

Each week, the World Health Organization Health Action in Crises in Geneva produces information highlights on critical health-related activities in countries where there are 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 operational use and does not reflect any official position of the WHO Secretariat.

ZIMBABWE



More information is available from [the HAC web site](#).

- ⇒ The CAP 2009 for Zimbabwe is requesting US\$ 550 million, including 45.4 million for the health sector.
- ⇒ The South African MoH confirmed 162 cholera cases and three deaths in Musina. Cases are also reported Botswana. South Africa has pledged it would assist WHO in responding to the outbreak.
- ⇒ IRIN reported that the Matabeleland North provincial medical director confirmed 2 deaths from anthrax.

Assessments and Events

- Public health is threatened by communicable diseases and high HIV/AIDS prevalence (15.6%), while poverty and food insecurity increase daily.
- The collapse of the health system, compounded by high inflation, affects the delivery of all health services. Disease surveillance, routine immunization, antenatal care and chronic disease treatment are reaching a standstill. Reduced supply of antiretroviral medicines jeopardizes ARVs dispensation and leaves many patients without treatment.
- As of 27 November, cholera had infected 9463 people and killed 389, with a case fatality rate between 3 and 80%. Poor water and sanitation conditions are making it hard to contain the outbreak and the upcoming rainy season is expected to exacerbate the situation and further raise the number of cases.

Actions

- The Health and WASH Clusters are coordinating the cholera response. WHO and health partners are responding to new outbreaks (in Mutare, Chimanimani, Guruve, Concession, Chiredzi, Mwenzie, Kwekwe, Gutu, Chivi, Bikita, Zvimba) and supporting treatment centres in 26 districts.
- Health Cluster partners have agreed on a comprehensive cholera response plan, that addresses gaps in detection, assessment, organization of response, case management, surveillance and public information.
- WHO is procuring medicines and supplies for 800 severe cases or 3200 moderate cases. The supplies should cover the needs of 30 cholera treatment centres for one month. WHO is also deploying a full outbreak investigation and response team with an epidemiologist, a logistician and a WATSAN specialist.
- WHO has mobilized three data managers from its inter-country team to produce a daily map indicating attack rates and case fatality ratios district by district.
- In the CAP 2009, WHO is requesting US\$ 3.1 million to strengthen outbreak response and support coordination, disease surveillance and health information management in general.
- WHO is further requesting US\$ 790 500 from the emergency response fund for Zimbabwe to prepare the MoH to contain malaria epidemics in ten high-risk districts. The Country Office is also finalizing a Euros 3 million project to be submitted to ECHO to enhance the response to public health emergencies.
- Funds to support humanitarian health activities were also received from Italy, Ireland and the CERF.

DEMOCRATIC REPUBLIC OF THE CONGO



More information is available from [WHO North Kivu Crisis Situation Reports](#), the [WHO Media Centre](#)

Assessments and Events

- After a short spell of calm, fighting has resumed in North Kivu. From security to food, water and sanitation, living conditions remain extremely precarious. People, and especially IDPs, urgently need health care for diseases, injuries and malnutrition.
- Between 16 and 23 November, 3091 new cholera cases were reported in North Kivu, for a total of 2678 cases and 92 deaths reported between 1 September and 23 November.
- The provision of water and renewable consumable such as Ringer Lactate in treatment centres and health structures is a priority.
- UNHCR reported that 10 000 persons from the DRC have crossed into the Ugandan border town of Ishasha on 27 November, bringing to 27 000 the total number of Congolese refugees who have fled into Uganda since August.

Actions

- From Goma, WHO continues to provide technical and logistic support on the ground, delivering medicines and supplies, cleansing the IDP sites and promoting individual and collective hygiene in order to reduce the risks of

