

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.

| | |
|---|--|
| <p>MOZAMBIQUE</p>  <p>⇒ The cluster approach for coordination of the international humanitarian response has been implemented and WHO is the lead on Health.</p> | <p>Assessments and events:</p> <ul style="list-style-type: none"> • At least 45 people have died and 170 000 have been displaced by the flooding. Thousands are reportedly pouring into crowded camps in central Mozambique, straining relief efforts and prompting fears of a food crisis. • Preliminary health assessments in the flood- and cyclone-affected areas as well as in the temporary accommodation centres report an increased risk of diseases due to lack of sanitation and limited access to safe water. • Besides, less than half of the population has access to primary health care services and the referral system is weak in rural and remote areas. The level of training for health workers is generally inadequate. • While the immediate impact of natural disasters on the transmission of communicable diseases is limited, the risk for waterborne disease and vector transmitted disease can be exacerbated particularly as diarrhoeal diseases, cholera and malaria (the first cause of death among under-five) are endemic. • As of 22 January, health authorities have reported 1452 cases of malaria and 1660 cases of dengue fever. Respiratory and gastrointestinal infections are increasing exponentially. • A basic communicable diseases surveillance system needs to be reinforced. <p>Actions:</p> <ul style="list-style-type: none"> • With the support of HAC Geneva, the AFRO Regional Office and Health Cluster partners, WHO aims at reducing avoidable losses of lives and morbidity among the affected population. • A WHO health-fact finding mission visited four districts affected by Cyclone Favio. Key recommendations includes: <ul style="list-style-type: none"> ➢ Repair the damaged health units, health workers accommodation and equipment; ➢ Provide damaged facilities with medicines and supplies ➢ Ensure treatment continuity for the ARV and PMTCT patients; ➢ Build latrines for the emergency tent-based hospital; ➢ Ensure supply of water and electricity and sanitation to all health facilities. • WHO will set-up offices in Caia and Vilanculus to support the response. • WHO will provide essential medicines and medical supplies, health education materials, training for community workers, technical support in the field and at central level for health coordination. • WHO will support the national authorities in strengthening early warning and response system for early detection and rapid response to communicable diseases outbreaks and Supply of basic medical equipment and commodities. • WHO first response has been supported by regular budget funds. A proposal for a CERF grant has been prepared and approved. So far, WHO country office has dedicated \$50 000 from its budget to support this operation. |
| <p>MADAGASCAR</p>  | <p>Assessments and events:</p> <ul style="list-style-type: none"> • Three successive cyclones have hit the island since December, affecting up to 35 000 people. Cyclone Gamede did not directly hit the island, however the accompanying heavy rains have worsened the situation during the past week • The Government has declared a national emergency and appealed for US\$ 5.2 million for the victims of the subsequent floods. <p>Actions:</p> <ul style="list-style-type: none"> • WHO provided the National Committee on Emergencies with essential drugs pre-positioned before the cyclone season started. Stocks are however running out and WHO, in cooperation with UNICEF, is looking into ways of sending additional health kits and will support the MoH in setting up a integrated diseases surveillance system to prevent the spread of waterborne diseases, such as cholera, and other illnesses such as measles. • WHO is participating in the preparation of an inter-agency appeal. |

SOUTHERN AFRICA



Assessments and events:

- Heavy rains and massive flooding threaten the crops and homes of thousands not only in Mozambique but also in Angola, Namibia and Zambia. The rains, which began early January, are not expected to slow until March or April.
- In *Angola*, authorities have reported that 40 000 affected families, while 7175 cases of cholera, including 240 deaths, between 1 January and 20 February in 16 out of the country's 18 provinces.
- Similar reports are beginning to trickle in from neighbouring *Namibia*.
- In *Zambia*, exceptionally high and early floods are threatening food security and damaged to health service infrastructure, pausing threats to health due to poor sanitation and malaria pneumonia and diarrhoeal diseases.

Actions:

- In *Angola*, WHO has prepared two proposals for CERF grants: a US\$ 1.4 million rapid response project and a US\$ 700 000 under-funded emergency project to support the MoH in controlling the cholera outbreak.
- In *Zambia*, the AFRO Regional Office has provided some cholera supplies to support disease surveillance and control. Medicines, including oral rehydration salts, IV fluids and insecticide-treated nets, are also needed.

