

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.

GUINEA



Assessments and events:

- Since 10 January, the country is immobilized by a general strike and demonstrations. Following Monday's clashes in which more than 30 people were killed, heavy security measures are reported in Conakry and other towns.
- Clashes were also reported in N'Zérékoré et Kissidougou, Guinea Forestière.
- As of 25 January, official figures from hospitals in Conakry reported 213 severely wounded and at least 35 registered deaths. In the rest of the country (Kankan, Kissigoudou, Labé, N'Zérékoré and Siguiri), 69 wounded and 15 deaths were reported by 23 January.

Actions:

- In coordination with partners such as UNICEF, Médecins sans frontières and the ICRC, WHO provided medical supplies, drugs and oxygen to Donka Hospital in Conakry where most of the wounded are being treated.
- Assessment of the needs of secondary health facilities in Conakry is planned.
- The WHO Focal Point Guinea Forestière coordinated with the local hospital in N'Zérékoré for the provision of medical supplies and drugs.
- Surveillance of the cholera outbreak in Guéckédou continues although communications, and therefore transfer of data, are hampered by the strike.
- WHO is also pre-positioning three trauma kits.
- In 2006, WHO's emergency activities in Guinea were funded by the CERF.

CENTRAL AFRICAN REPUBLIC



Assessments and events:

- In the North, fighting has put one million people in need of humanitarian assistance. About 150 000 people, are internally displaced, while some 80 000 have fled to Chad and Cameroon. In addition CAR hosts 70 000 refugees from Chad and Sudan.
- WHO's preliminary findings in the north-eastern cities of Ndélé and Birao, which were until recently under rebel control, report the presence of IDPs, destitute and without access to health services. Facilities that still exist lack both medicines and equipment. Reportedly, most of the health workers present are not qualified and poorly motivated.
- Health information is not collected and the major causes of morbidity and mortality in the area are unknown.
- MSF-Holland reports that Birao hospital was looted during the attacks. A further mission to neighbouring Vakaga district reports 10 000 internally displaced people living in the bush or in remote areas and in urgent need of assistance.

Actions:

- WHO assisted the MoH to produce a Hospital Preparedness Plan to be discussed with UN agencies, bilateral agencies and other partners.
- Together with partners, including UNICEF, WFP, OCHA, ICRC and the CAR Red-Cross, WHO collaborates in the crisis cell set up by the MoH.
- WHO donated two basic kits to health centres and will procure more drugs and medical supplies that are urgently needed in the affected area visited by the UN joint mission. UNFPA has supported the health facilities with delivery assistance kits. WHO will also provide drugs and supplies to MSF as needed.
- In 2006, support for WHO's emergency activities was received from Finland Italy and the CERF. There is a need for additional resources .

CHAD



Assessments and events:

- The number of internally displaced people in the East is now estimated at 100 000, with up to 240 000 refugees from Sudan and 60 000 from the CAR.
- The first causes of morbidity among IDPs and refugees remain acute respiratory infections, diarrhoeas and malaria.
- Malnutrition measurements (with Mid Upper Arm Circumference) conducted by nurses in health centres between July and August 2006 in Goz Beida and Biltine show severe and moderate malnutrition rates ranging from 9.8% to 16.4% and from 13 to 23.6% respectively.

Actions:

- From its offices in N'djamena and Abéché, WHO supports the MoH with data collection and epidemiological analysis in Ouaddai and Wadi Fira regions and Bahai District (BET Region).
- 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>

⇒ The UN Development Group (UNDG) Technical Working Group on Somalia will meet on 5 February.

⇒ A UN inter-agency mission travelled to Mogadishu on 24 January to meet with officials from the Transitional Federal Government, discussing humanitarian and other issues.

⇒ The Secretary-General's latest report on Ethiopia and Eritrea is now available (<http://www.unmeeonline.org/>). The report recommends that the Security Council extends the mandate of the UN Mission there by a further six months.