<ul style="list-style-type: none"> ⇒ ADG/HAC is travelling to the DRC on 24–28 November. ⇒ The UN to send Special envoy Olusegun Obasanjo on second peace mission. ⇒ On 28 November, the IASC Reference Group on Mental Health and Psychosocial Support discussed North Kivu. 	<p>disease among IDPs.</p> <ul style="list-style-type: none"> • WHO, in collaboration with WASH Cluster partners, concluded an evaluation of hygiene and sanitation conditions in cholera treatment centres and IDP camps. On 22 November, WHO delivered 10 000 litres of Ringer lactate. • Following the report of 138 new measles cases in Masisi health zone, planning has started for a measles vaccination campaign. • WHO sent nine international experts and supplies to help manage the crisis. Distribution of donated medical supplies has begun and more items have started to arrive in Goma from Entebbe. • WHO emergency activities in the DRC are funded by Australia, Finland, Italy, Norway, the CERF and the Pooled Fund for the DRC.
<p>CHAD</p>  <p>See also the weekly mortality and morbidity report for eastern Chad.</p> <ul style="list-style-type: none"> ⇒ The ERC visited eastern Chad on 21–24 November. He will appeal to the Governments of Chad and Sudan on behalf of WHO for a synchronized polio immunization campaign. ⇒ The CAP 2009 is requesting US\$ 389 million for Chad, including US\$ 16.7 for the health sector. 	<p>Assessments and Events</p> <ul style="list-style-type: none"> • The MoH/WHO surveillance system in eastern Chad covers 1.5 million people, including 245 000 refugees and 173 000 IDPs, in Ouaddaï (Abeche, Adre, Amdam, Goz Beida), Wadi Fira (Biltine, Guereda, Iriba) and BET (Bahaï). • As of 23 November, the system recorded 2007 cases of acute jaundice and 21 related deaths (CFR 1.3%). Two thirds (32%) were reported among refugees and just under half (49%) among IDPs. Peaks occurred end of February and early September but the trend has been decreasing since 20 October. From 17–23 November, three new cases were notified in Gaga camp. • As of the same date, 213 suspected cases of measles were reported, of which 133 (62%) in Abeche health district. From 17–23 November, eight cases were reported in Abeche, including seven in Kamina health centre. • One case of polio was confirmed on 9 November in a two-year-old in south-west Lere. So far 29 cases have been detected, including four in the east <p>Actions</p> <ul style="list-style-type: none"> • The WHO sub office in Abeche is preparing two trainings – one on anti-retrovirals and the other on nutrition – to be held from 2–6 December. • Two nutritionists joined the sub office to support the creation of a nutritional surveillance system in 18 health centres in Abeche – including data collection and analysis – and to train health workers on the management of acute malnutrition. A regular nutritional surveillance bulletin is also in preparation. • From 24 to 26 November, WHO and other partners supported the MoH to conduct a polio vaccination campaign. Almost 1.31 million children under five were immunized. • WHO's emergency response is funded by ECHO, Italy, Finland, Spain and the CERF. ECHO has confirmed further funding for 2009. Spain pledged Euros 500 000 to WHO for a project against HIV/AIDS in eastern and southern Chad.
<p>CENTRAL AFRICAN REPUBLIC</p>  <ul style="list-style-type: none"> ⇒ On 20 November, talks in Libreville among all parties reported progress on the disarmament, demobilization and reintegration programme. ⇒ On 26 November the Humanitarian Liaison Working Group and the IASC Weekly meeting updated on the political and humanitarian situation in CAR. ⇒ According to the Humanitarian and Development Partnership Team, as of 	<p>Assessments and Events</p> <ul style="list-style-type: none"> • In conflict-affected areas, recurring destruction and looting of health facilities and widespread poverty have left women highly vulnerable to complications during pregnancy and delivery. Maternal mortality is at 1355/ 100 000 live births and 40% of infant deaths occur during the first month of life. • Reliable service delivery remains weak in many parts and some districts still lack adequate referral services. • Between 17 and 23 November, one case of pneumococcal meningitis was registered in Bossangoa (Ouham prefecture), two in Kabo (Nana-Grébizi) and two cases in Bouar (Nana Mambere) as well as three cases of jaundice in Nana Mambere prefecture. <p>Actions</p> <ul style="list-style-type: none"> • In coordination with the MoH, WHO, UNFPA and UNICEF are strengthening emergency obstetric and neonatal services and community involvement. • In partnership with MSF-Spain and MSF-Belgium, WHO is monitoring the situation in Kabo and Ouham's Moyenne Sido sub prefecture. • The sub office in Bossangoa and regional health authorities are preparing a workshop on integrated disease surveillance in Nana Mambéré prefecture and another on the management of victims of sexual and gender-based violence. • In the CAP 2009, the health sector is requesting US\$ 21 million, including US\$ 7.35 million for WHO to strengthen emergency obstetric, neonatal care,

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October children under 18 account for almost half of the 108 000 IDPs.

disease surveillance, information and coordination and fight STIs, HIV/AIDS and sexual violence.

