

INTER-AGENCY STANDING COMMITTEE
WEEKLY MEETING

Summary Notes

18 January 2006
Geneva

I Internal displacement in Somalia

By *Aninia Nadig (IDMC / NRC)*

1.1 Political and displacement situation in the three main regions

When assessing internal displacement in Somalia, it is important to distinguish between the three main regions (South Central, Puntland, Somaliland), because they face specific problems. The situation in South Central is the most critical one. Though the transitional federal government has moved back to Somalia, conflict and political instability are still very widespread. In fact, security concerns have recently caused the international community to leave Kismayo, a major town. In addition to political instability, the region has to cope with a drought affecting up to 2 million people (up to 50 percent of its population, and almost 25 percent of Somalia as a whole). Mogadishu hosts the large majority of Somali IDPs. Unfortunately, pirates at sea and bandits at land, who target humanitarian aid deliveries, amplify all these problems. Given these issues, Ms. Nadig concluded that the IDP situation in the region is not likely to improve in the near future.

In contrast to South Central, Puntland in the North shows first signs of recovery and is relatively stable. Ms. Nadig cautioned, however, that international development activities are still insufficient. In Somaliland, the main problem is land allocation to returnees. Their high numbers have arguably overstrained the region's absorption capacity. Conflicts over land allocation have created real security problems for IDPs. According to Ms. Nadig, the government of Somaliland does not address these concerns adequately.

1.2 Challenges regarding internal displacement in 2006

Based on her assessment, Ms. Nadig briefly identified the following issues as the main challenges for humanitarian partners in 2006:

- Chronic food insecurity and malnutrition
- IDP protection needs, which UN agencies, international organisations and local authorities have so far insufficiently addressed
- Large numbers of returnees in the North, overstressing absorption capacity and thus causing security concerns
- Chronic insecurity in the South, which limits humanitarian activities and hence access to humanitarian aid

1.3 On-going mechanisms and activities addressing the IDP situation

The CAP captures most of the on-going IDP-related activities. For 2006 it focuses on a fairly well defined group of vulnerable people, including the estimated most vulnerable 370.000 to 400.000 IDPs and sets out the following main activities:

- Increasing access to humanitarian services for IDPs
- Improving the human rights situation
- Setting up a protection monitoring network, as envisaged by the UN country team
- Strengthening local capacity for response to natural disasters and complex emergencies

Ms. Nadig also noted that the UN country team has streamlined and thus improved its collaboration. A joint strategy will guide the humanitarian assistance to IDPs. Important elements of this strategy are training and IDP profiling to improve protection. Finally, Ms. Nadig emphasized the importance of linking humanitarian and development aid – by coordinating the overlap between CAP projects (humanitarian) and the Joint Needs Assessment (development). In this regard, she repeated that while the link to development is much clearer in Puntland in the North, the international community does not adequately support humanitarian projects there, which should be the basis for successful development.

Ms. Nadig concluded by emphasizing that there is now a small window of opportunity for Somalia, created by a very active country team and a Transitional Federal Government expressing its willingness to cooperate with the international community. The international community should now fully pick up the positive dynamic.

The IDMC's new report on the IDP situation in Somalia is available on <http://www.internal-displacement.org> as well as <http://www.humanitarianinfo.org/iasc>

II Inter-Agency Field Handbook on Malaria Control in Complex Emergencies

By Dr. Aafje Rietveld (WHO), Medical Officer, Roll Back Malaria Department and Dr. Rowan Gillies (MSF), President, MSF International Council

2.1 Presentation of the Inter-Agency Field Handbook on Malaria Control in Complex Emergencies

Dr. Rietveld introduced the recently published handbook on malaria control developed by the Roll Back Malaria (RBM) Technical Support Network on Complex Emergencies. Nine organizations, including MSF, collaborated in the creation of the handbook.

Before discussing the handbook itself, Dr. Rietveld stressed that emergencies amplify the malaria problem, due to a number of factors: breakdown of existing health services, displacement of health care workers and field staff with malaria expertise, movement of non-immune people to endemic areas, and concentration of people, often in poor health, in high-risk / high-exposure settings.

The new field handbook on malaria control will help field staff to address these problems. Unlike most literature on malaria, the handbook is neither too voluminous to be practical, nor too short to guide well-informed medical decisions. It provides policy-makers, planners, field programme managers and medical coordinators with practical advice on how to quickly design

and implement measures to reduce malaria morbidity and mortality in the acute phase of an emergency when reliance on international humanitarian assistance is greatest.

Dr. Rietveld stressed that challenge is now to get the handbook out to the field as quickly as possible and to ensure its use. The handbook will be distributed through a number of channels. It can be downloaded for free from the following sites:

- WHO website <http://www.who.int/malaria/interagencyfieldhandbook.html>
- IASC website <http://www.humanitarianinfo.org/iasc>
- ReliefWeb <http://www.reliefweb.int>

Print versions of the handbook will also be distributed through WHO Press. Orders can be made at the WHO online bookshop <http://www.who.int/publications>. There are differential prices for developed and developing countries. Discounts are available for bulk orders.

2.2 Medical and political issues concerning malaria

At the outset Dr. Gillies stressed that – given the medical risks malaria poses to local populations (and agency staff) as well as the controversy around the right treatment – it is important to have a basic understanding of the medical but also political issues.

Elaborating on the medical issues, Dr. Gillies explained for example that there are 4 different types of Malaria. *Falciparum* viriant is the most life threatening one. It typically kills children under five and non-immune adults who come from non-malarial regions to endemic areas, as is often in the case in complex emergencies. Techniques for diagnosing Malaria have improved considerably over the past years. Experience shows that up to 95 percent of patients with fever are subsequently diagnosed with Malaria. Quick and correct treatment is therefore particularly important.

Yet, in the last six to seven years there has been considerable political controversy around the right malaria treatment. The most commonly used drug has long been Chloroquine. Unfortunately there is now widespread resistance to it (40-90% of people in Sub-Saharan Africa) and Dr. Gillies strongly emphasised that Chloroquine should not longer be used. A new drug, called Artesimin-based Combination Therapy (ACT), has been developed. Because it is a drug combination, there are fewer chances of patients developing resistance. The handbook recommends treatment with ACT and moreover states that in situations of complex emergency, it should be provided for free.

The political debate around malaria treatment could briefly be summarized as follows: Ethically, it is now very hard to justify treatment with Chloroquine. Yet, economically and legally, many countries and humanitarian organisations find themselves in an unhealthy trade-off. Chloroquine is both cheaper and historically the legally prescribed treatment. ACT, however, is often not yet ‘legalized’ and considerably more expensive. After long and public battles, the international consensus is now to follow an ethically sound path and to switch to ACT as soon as possible, particularly in complex emergencies.

In conclusion, Dr. Gillies emphasized that the public controversy around malaria treatment, while difficult for all actors involved, helped to appreciate and incorporate different perspectives. For example, while WHO has historically put a strong focus on prevention, MSF focussed much more on immediate patient treatment. The new Inter-Agency Field Handbook is testimony to the better results achieved when all actors work together on a common position. The challenge is now to get the right treatment and the right advice out to field as quickly as possible.

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