OCCUPIED PALESTINIAN TERRITORY



More information is available at:
http://www.who.int/hac/events/opt_2006/index.html

Assessments and events:

- During the past twelve months, the health systems in Gaza and the West Bank have started to disintegrate rapidly. A second strike of health workers in the West Bank has begun on 17 February. Only emergency services are currently being delivered.
- Shortage in drug supply and dysfunctional equipment continue to be significant challenges for hospitals in the West Bank.

Actions:

- WHO and the MoH organized the Gaza health coordination meeting to present WHO's report on health sector surveillance indicators.
- WHO, UNRWA, UNIFEM and UNICEF participated in a OCHA workshop to finalize the questionnaire for the next poll of the Palestinian Public Perceptions Survey. Data collection will start shortly.
- WHO and the MoH, with the support of three international consultants, organized a inter-sectoral workshop for the development of a National Food Safety Strategy for Palestine.
- A meeting was organized with the Norwegian Council for Mental Health in order to discuss joint work in improving the knowledge of children and parents about mental health issues.
- WHO met with the Japanese Representative Office to discuss strengthening of the MoH drug stores.
- 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.

GUINEA



Assessments and events:

- The situation is improving quickly and activities are getting back to normal in Conakry and the rest of the country. The general strike, in force since 12 February, has been suspended and schools have reopened.
- An increasing number of people wounded during the riots are now arriving at health facilities seeking care.
- In *Guinea Forestière*, the cholera outbreak in Guendembou, Guéckédou prefecture, has flared up with 49 cases and six deaths notified since 25 December 2006. Meanwhile meningitis surveillance is ongoing in N'Zérékoré where pre-positioning of oily chloramphenicol has been requested.

Actions:

- WHO visited Conakry hospitals (Donka and Ignace Deen) as well as the national central pharmacy to investigate the validity of available drugs. In cooperation with partners, WHO is providing technical and strategic support to the MoH for the reorganization of emergency care in Donka hospital.

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/>

| | |
|--|--|
| | <ul style="list-style-type: none"> • Discussions are under way for the organization of an evaluation mission with UN agencies, the Government and other partners to assess the situation following the recent crisis. • In 2006, WHO's emergency activities in Guinea were funded by Ireland and the CERF. A proposal for an emergency CERF grant has been approved of which US\$ 361 000 requested by WHO will be used to purchase trauma kits and blood transfusion supplies. WHO has submitted a second emergency proposal to CERF funds, requesting UD\$ 3.2 million for complementary support to health facilities for appropriate care of victims. |
|--|--|

CHAD



⇒ UNHCR launched on 20 February a US\$6.2 million supplementary appeal to fund protection and assistance programmes for IDPs in eastern Chad.

Assessments and events:

- The UN recommended the deployment of 11 000 peacekeepers in Chad and neighbouring Central African Republic to stem the spill over from Darfur. The situation remains however undecided as Chad is favouring a civil protection force of police and gendarmes rather than an international military presence.
- According to the Early Warning System set up by WHO in collaboration with the MoH and partners, the first causes of morbidity among IDPs and refugees remain acute respiratory infections, diarrhoea and malaria.
- Two cases of meningitis have been notified in Treguine camp. One of them has been diagnosed as W135 strain.

Actions:

- A joint evaluation mission to Treguine is planned with the MoH and HCR.
- An evaluation mission in Gozbeida district highlighted the need to pre-position essential drugs in the three health facilities in the area and replenish the local stock in transport media for meningitis sample.
- The refurbishing of the laboratory in Abéché hospital is concluded and the technicians can now operated advanced tests on disease diagnostic.
- WHO completed a workshop on mental health for staff from camps and local facilities. It should ensure the proper management of mental health patients.
- WHO organized on 15 February a reunion with partners to harmonize planned activities in the health and nutrition sector among all actors.
- In 2006, WHO's emergency activities in Chad were funded by ECHO and supported by a loan from the United Kingdom revolving emergency funds. Additional emergency funding has come from the Italian Cooperation.