Assessments and events:

- As of 25 January, 403 suspected cases of Rift Valley fever (RVF), including 115 confirmed and 118 deaths, have been reported in the North Eastern and Coastal Provinces of Kenya. The Kenya Medical Research Institute has confirmed 112 of the cases.
- Garissa district remains the most affected. Since the first week of January, there has been a decrease in the number of cases reported.
- In the North Eastern Province, 13 cases of cholera were reported in Mandera district.
- In Somalia, security in Mogadishu continues to be erratic. Reportedly, insecurity is worst in Middle and Lower Shabelle causing population movements and hampering emergency humanitarian relief. Meanwhile air strikes continue in the south. Peacekeepers are expected to replace the Ethiopian forces that will withdraw shortly.
- As of 17 January, two new cases of polio have been reported from Togdher province, bringing the total of confirmed cases for 2006 to 36.
- In Ethiopia, acute watery diarrhoea (AWD) is still reported in six regions: Oromyia, Amhara, SNNPR, Afar, Somali and Gambella. A total of 152 districts are concerned, of which five were first affected in 2007.
- Between 13 December and 23 January, 161 cases of cholera, including 16 deaths were reported in Djibouti. Dikhil region is the most affected with 114 cases and ten deaths.

Actions:

- In Kenya, WHO and partners from the Global Outbreak Alert and Response Network (GOARN) continue to support the MoH, MSF and UN partners for the control of RVF.
- In Somalia, a WHO health needs assessment team travelled to Kismaayo.
- WHO will hold a workshop for partners in Nairobi on RVF control. Training in Kismayo, Mogadishu, Wajid/ Baidoa, Garowe and Hargeisa will follow.
- In Ethiopia, WHO consultants in AWD-affected regions continue to support local authorities for coordination, training, sample collection and case management. Insecurity limits movement of staff in the Somali Region; a consultant in Gode provides technical support to local health authorities in responding to the AWD outbreak.
- In Djibouti, the MoH is conducting active case finding, training of health personnel and social mobilization.
- WHO activities in the Horn of Africa are supported by grants from the CERF, as well as 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/>

⇒ Secretary-General Ban Ki-Moon met with the Under-Secretary of the Ministry of Foreign Affairs of Sudan at the UN Headquarters where he raised his concerns about developments in Darfur over the last few days.

Assessments and events:

- In *Darfur*, violence, banditry and attacks against the population and humanitarian workers is impeding the delivery of aid. Due to insecurity many NGOs had to suspend activities. Population displacements continue; in West Darfur, more than 730 families have arrived in Zalingi Hamadia camp over the past two weeks fleeing violence in Abata.
- In *southern Sudan*, between 1 and 15 January, 228 cases of meningitis, including 21 deaths, were reported in three states. There is an official meningitis alert for Warrap, North and Western Bahr El Ghaza, Unity, Western, Central and Eastern Equatoria and Upper Nile.

Actions:

- In *South Darfur*, WHO participated in an inter-agency assessment west of Nyala following clashes that displaced more than 10 000 people. International NGOs on the ground have sufficient resources to cover the needs of the displaced as well as of the local populations.
- WHO donated drugs to the State MoH to support health facilities in Buram and Tulus. An assessment in these areas was cancelled due to insecurity.
- WHO will also provide drugs to the AMIS medical team to support the mobile clinic activities in villages otherwise inaccessible due to insecurity.
- In *West Darfur*, environmental health activities are ongoing including water quality control, hygiene promotion, sanitation and vector control.
- In *North Darfur*, WHO provided medicines and equipments to the hospital in Mallet and to the NGOs International Rescue Committee and Relief International that provide free health services for IDPs in Tawila.
- Following the report of 15 cases of dengue fever, including one death, between 5 and 20 January in *Kassala*, surveillance and health education are ongoing, coordinated by the State MoH with WHO's support. WHO provided chemicals for vector control and spraying.
- In *southern Sudan*, the Federal and GoSS MoHs are coordinating the response to the meningitis outbreak. WHO is supporting the GoSS MoH Response Task Force for case management and epidemic control.
- Training for health workers in all affected states is planned. WHO will also supply the GoSS MoH with drugs and supplies (including rapid test kits).
- 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.

