in general have renewed access to quality preventive and curative health services including immunization; ➢ improve the health sector overall capacity to respond in a timely, efficient and effective way to a greater demand for health care.

SUDAN



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

Assessments and events:

- In *Darfur*, widespread insecurity continues, leading to further deterioration of the already weakened health system and infrastructure. Access is at its lowest since April 2004, with only about two-thirds of the three states accessible.
- From 1 January to 24 March, 382 suspected cases of meningitis, including 16 deaths, were reported from 13 out of 15 states in *North Sudan*. Khartoum has reported most cases: 202 including 5 deaths.
- Between 1 January and 25 March, 8461 cases of meningitis and 551 deaths were reported in nine states of *southern Sudan*. During the same period, 3896 cases of acute watery diarrhoea (AWD) and 110 deaths were reported.

Actions:

- In *Darfur*, WHO supports 16 hospitals with drugs, medical supplies and specialized staff to ensure free quality health and emergency surgical and medical care to IDPs and conflict-affected populations.
- In *South Darfur*, WHO continues to monitor different IDP camps following reports of increasing number of cases of hepatitis.
- In all three states, WHO is providing technical support for meningitis surveillance, monitoring, vaccination and awareness campaigns, training on case management and providing essential medical supplies.
- In response to the meningitis outbreak in *northern Sudan*, The Federal MoH conducted field investigations, standardized case management, provided health education and strengthened surveillance. WHO is supporting the MoH in maintaining an emergency stockpile of oily chloramphenicol, outbreak investigation supplies, lumbar puncture kits and rapid tests.
- In *southern Sudan*, oily chloramphenicol is currently the first line treatment but the MoH has ordered 25 000 vials of ceftriaxone. Mass vaccination campaigns have been carried out in 16 counties that crossed the epidemic threshold with the support of WHO, UNICEF and NGO partners.
- The case fatality rate for the meningitis outbreak is decreasing suggesting that the response of the Government and the international community, through prevention and treatment, is working.
- In 2006, contributions for WHO's emergency activities were received from ECHO, Finland, Ireland, Norway, Switzerland, the United States as well as the CERF and the Common Humanitarian Fund. For 2007, support has been received from ECHO, Ireland, the CERF and the Common Humanitarian Fund.

MOZAMBIQUE



Assessments and events:

- Resettlement of IDPs has started in most areas. The current mechanisms will be maintained to provide health services.
- In accommodations centres, the main causes of morbidity remain malaria, diarrhoea, acute respiratory infection, conjunctivitis and skin diseases.
- A MoH and UNICEF nutritional survey in Chemba district found that about 50% of all screened children were malnourished. The rate of acute moderate malnutrition was 16.3 % and that of acute severe malnutrition 1%.
- Between 22 and 30 March, 302 cholera cases and four deaths have been registered in Niassa and Cabo Delgado provinces, more than 1000 km from the floods-affected areas.

Actions:

- WHO, the MOH and the Mozambique Red Cross assessed six health centres and one hospital in Vilanculos and Inhassoro districts, both affected by the cyclone. The team is finalizing a mapping report for the beginning of April.
- Health Cluster members continue training health workers on case management, surveillance and health promotion. More training is planned for the coming weeks in most of the affected districts.
- The Health and Nutrition Clusters are working on a plan that takes into account malnutrition and the management of related diseases.
- WHO and the MoH are in the process of finalizing a plan for the procurement of radios for some health centres.

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HORN OF AFRICA



⇒ A sub regional evaluation and scientific meeting is planned for May or June to bring together all partners from neighbouring countries affected by the RVF outbreak and those who participated in prevention and control.

Assessments and events:

- In *Somalia*, Between 120 and 200 civilians were reportedly killed during the recent fighting in Mogadishu. The number of wounded averages 400, overwhelming hospital facilities. UNHCR reports that 47 000 of them during the last ten days of March. There seem to be no shortage of trauma supplies, essential drugs and supplies for acute watery diarrhoea (AWD) management. Humanitarian access to vulnerable populations in Mogadishu and in the rest of south and central Somalia is minimal or non-existent due to insecurity.
- In *Ethiopia*, AWD continues to spread and more than 5 million are at risk in Somali, SNNPR, Oromiya and Afar regions. Countrywide, the figures are 68 170 cases and 815 deaths. Besides, around 3 million are at risk of meningitis in Gambella, Tigray, Amhara, Beneshangul Gumuz, SNNPR and parts of Oromiya. In Gambella, authorities are seeking humanitarian assistance for 28 000 displaced people living in destitute conditions.
- In *Kenya*, the MoH had reported 697 cases of Rift Valley Fever (RVF), including 224 confirmed cases, and 155 deaths recorded as of 22 March.
- In *Eritrea*, Northern and Southern Red Sea and Anseba regions have a relatively low immunization coverage due to geographical inaccessible and lack of health facilities and to the nomadic habits of local populations.

Actions:

- In south and central *Somalia*, WHO conducted several fact finding missions, including in Wajid and Baidoa, and confirms the urgent need for water, shelter, medicine, food and sanitation. Fuel for hospitals is also very important.
- In *Ethiopia*, WHO continue to assist the Regional Health Bureaus in AWD-affected regions, providing training on case management and drugs and medical supplies in Afar, SNNPR and Oromiya. In consultation with the Federal MoH, WHO also supports assessments and coordination at all levels. WHO plans to send a team to Afar to advocate a greater involvement of the authorities and to review how the Cluster Approach in managing emergencies in the region can include AWD outbreak control.
- In *Kenya*, WHO is supporting RVF outbreak investigation and response, data analysis and management social mobilization and training in Integrated Disease Surveillance and Response. WHO provided the MoH with ARVs for 25 000 people for 30 days in anticipation of a shortfall in the supply.
- In *Eritrea*, with CERF and ECHO funding, WHO and the MoH developed a strategy to improve immunization coverage through outreach services providing basic health care. During the latest round, more than 6000 children under five were vaccinated and screened for malnutrition.
- WHO activities are supported by the CERF, Canada, Italy, Norway, Sweden and Finland for Somalia and cluster coordination, by the local Humanitarian Response Fund in Ethiopia and by ECHO in Eritrea.