- Funding for WHO's emergency activities has been received from Finland, the Humanitarian and Development Partnership Team and the CERF.

SUDAN



See also the Regional Office [for the Eastern Mediterranean](#) web site.

- ⇒ The Emergency Relief Coordinator is visiting Sudan between 24 and 30 November. He will travel to Darfur, Southern Kordofan and Southern Sudan.
- ⇒ The 2009 work plan for Sudan is requesting US\$ 267 million for the health and nutrition sector.

Assessments and Events

- Humanitarian and social indicators in many parts of the country are alarming. The health situation remains fragile with high risks of disease, floods and drought, poor access to drinking water and poor sanitation. Health infrastructure, poor to begin with in many regions, has been abandoned or destroyed by decades of conflict and environmental factors contribute to the spread of water and vector-borne diseases.
- In *Darfur*, hostilities continue while in *Southern Sudan*, more than half the population does not have access to clean water and maternal mortality continues to be one of the highest in the world.

Actions

- In *South Darfur*, WHO supported the State MoH to conduct trainings on TB and malaria diagnosis and management in Tulus and on the acute malnutrition in Nyala. A 11-day training on the integrated management of childhood illness was also organized at state level for physicians.
- With WHO, the State MoH started routine water quality control in Nyala's three IDP camps: Dereij, Ottash and Al Salam. WHO is coordinating with the MoH and water and sanitation partners to strengthen the water quality in households.
- In *North Darfur*, WHO organized a training on health promotion and community-based practices for 92 community health volunteers from Kutum town and Kassab and Fata Borno camps. The trainees will help raising awareness on maternal and child health issues. A training on case management and infection prevention was also organized in Kutum and Mallet hospitals. WHO is supporting the State MoH start water quality control in Elfashir town as well as Abu shook and Elsalam camps.
- In *Abyei* and *South Kordofan*, WHO supported the State MoHs to conduct two trainings to strengthen communicable diseases control and laboratory performance. WHO further organized 15 trainings on integrated community-based recovery and development in villages in Kadugli and Lagawa.
- In *Kassala*, WHO donated medicines and trauma kits to the hospital's emergency department and provided technical guidelines on environmental health to the MoH, the Sudan Red Cross and the NGOs IRC and Goal.
- In *Darfur*, WHO will need around US\$ 25 million to maintain its operations in 2009 as the health situation is expected to remain fragile, Most children under five continue to die from diseases that can be easily treated such as acute respiratory infections, diarrhoea, malnutrition and malaria.
- In *Southern Sudan*, WHO will need around US\$ 20 million in 2009 to focus on coordination, maternal health, curative services for returnees, communicable disease, neglected tropical diseases, HIV/AIDS and capacity building.
- WHO's activities in Southern Sudan are funded by the Common Humanitarian Fund, Finland, the CERF, Italy, Ireland, ERF and ECHO.

HORN OF AFRICA



Assessments and Events

- In *Ethiopia's* Somali region, water is receding in flood-affected areas but heavy rains in the neighbouring highland areas of Bale and Arsi districts of Oromiya could cause further flooding. Approximately 96 000 people are in need of emergency food and non-food assistance. Between 10 and 15 November, four regions reported active cases of acute watery diarrhoea. as of 16 November, 3804 cases and 23 deaths had been reported nationwide.
- In *Kenya*, the rains abated but those affected by the floods are still displaced. More rains are projected for the rift valley. There is an upsurge of acute watery diarrhoea cases in Mandera district. Between 28 October and 17 November, 1046 cases and 12 deaths were reported (CFR 1.1%). Between January and July, 2166 cases of cholera and 83 deaths (CFR 3.8%) had been recorded in Nyanza, western North Eastern, Rift Valley and Coast Provinces.

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For more information on Ethiopia see the [weekly update](#). For more information on Somalia, see the [Monthly Morbidity and Mortality Bulletin](#) in Lower Shabelle.

⇒ In *Ethiopia*, The health partner's Forum meeting of the month was held on Wednesday 19 November at WHO Conference room. Discussions focused mainly on Somali and SNNP flood situation and response.

⇒ The CAP 2009 for *Kenya* is requesting US\$ 390 million, including US\$ 10.5 million for health.