HORN OF AFRICA



More information is available at:
<http://www.who.int/hac/crises/international/hoafrika/en/index.html>

⇒ In the 2007 Humanitarian Appeal issued on 12 February, Ethiopia requests emergency assistance for 1.3 million people. Non-food requirements, which cover health, nutrition and water and sanitation, are estimated at US\$129 million.

Assessments and events:

- As of 19 February, 625 suspected cases of Rift Valley fever (RVF), of which 207 were laboratory confirmed, and 151 deaths, have been reported by the MoH in the North Eastern and Coastal Provinces of *Kenya*.
- As of 19 February, 59 163 cases of acute watery diarrhoea, including 684 deaths, have been reported in *Ethiopia*.

Actions:

- In *Kenya*, WHO continue to support the MoH, MSF and UN partners for the control of the RVF outbreak. In Baringo district, WHO coordinates activities for outbreak control and social mobilization with the Provincial MoH.
- In *Ethiopia*, An AWD advisory team including the Federal MoH, UNICEF, WHO, OCHA, CARE and Oxfam travelled to Afar Region to support the region in containing the outbreak. The team will establish a specific strategic response plan to address the region's requirement.
- WHO activities in the Horn of Africa are supported by grants from the CERF, as well as Canada, Italy, Norway, Sweden and Finland for Somalia and cluster coordination. Donors are being approached to renew support for strengthening the health operational platform and activities in central and south Somalia.

SUDAN



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

⇒ Stability may be at risk if the Government of Uganda and the LRA do not renew the ceasefire agreement due to expire 28 February.

Assessments and events:

- Meningitis is now the most immediate humanitarian concern in *southern Sudan*. According to available data, the outbreak has reached the epidemic threshold in several counties. As of 25 February, 2243 suspected cases, including 174 deaths, were reported. Besides, six cases of measles were reported between 19 and 22 February at the IOM-supported Juba way station.
- Since 1 January, 1115 cases of AWD, including 43 deaths, have been reported in Upper Nile, Eastern and Central Equatoria. In Juba, MSF-Spain has almost completed the creation of a cholera treatment centre.

Actions:

- In *southern Sudan*, WHO experts from Geneva are assisting the South Sudan office in responding to the ongoing meningitis outbreak. WHO and MSF are finalizing a plan to vaccinate areas in Juba and Terekeka counties. The MoH, WHO and partners have provided drugs for case management as well as emergency supplies for outbreak investigation and technical guidance for outbreak control and management.
- Over 100 000 people have so far been vaccinated in Warrap and Central Equatoria, and more than 295 500 doses of vaccines are expected from the International Coordinating Group (ICG) on vaccine provision.
- In response to the measles outbreak in Juba, WHO, the Central Equatoria State MoH and IOM have immunized all of the station's 127 children.
- Training on outbreak investigation and response was conducted by WHO and the MoH/GoSS on 2-3 March for key personnel of all southern Sudan's ten states. Experts from WHO Geneva, EMRO and Sudan will participate.
- 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 2006 Common Humanitarian Fund. For 2007, pledges have been received from Ireland and the Common Humanitarian Fund.

INTER-AGENCY ISSUES

- **IASC Retreat.** On 28 February, IASC Focal Points prepared a proposal on the retreat for the IASC Working Group.
- **Central African Republic.** On 28 February, the IASC Weekly meeting in Geneva updated on the humanitarian situation in the CAR.
- **Iraq.** An inter-agency consultation on the humanitarian situation in Iraq will take place in Geneva on 2 March.
- **Humanitarian Coordinators Issues Group.** A meeting took place on 2 March.
- **Cluster Approach.** The IASC Task Team on the Implementing the Cluster Approach will meet on 5 March.
- **ECHA.** The next meeting of the UN Executive Committee on Humanitarian Affairs will discuss Uganda, Afghanistan and the High Level Panel Report on system wide coherence.
- **IASC Working Group.** Preparations are stepping up for the next IASC Working Group meeting in Geneva on 19-21 March.
- **Public Health Deployment Training.** The next Public Health Pre-Deployment Training (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>

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.

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/>