OCCUPIED PALESTINIAN TERRITORY



More information is available at:
http://www.who.int/hac/events/opt_2006/index.html and
<http://www.emro.who.int/palestine/>

Assessments and events:

- On 28 March, WHO, UNICEF and UNFPA issued a press release to express their concern about the deterioration in access to medical services in the oPt as a result of the strike. The withdrawal of vital medical services may further exacerbate the already difficult humanitarian situation in the region.
- The agencies called on all parties concerned to reach an agreement guaranteeing essential medical care in keeping with international standards.
- On 27 March, six were killed and 18 injured in Um Al Nasser, northern Gaza, when a basin of sewage burst its banks and flooded a neighbouring village; 2168 people were evacuated in tents provided by UNRWA.

Actions:

- WHO finalized the implementation of a US\$ 1.5 million CERF-funded project to replenish the emergency drug stores in North Gaza district.
- A MoH/WHO field visit was conducted to Um Al Nasser to supervise the emergency surveillance system – surveillance forms and case definitions had been distributed earlier. The team visited all health facilities in the area, including the medical points and referral hospitals in Beit Lahia.
- The MoH is collecting water samples in the affected area and conducting health education sessions, providing psychosocial support to affected people.
- WHO continues organizing health coordination meetings, as in Qalqilya, to

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	<p>share information and strengthen coordination among the health stakeholders.</p> <ul style="list-style-type: none"> In 2006, WHO's emergency activities were funded by the Organization's Regular Budget and contributions from ECHO, Finland, Japan and Norway as well as the CERF.
<p>CHAD</p> 	<p>Assessments and events:</p> <ul style="list-style-type: none"> In the east, fighting in Tioro and Marena killed about 50 people, injured some 73, including 34 who were referred to Gozbeida hospital, and forced up to 3000 villagers to flee to Koukou and Gozamer IDP camps. A meningitis outbreak alert has been activated in Bredjing refugee camp. <p>Actions:</p> <ul style="list-style-type: none"> WHO is organizing a mission to Gozbeida shortly to provide medical supplies for the management of the wounded. In Bredjing, WHO and MSF-Holland, responsible for the provision of health services in the camp, are working together to reinforce surveillance and launch a response plan. HAC and Security Department in HQ are planning a mission as of 11 April. Emergency activities are supported by the CERF. As the lead of the Health Cluster, WHO is submitting to OFDA a new project to provide assistance to IDPs in eastern Chad for the next three months.
<p>HAITI AND THE DOMINICAN REPUBLIC</p> 	<p>Assessments and events:</p> <ul style="list-style-type: none"> Heavy rain caused the overflow of rivers and flooding in both Haiti and the Dominican Republic. In <i>Haiti</i>, the prospects of future floods continue to concern authorities. So far, eight have died and one remains missing while 381 families are affected. In the <i>Dominican Republic</i>, the MoH is assisting in the emergency response; the situation is considered to be under control. Ambulance and health workers have been mobilized and fumigation conducted where possible. <p>Actions:</p> <ul style="list-style-type: none"> WHO/PAHO is monitoring the situation and remains on standby to provide assistance if needed.
<p>INTER-AGENCY ISSUES</p> <ul style="list-style-type: none"> Clusters. <ul style="list-style-type: none"> Global Cluster Appeal 2007. A working level meeting on the Cluster Appeal 2007 took place on 3 April; it will be followed by a formal meeting on 12 April. The appeal is expected to be launched at the end of April. Water, Sanitation and Hygiene. The global WASH cluster meeting took place in Geneva on 3-4 April. CERF. The Secretariat of the Central Emergency Response Fund hosted a training of trainers in Geneva on 2-3 April. ECHA. On 3 April, ECHA discussed the situation in Iraq, Darfur/Chad/Central African Republic and Sri Lanka. Gender and Humanitarian Action. The IASC Gender Sub-Working Group met on 5 April. Monitoring Emergency Response. UNICEF is preparing a consultation in Geneva on 10-11 April. UNHCR. A briefing on UNHCR's supplementary appeals for programmes in Africa will be held in Geneva on 12 April. Public Health Pre-Deployment Training. The next course (PHPD3), organized by WHO, will take place from 15 to 28 April in Moscow, Russian Federation. Additional information can be viewed online at: http://www.who.int/hac/techguidance/training/predeployment/en/index.html Iraq. On 17 and 18 April, UNHCR is organizing in Geneva an international conference on "Addressing the humanitarian needs of refugees and internationally displaced persons inside Iraq and in neighbouring countries". IASC Plenary. The next IASC Plenary at the level of Heads of Agency will meet in New York on 30 April. Humanitarian Coordinators. The annual retreat of Humanitarian Coordinators will be held in Geneva on 8-10 May. Disaster Risk Reduction. The Global Platform for Disaster Risk Reduction will first meet on 5-7 June. Environmental Emergencies. The seventh meeting of the Advisory Group on Environmental Emergencies will take place near Stockholm, from 13-15 June. Preparedness and Contingency Planning. The IASC Sub-Working Group is preparing an inter-agency consultation of Contingency Planners on 2-4 July. 	

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

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