Actions

- In *Ethiopia*, WHO is moving emergency health supplies to the Somali region. WHO allocated US\$ 14 295 to support nutritional assessment, surveillance and staff training in Amhara. A further US\$ 6900 were allocated to Hareri.
- WHO submitted a proposal to OCHA on water and sanitation interventions in flood- and drought-affected areas, requesting US\$ 300 000 to ensure water quality control at water collection point and in households.
- In *Kenya*, the MoH, provincial health authorities and WHO are assessing the situation.
- In the CAP 2009, WHO is requesting US\$ 5.15 to ensure emergency health services for vulnerable populations, including refugees and malnourished children and psychosocial health needs.
- WHO's emergency activities are funded by Canada, Italy, OCHA (funds from DFID) and the CERF in Ethiopia and by China, Italy, Norway and USAID in Somalia.

OCCUPIED PALESTINIAN TERRITORY



More information is available at: www.emro.who.int/palestine/

⇒ The WHO/MoH monthly coordination meeting in the West Bank updated on the health status in Gaza, the collection of data for the health facilities database and the gender checklist to integrate gender in health projects.

⇒ WHO met with UNICEF, WFP, OCHA, UNSCO and UNFPA to discuss the recent ICRC report on the nutritional status of children in Gaza.

⇒ The CAP 2009 is requesting US\$ 462 million, including US\$ 18.7 million for health.

Assessments and Events

- The crisis is impacting on all aspects of people's life, including health care. Growing difficulties for the MoH and its partners in ensuring the provision of and access to quality health services have increased the need for humanitarian assistance in health.
- In Gaza, lack of petrol for generators and power plants is causing a daily 8-hour power cut. For now, all MoH hospitals, except Beit Hanun hospital, are functioning thanks to generators.
- Lack of fuel is also affecting water pumps. The Coastal Municipal Water Utility reports that the populations of Gaza City and North-Gaza have access to water four hours per week and that there is a severe shortage in chlorine. This is raising concerns about the safety of drinking water.
- Further, shortages of drugs and consumables are of concern.

Actions

- In Gaza, WHO continues to monitor the availability of fuel in MoH hospitals and to support the transport of medicines and supplies.
- WHO participates in regular meetings with partners in Gaza and Jerusalem, providing updates on the impact of the closure on the provision of health services, access to treatment abroad and the shortages of medicines and consumables.
- WHO also briefed a World Bank mission on the impact of scarce and poor quality drinking water and sporadic waste water management on public health.
- In the West Bank, WHO continues to disseminate the health facilities questionnaire.
- In the CAP 2009, WHO is requesting US\$ 4.1 million to advocate for access to health, strengthen and coordinate emergency preparedness and response, monitor health and nutritional needs and procure pharmaceuticals for the MoH stock in Gaza.
- WHO's emergency activities are funded by ECHO, Italy, Norway, and OCHA-Spain.

INTER-AGENCY ISSUES

- The fifth **Emergency Directors Meeting** was held in Rome on 18 November.
- The informal IASC Taskforce on **climate change** met on 18 November.
- The 2008 meeting of the Consultative Group on the use of **Military and Civil Defence Assets** took place in Geneva on 18 November.
- The 72nd meeting of the **IASC Working Group** took place in Rome on 19–21 November.
- The global **CAP 2009** launch was held in Geneva on 19 November and the Abu Dhabi launch on 24 November. The IASC CAP Sub Working Group will meet on 4 December.
- A **global cluster leads** meeting on training for cluster coordinators took place on 26 November.
- On 27 November, the **United Nations Relief and Works Agency for Palestine Refugees in the Near East** updated on its education programme.
- On 19 November, the **Humanitarian Liaison Working Group** in Geneva updated on Iraq. A second meeting briefed on climate change and risk reduction.

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- The annual High Level Conference of the **Central Emergency Response Fund** will be held in New York on 4 December. An inter-agency meeting on the CERF took place on 19 November prior to a meeting between humanitarian agencies and the CERF Advisory Committee.
- The next **IASC Plenary** meeting will take place in New York on 16 December.

THE GLOBAL HEALTH CLUSTER: WORKING TO IMPROVE THE EFFECTIVENESS OF HUMANITARIAN HEALTH ACTION

On 3 December, WHO will host the **IASC weekly** meeting in Geneva and brief on the outcome of the Global Health Cluster meeting held in New York on 11–13 November. The Global Health Cluster has made significant progress in developing partnerships and building system wide capacities. Priority areas of work, future funding mechanisms and the development of a work plan responding to country cluster needs will be the central topics.

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

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