OCCUPIED PALESTINIAN TERRITORY



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

Assessments and events:

- The strike in the West Bank has been suspended since 13 December and all hospitals have returned to their normal level of service provision.
- Drug availability continues to be a problem in the majority of hospitals in the West Bank while equipment conditions continue to worsen. Shortage of fuel for transportation is again reported as a problem affecting communication between districts.

Actions:

- WHO carries on monitoring access to and performance of hospitals. Drugs continue to be out of stock: items at zero level were 70 and 82 in Gaza and West Bank respectively.
- The WHO Office for the West Bank and Gaza, EMRO, and HQ met in Cairo to consolidate the workplan and improve coordination in the framework of the ECHO-funded Pharma-ceuticals Supply and Management project.
- The MoH, with the support of WHO, organized the first National Mental Health Committee to refresh the Mental Health Operational Plan.
- 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.

Health Action in Crises

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COMOROS



Assessments and events:

- An eruption of Karthala Volcano on the Indian Ocean archipelago's biggest island, Grande Comore, occurred on 13 January, with tremors of various intensity, occasionally exceeding 4 on the Richter scale.
- Authorities are preparing for as many as 30 000 people to be displaced should a major eruption occur.

Actions:

- WHO sent one New Emergency Health Kit – sufficient to support 10 000 people during a three months period – and one trauma kit – sufficient for 100 people – to the MoH to support the response in case of eruption.
- WHO is monitoring the situation, ready to provide further support to national and local health authorities if necessary.

ANGOLA, MOZAMBIQUE AND ZAMBIA



Assessments and events:

- Torrential rains are lashing Angola, Mozambique and Zambia, killing scores of people, leaving thousands homeless and causing severe crop damage.
- In Luanda, Angola, the death toll has exceeded 75 people, with around 50 others reported missing. In Quelimane, capital of Mozambique's Zambezia Province, five people are reported to have died and about 3000 are homeless according to the National Disasters Management Institute. In Zambia, rain has swamped at least 21 of the country's 73 districts.
- Rainfall could drastically reduce food production and raise the risk of waterborne diseases.

Actions:

- WHO is monitoring the situation, ready to provide support to national and local health authorities if necessary.

INTER-AGENCY ISSUES

- **Clusters.**
 - **Water, Sanitation and Hygiene.** On 23 January, the WASH Cluster discussed training for capacity.
 - **Early Recovery.** On 26 January, the Working Group discussed the 2007 early recovery strategic framework.
 - **Health.** The next face-to-face meeting of the health cluster will take place in Geneva on 6 and 7 February.
- **UNICEF.** On 29 January, UNICEF will launch in Geneva its 2007 *Humanitarian Report*.
- **Emergency Awareness Training Course.** A joint UNICEF/OCHA emergency awareness training course will take place in Geneva on 30 January and 1 February.
- **Humanitarian Reform.** A regional meeting on humanitarian reform will take place in Bangkok on 29-31 January.
- **ICVA.** The second annual conference of the International Committee of Voluntary Agencies will take place in Geneva on 2 February.
- **Cross Cutting Issues.** On 5 February, a workshop organized by the Early Recovery Cluster in Geneva will review common strategies for integrating cross cutting issues (gender, HIV/AIDS, environment) in the cluster approach.
- **CERF.** On 24 January, the IASC weekly meeting in Geneva updated on the latest Central Emergency Revolving Fund developments.
- **Disarmament, Demobilization and Reintegration.** The inter-agency meeting on DDR will meet on 31 January.
- **Gender and Humanitarian Action.** The IASC Steering Committee for the Gender Standby Capacity Project will meet in Geneva on 1 and 2 February, including a full day discussion on gender roster training.
- **ICVA Conference.** The second annual International Committee of Voluntary Agencies (ICVA) Conference will take place in Geneva on 2 February.
- **Contingency Planning.** The first meeting of the drafting group of the IASC Sub-Working Group on Contingency Planning will meet in Geneva on 7 and 8 February to revise the Contingency Planning Guidelines

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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